**TRANSFORMING KENTUCKY MEDICAID**

**PUBLIC BRIEF HEARING**

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**JUNE 28, 2016**

**10:03 A.M.**

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**AFFORDABLE COURT REPORTING**
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I N D E X

COMMENTS

BY MS. GLISSON: 4 -

The Public Hearing Briefing on Transforming Kentucky Medicaid, in the auditorium at the Carroll Knicely Center, Western Kentucky University, South Campus, 2355 Nashville Road, Bowling Green, Warren County, Kentucky on Tuesday, June 28, 2016, at 10:03 a.m.

P R E S E N T E R S

Ms. Vickie Yates Brown Glisson
Secretary for the Cabinet for Health and Family Services

Mr. Stephan P. Miller
Commissioner for the Department of Medicaid Services

Mr. Adam Meier
Deputy Chief of Staff for Policy, Office of the Governor

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1 MS. GLISSOM: Good morning everyone. I'm
2 Vickie Yates Brown Glisson. I'm Secretary of the Cabinet
3 for Health and Family Services. As I said, it's really
4 wonderful to see so many of you out here today in Bowling
5 Green coming out to hear comments on the view 1115
6 Waiver. The plan is being looked at in the next 30 days.
7 As you know, this is ruled out on June the 22nd. So we
8 have a 30-day comment period, and this is our first
9 official comment days. This is one of our first -- this
10 is our first public hearing. We'll have another public
11 hearing tomorrow at the Medicaid Advisory Committee
12 meeting in Frankfort, and then we will have another one
13 on July the 6th in Hazard. We want to make sure we cover
14 both western, central, and eastern Kentucky. So thank
15 you all very much for coming out today.
16 I first want to just handle some of the
17 requirements and kind of give you maybe an overview of
18 the Agenda that we're planning to follow today. We're
19 going to do first a very brief presentation. Maybe many
20 of you have been online or have had a chance to look at
21 the Waiver. We thought it might be helpful to spend
22 about 15 or 20 minutes doing a brief overview of the
23 Waiver of the high points so that you can get more
24 acclimated to the Waiver and so hope you've had a chance
25 to review it.

1 We're probably going to take about four or
2 five minutes just to accept technical -- to ask -- for
3 you to ask technical questions. If you have anything
4 that didn't seem clear in that presentation and you have
5 some technical issues, we'll be glad to try to answer
6 those.
7 Another one I want to ask you about is the
8 comments, and we really want to hear from you because
9 this is a very important part of the process. As I said,
10 we have 30 days to accept public comments. After that,
11 your comments will then be -- we'll accept one of those
12 comments, and we'll look at those, and we'll try to
13 incorporate those comments into the proposal if we can.
14 Then it goes to the Federal Government
15 because the Federal Government will be reviewing our
16 Waiver then, and it will be probably some time in late
17 August or the month of September. We will be talking
18 back and forth which means Kentucky and the Federal
19 Government. We hope that by the end of September that we
20 will have completed the Waiver process. That's what
21 we're shooting for for the end of September. Even if it
22 says it's approved at the end of September, we're
23 probably likely not seeing any more changes until late
24 spring of next year.
25 But I think it's important that you taking

1 the time out of your busy schedule. We will be
2 respectful of your time, and I think it's important for
3 us to talk a little bit about the Waiver overview, take
4 your questions, and then we're going to open it up to
5 comments and let you tell us what you like or don't like
6 or, you know, how you think it could be improved because
7 there's certainly great minds in one room across the
8 country, I'm sure we could probably find ways to improve
9 this Waiver.
10 I just want you to know that a lot of time
11 and effort has gone into this process. We have been
12 meeting regularly since the end of December when the
13 Governor first announced that he was going to be looking
14 at this issue. So I want you to know that the Cabinet
15 has, and the Governor's office, spent lots and lots of
16 time and effort. I think we called it Nuncy Wednesday.
17 We spent every Wednesday almost all day on looking at
18 Medicaid lost of time in between. So I want you to know
19 we spent a lot of time, but I am looking forward to your
20 comments so you can give us more feedback.
21 I would ask -- this is public housekeeping
22 matters. Because there's a quite number of folks here
23 and they have signed up to speak, I would ask that you
24 try to keep your comments, when we go to the public
25 comment period, to about three minutes if you would. We

1 do have someone here that's sort of kind going -- there
2 she's got her hand waving. She's going to try to keep
3 the time for us. So we'll ask that you keep your
4 comments, if you can, to about three minutes. If you
5 can't get it all done in three minutes, please feel free
6 to go onto the website, and it's at the bottom, written
7 comments. We are monitoring that, and we will be
8 accepting those comments. So please add anything
9 further, or if you feel like this is just not a place you
10 want to get out and give public comments and it's a
11 little more than you wanted to do, please feel free to go
12 on the website and give us written comments, and we would
13 appreciate that.
14 We do have a sign-in sheet outside on
15 either side of either door. So if you want to comment,
16 we ask that you do go ahead and sign up on the sign-up
17 sheet if you haven't already done so.
18 I do need to talk about some legal matters
19 so that it's clear that this is a public -- a public
20 hearing -- a public discussion on the Waiver, and so
21 pursuant to KR -- it's not KRS. It will be Federal.
22 Pursuant to 42 CFR 431.408, the Commonwealth of Kentucky
23 is holding its public hearing to accept public comments
24 on a proposed Kentucky Health Section 1115 Medicaid
25 Demonstration Waiver.

1 So I wanted to make sure that you would
2 only spend time pursuant to Federal regulations. And,
3 again, a copy of the Waiver is available on our website
4 at chfs.ky.gov/kentuckyhealth. If you go there, you can
5 see and view the Waiver. You can also provide comments
6 at that website.
7 So just quickly, we're going to spend a
8 few moments -- there we go -- talking a little bit about
9 -- as I said, this is the -- we're going to spend a few
10 moments going through an overview of the Waiver, and then
11 we'll take -- if you have any technical questions after
12 that, we'll recess back for maybe four or five minutes.
13 At this point, I'll turn it over to Steve Miller.
14 One thing I haven't done at this point,
15 let me tell you who's at the table with me. Like I said,
16 I'm the Secretary of the Cabinet for Health and Family
17 Services. And to my left is Commissioner Steve Miller.
18 He is the Commissioner of Medicaid at the Cabinet for
19 Health and Family Services. And before this, you have a
20 financial background, and you worked for the Kentucky
21 Hospital Association for many years.
22 To my right is Adam Meier. Adam is from
23 northern Kentucky, and Adam now serves as the Assistant
24 Chief of Staff to the Governor. And so what you do have
25 at the table today is a representative from the

1 Governor's office and so two folks from the Cabinet for
2 Health and Family Services.
3 And so Steve is going to kick us off, and
4 then Adam is going to -- I may jump in there on a few
5 slides and talk about the Waiver, and then Adam, I think,
6 is also going talk and comment speak. So, Steve, I'll
7 let you get started.
8 MR. MILLER: Good morning, Ladies and
9 Gentlemen. On the slides we have before you right now,
10 I'm going to try to give a little bit of background as it
11 relates to some of the costs of the current Medicaid
12 program. What you see there on the two lines real quick,
13 one line is demonstrating the Federal portion of the
14 Medicaid costs where the red line being the State
15 portion. You can see there that the red line has been
16 relevantly flat, the blue line has had a spike starting
17 2014. The point of this slide is just to illustrate
18 that, without pointing out, that the Federal Government
19 has paid 100 percent of the cost of Medicaid Expansion.
20 We indicated Kentucky would start being
21 responsible for a portion of it starting January 01 of
22 2017. Currently in the year 2015, as is shown there or
23 see there, the total cost of the program was $90.6
24 billion with the Federal Government paying 71.6, State of
25 Kentucky $2 billion.

1 I want to tell you as far as the cost and
2 the growth of the Medicaid program. It has gone up
3 substantially and subjected to go up substantially more
4 from 2017 to 2021. The additional cost that the State
5 will incur that relates to Medicaid Expansion as its
6 incurring is $1.2 billion of State funds. What that
7 represents is basically a three percent increase in each
8 of the next three budget cycles, and the budget cycle
9 that will begin initially July 1 is a 20 percent increase
10 over the previous two years. In addition of the next
11 two-year cycle, there will be a 20 percent increase.
12 We will also have there at the bottom of
13 that, the next line -- sorry. For a Program -- a Leaders
14 Working Program Inefficiencies. One of the major items
15 that we deal with in Medicaid is that 70 percent of our
16 expansion is directed to Medicaid Managed Care which
17 represents or governs 90 percent of the enrollment in the
18 State of Kentucky. We find that that has been a large
19 dollar amount, and we have tried to look of our exposure
20 that are costs and will be deferred. Meaning at least in
21 the past couple of years that has been very inefficient.
22 If you look at the bottom of the slide
23 there, you will see where the State of Kentucky ranked
24 across the country at least in the profitability of the
25 MCO plan. We employed five different MCOs in the State

1 of Kentucky.
2 MS. GLISSOM: And that's Managed Care
3 Organization.
4 MR. MILLER: Excuse me. MCO, not NCO,
5 Managed Care Organization. According to a recent report
6 by the Nauman Actuarial Firm and a large national
7 consulting firm, it reported that Kentucky will be in the
8 year 2015. In fact, MCO had a net profit margin after
9 their inter-trade expenses talking 11.3 percent. You can
10 see where the national average in that same timeframe was
11 2.6.
12 Clearly extended Kentucky has incurred
13 block expenses over amount of the state that really
14 wasn't needed as related to the profitability of the MCO.
15 Clearly, we want them to have a reasonable amount of
16 profits. They need to be profitable to stay in
17 existence, but their profits in the past couple of years
18 have been excessive. I will give you more detail with
19 that later.
20 MR. MEIER: So despite the spending,
21 there's a lot of public health challenges remaining.
22 Therefore, poor health outcomes despite high spending.
23 One out of three Kentuckians are considered obese. We
24 are ranked second highest in the State in the nation for
25 smoking, first highest in the nation for cancer deaths,

1 first highest in the nation for preventable
2 hospitalizations.
3 And we also have high poverty and high
4 Medicaid enrollment. Our workforce participation is less
5 than 60 percent, 45th in the nation. Nineteen percent of
6 Kentuckians live in poverty, and we are 47th in the
7 nation for median household income. Nearly one third of
8 the total State population is currently enrolled in
9 Medicaid.
10 MS. GLISSOM: As Adam said, we have
11 significant health issues here in Kentucky, and one of
12 the things that we've tried to do in this Waiver is to
13 try to alive our health issues that we have in Kentucky.
14 This Waiver is very Kentucky focused, Kentucky specific.
15 We tried to look at the health issues we have as Adam
16 outlined, and we see those central figures that we have,
17 high obesity, diabetes, heart disease, so forth.
18 And then we try to figure out how do we
19 begin to address it. So we're putting -- our health
20 department is the one that we're going to, the health
21 department with our Managed Care Organization that Steve
22 mentioned, and we're also going to the Department of
23 Public Health.
24 But also importantly, we are on a
25 commitment to this Managed Care Waiver -- or this Waiver

1 of a SUD, a Substance Use Disorder, Pilot Project. This
2 is something that the Federal Government opened up and
3 explained to the team.
4 And so what we ask is that if we notice
5 right now here in Kentucky, Medicaid has restrictions
6 about individuals being able to get care in what are
7 called IMD. These are Institutes for Medical Diseases.
8 These are institutions that you can go in and become a
9 30-day residential program. They don't pay for that.
10 We have gone now and we've asked if we can
11 take those facilities and we can establish the 30-day
12 residential program to try to address this opoid drug
13 abuse issue in Kentucky. So we're looking at individuals
14 that are between the ages of 21 and 54 that if they are
15 diagnosed with a substance abuse issue then Medicaid
16 would pay for them to be able to go into residential
17 treatment here in Kentucky and receive that treatment.
18 So I think that's an important component.
19 I'd like you to know that we have been trying to identify
20 those healthcare issues. And speaking of this Pilot,
21 we're going to be looking at this Pilot in one of -- in
22 several of 54 counties is where we're going to start.
23 The Federal Government has identified 200 counties across
24 the nation that are risk-at-risk counties. 54 of 200 of
25 those -- 540 of those counties across the nation are in

1 Kentucky, and they're at risk because they have high drug
2 use which also means they have chronic HIV and have sleep
3 problems.
4 So we're going to be looking at those 54
5 counties and trying to establish a residential program
6 for the individuals that are suffering from drug abuse,
7 and we're asking for the Waiver to be able to have that
8 covered under Medicaid which I think will hopefully then
9 try to address more than just health issues here in
10 Kentucky.
11 MR. MEIER: And just to follow up on that.
12 In Kentucky, we are facing an epidemic. More than 1,200
13 Kentuckians die from drug overdose each year. Ranks
14 third highest in the nation for number of drug-related
15 fatalities as well.
16 We're also -- we've also been identified
17 from the CBC as being a -- having 54 out of 200 counties
18 in the nation at risk for HIV or Hepatitis C. So what
19 Medicare was talking about was is really allying our
20 outcomes to desired outcomes, allying our policies to
21 where the document policy and the Waiver is essentially a
22 better policy to improve that outcome.
23 So taking a kind of four-prong approach,
24 we will bring an opportunity to give a discussion on the
25 1115 Waiver, which we're calling KentuckyHEALTH.

1 Everybody can tell you that it is a Substance Use
2 Disorder, Delivery System Improvements; also Chronic
3 Disease Management, and Managed Care Organization, which
4 we have briefly touched on, but we will come back to that
5 as well.
6 FEMALE AUDIENCE PARTICIPANT: I'm so
7 sorry. There's so much noise to follow you in the back
8 of the room. I can't hear anything.
9 THE REPORTER: Yes, I'm having difficulty
10 as well, but I did tell him.
11 MR. MEIER: All right. So the Section
12 1115 Waiver on KentuckyHEALTH, acronym for Helping to
13 Engage and Achieve Long-term Health, mentioned that the
14 outcome -- these are the goals that we set forth for the
15 program included for system's health, and health can be
16 responsible for their health, encourage individuals to
17 become active participants and consumers of healthcare
18 who are prepared to use commercial health insurance.
19 We empower people to seek employment and
20 transition to commercial health insurance coverage. We
21 implement delivery system reforms to improve quality and
22 outcomes and ensure long-term fiscal sustainability.
23 So one of the key complaints that we've
24 had is the benefit package to make employment to the
25 present Kentucky State Health Plan. The benefits will

1 not change for children, for non-expansion population or
2 the medically frail.
3 The target eligibility groups are all
4 able-bodied adults eligible Medicaid, which is an
5 expansion population up to 138 percent of the Federal
6 Poverty Line. And then other non-disabled Medicaid
7 eligible adults as well as low-income children to promote
8 family coverage, but, again, the benefits will not change
9 initially.
10 We have two paths of coverage for Kentucky
11 HEALTH. One is an Employer Premium Assistance Program
12 option, and the second is the Consumer Driver Health Plan
13 option which, again, is patterned after our Kentucky
14 State employee healthcare as well.
15 Monthly component of that is monthly
16 premiums in lieu of the co-payment schedule. There will
17 be no cost sharing for pregnant women and children. The
18 premium will be a flat rate sliding scale premium equal
19 for or less than two percent of income for each income
20 group. Premiums are more predictable and may cost less
21 than standard co-payments. For example, the current
22 co-payment schedule has $50 hospital visits, copays, and
23 office visits are around $3.
24 You can see that line across the top which
25 demonstrates in the scale from under 25 percent of the

1 poverty line would be $1.00 per month premium; 25 to 50
2 percent of the Federal poverty line, $4 per month; 51 to
3 100 percent Federal poverty line, $8.00 a month; and 101
4 to 138 percent of the Federal poverty line, $15 a month.
5 After two years of being on Kentucky
6 HEALTH where there is an average of above 100 percent of
7 the poverty line, to bring them to prepare and encourage
8 them to transition to the private market coverage as it
9 starts to escalate through years three, four, and five.
10 So this is how the Employer Premium
11 Assistance Option would work. It would be optional
12 enrollment for the first year, and the children would be
13 optional. But the employer has to deduct the premium
14 through payroll, and the premium would be reimbursed by
15 the State to that employee, less the required member
16 premium contribution.
17 And then Kentucky HEALTH would not allow
18 benefits or any benefits that's not covered by the
19 employer. The employer program -- the employer's
20 contribution has got to be wrapped around from the
21 Kentucky HEALTH program. It would ultimately matter
22 which account to return additional benefits.
23 The Consumer Driven Health Plan Option.
24 It is a deductible account. It's basically that you add
25 enough to the previous employee health benefit plan.

1 It's consumer driven because it's a higher deductible
2 account, but we provide the deductible account that's a
3 $1,000 a year which is the deductible.
4 And it's been advised in your previews,
5 anything unused, 50 percent of that would go into the My
6 Rewards Account. And let me also mention preventive care
7 does not come out of the deductible account. It is
8 covered without customer deductible account.
9 My Rewards account would then be -- again,
10 you can have income coming from your deductible account
11 that's unused as well as integrating health community and
12 do job training activities. $200 into that account.
13 There's no tax, and the account will pay for vision,
14 dental, over-the-counter medications, and gym membership
15 reimbursement.
16 The income that would be given by the
17 rewards account is the number of the transitions from the
18 State private insurance and stays off of Medicaid for 18
19 months, they would be entitled to -- up to $500 in the
20 balance of that account.
21 There are non-payment penalties again to
22 entitlement after the commercial insurance for those
23 above 100 percent of the poverty line. They will be
24 disenrolled from the program for up to six months, but we
25 do allow an on-ramp. So any time there's a penalty where

1 there's an on-ramp.  So what they would do is pay the two
2 months of this premium and one-month premium to restart
3 as well as concluding a health or financial literacy
4 course as well as one annual renewal.
5 So less than 100 percent poverty line will
6 be subject to the standard co-payment schedule.  That's
7 currently in the Medicaid plan as well as to have a
8 1,000-dollar deductible for the amount of work you have.
9 And some additional Commercial Market
10 Policies, there will be no retroactive activities.
11 Benefits will begin when members make their first
12 payment.
13 There will be an open enrollment period.
14 Beneficiaries will have the members' decision of an
15 enrollment period because they must determine when
16 enrollment paperwork is in the specified time period.
17 Otherwise, they'd have to wait six months until the next
18 enrollment period.  Again, you have an on-ramp which
19 would be to complete a health or literacy course.
20 And then plan selection, just like in a
21 commercial market, members select a managed care plan at
22 the enrollment.  You have to stick with that plan for 12
23 months unless there's some sort of problem.
24 In the Community Engagement and
25 Employment, data has indicates that community engagement

1 improves health and employability and decreases poverty.
2 It targets able-bodied adult members.
3 THE REPORTER: Sir, would you please slow
4 down. You are reading.
5 MR. MEIER: Children, pregnant women,
6 individuals determined medically frail, and individuals
7 who are the primary caregiver of a dependent are exempt
8 from the community engagement and employment initiative.
9 It also herein states then there are times that where a
10 fourth of the year the first three months they're not
11 required to do any community-vision activity, and it
12 scales up from one month to works up to 20 hours per week
13 that's employed.
14 So it gradually increases, and there's an
15 incentive offered to the amount of work that people still
16 come to me about these activities. And, again, they will
17 have the reward of paying, if they would want to come up
18 in public and say (inaudible).
19 MS. GLISSOM: I think I've covered most of
20 this. This is, again, on the Substance Use Disorder
21 Incentive the pilot program that was going to be included
22 in the Waiver. One of these I think I didn't mention,
23 and I will mention that I think it will be important that
24 we have represented all mental health benefits that were
25 included in this pamphlet.

1 So that would be intact as well as for
2 adding this pilot project for residential treatment up to
3 30 days in a IND here in Kentucky. And, again, that's
4 the pilot project that will be specifically looking for
5 at this time.
6 Also just a little bit about the chronic
7 diseases I mentioned as well. We are looking in the
8 Cabinet as for obesity and diabetes. We're looking at
9 lung cancer, substance abuse, as well as cardiovascular
10 disease. And, again, put it in this Waiver of how we
11 have alignment to be able to address these Kentucky
12 healthcare issues. So, again, there are components
13 before this to improve the chronic disease problem in
14 Kentucky.
15 So what you saw there earlier was a
16 four-prong approach. It's taking the managed-care entity
17 and aligning them more closely and using the managed-care
18 entity to be able to address these chronic diseases in
19 Kentucky and looking at this SUD pilot project and also
20 identifying these chronic diseases in Kentucky and
21 focusing on that as well as the 1115 Waiver that has to
22 be operational.
23 MR. MEIER: Good morning again. I
24 mentioned earlier about the Medicaid MCO Contract, the
25 Medicaid Managed Care Organization. We just went through

1 the middle of those contracts for six-month extensions.
2 Some of them we've called and we've tried to accomplish
3 in that timeframe. Some of them are over the cost
4 strictly Statewide incarnated in that timeframe.
5 Through these negotiations we were able to
6 reduce expense by approximately eight percent of what we
7 had budgeted for that same six-month timeframe. That
8 savings -- that eight percent savings for the State of
9 Kentucky prior to six months will be approximately $280
10 million.
11 There's more so than just the financial
12 savings. What we were trying to do was to better for the
13 care and delivery process of the MCO. We want to make
14 sure that the care phase of the delivery is the right
15 care at the right time.
16 We are also experiencing a price on the
17 future between pharmaceutical benefits.
18 FEMALE AUDIENCE PARTICIPANT: Would you
19 mind pulling the microphone towards you?
20 MR. MEIER: Are we good?
21 FEMALE AUDIENCE PARTICIPANT: Can you talk
22 up?
23 THE REPORTER: I'm still having difficulty
24 hearing you also.
25 MR. MEIER: Performing Managed Care

1 Reforms. There are basically three items, Care,
2 Population and Health and Cost. I believe we have done
3 that within the negotiation contract. We're also
4 monitored the MCO for better quality, better outcome, and
5 better health status.
6 The cost savings over the five years of
7 the Waiver. It has it for you right there basically in
8 charts that is showing that the cost that will be saved
9 over the five years. Total cost approximately $2.2
10 billion at which the State's portion of that will be $331
11 million.
12 The savings will come until the health
13 year. In the fifth year, 2021, the savings in that fifth
14 year will be approximately $800 billion in total. Again,
15 this program does not save money initially. It's more to
16 in the future.
17 The draft that you see there just
18 illustrates how we have lowered the cost that has been
19 incurred by the State of Kentucky. And, again, you can
20 see where the distance between the projected cost without
21 the Waiver; for instance, the red line with the savings
22 from the Waiver. You can see it in the outline of the
23 Cost Financial Savings.
24 MR. MILLER: I just wanted to touch on a
25 few questions that we've gotten so far. As far as the

1 there's three jobs illustrating how the Kentucky HEALTH
2 plan will apply to certain categories of people in the
3 program. So if you own a premium, for example, there's
4 no premium for children, a pregnant woman. There are for
5 Section 1931 parents as well as the medically frail.
6 Again, if they do not meet the premium payments, then
7 they would shut the co-payments. That is standard in the
8 plan -- the State health plan.
9 The My Rewards Account show them about how
10 to have one. The pregnant woman would have one as well
11 as the other categories.
12 Community Engagement would not be
13 applicable to children and pregnant woman. It would be
14 applicable to Section 1931 parents who are not the
15 primary caretaker and are not applicable to the medically
16 frail.
17 You have a question as far as
18 Employer-Sponsored Insurance. To be clear, the State
19 does provide the funding for the premium assistance. So
20 if the employee goes to the employer-sponsored
21 healthcare, they're not responsible for anything more
22 than they're standard premium that would be outlying
23 Kentucky HEALTH, and then the State would pick up the
24 rest of that employer's facility share.
25 The Cost Sharing: Premiums that we've

1 always heard from advocates. The premiums are more
2 affordable and easier to budget than paying for an
3 expensive co-payment during a medical emergency. Again,
4 one hospital stay currently costs a Medicaid recipient
5 $50. Before the amount of that, the premiums are in lieu
6 of the co-payments.
7 Vision and Dental Coverage: Current
8 vision and dental coverage will be maintained for
9 children, adults eligible for Medicaid prior to
10 expansion, and medically frail.
11 The expansion group may choose to use the
12 My Rewards Account to gain access to vision, dental
13 coverage, or other enhancements such as over-the-counter
14 drugs or gym membership.
15 Vision services include an annual exam,
16 but other medically necessary vision services will
17 continue to be covered under the medical benefit package.
18 MS. GLISSOM: Just to wrap up here. I
19 think I had a question on this a little bit earlier, but
20 we are in the public comment hearing that started on the
21 22nd of June whenever the Waiver was posted. We're now
22 in that public comment period. It will able to be in
23 place for 30 days. It will go till July the 22nd. We
24 plan then to take your comments and others' comments
25 during this period and incorporate them and plan to have

1 by publically the 1st of August to submit the Waiver to
2 CMS. The Hearing will be negotiated there.
3 So your comments are very important today.
4 I'm looking forward to hearing your comments, and the
5 gentlemen at the table are. One of the other points that
6 I think is also important to make is that Kentucky is not
7 unique in accepting -- in seeking an 1115 Waiver. It is
8 very important. These are sought all the time by States,
9 and many of the provisions that you saw as part of this
10 1115 Waiver have been sought and have been approved by
11 four other states by CMS. A few of the components are
12 unique. The community is resining for a piece as unique.
13 A number of statements have asked for that. We think
14 ours is a little different, and so we are looking forward
15 to talking with you about that in the open enrollment
16 period as well as the premium of the 100 percent of the
17 Federal poverty line. Those are unique to Kentucky. But
18 most everything that you see has been either incorporated
19 or used by other states. So there's only a few
20 components that are unique to Kentucky.
21 With that being said, I'll just remind you
22 that we would now like to take public comments regarding
23 that public comment phase of our hearing. So if you have
24 signed up -- oh, I'm sorry. Did we ask if there were any
25 technical questions that anyone may have on the

1 presentation so far? We have a few minutes. We want to
2 hear your comments today. If you have any questions
3 about what was presented, we will be glad to answer them.
4 ROB JONES: (Raises hand).
5 MS. GLISSON: Yes, sir.
6 ROB JONES: My name is Rob Jones, and I'm
7 a property owner. I just had heard there were going to
8 be some changes to Medicaid transportation potentially
9 with this Waiver, and I was curious if you all were going
10 to address those?
11 MS. GLISSOM: Yes. We can certainly do
12 that. That's a good question. We are looking at the
13 emergency transportation component of your population
14 that if it could be eliminated and if certain remain
15 taxable for this below 100 percent poverty line or we
16 found out it's just a number. As I said, it's really not
17 being used for that population. It's not being utilized.
18 And so at this point, we are to make that change.
19 MR. MEIER: It has been implemented in at
20 least one or two other states, and what they found is
21 that in pilot stage that they was supposed to typically
22 have available means to get to the documents in a couple
23 days.
24 MS. GLISSON: We have another question,
25 too, and then we'll move on.

1 SHEILA SCHUSTER: We are excited about the
2 SUD Waiver. My question is, will that be open to those
3 who are dually diagnosed? In other words, have a
4 substitute disorder as well as a mental illness?
5 MS. GLISSOM: That's a good question,
6 Sheila. I believe the answer is yes, but I don't want to
7 say for sure. So I can certainly check into a little
8 more of the details in the pilot. It's still very -- at
9 this point, we're just beginning that negotiation with
10 CMS. So let's look at it then and see. That's a good
11 point then.
12 SHEILA SCHUSTER: I agree. Thank you.
13 MS. GLISSON: If we don't have any more
14 technical questions, why don't we go right on into the
15 comment period because I do know we want to hear your --
16 AKISHA EATON: (Raises hand.)
17 MS. GLISSON: I'm sorry. One more comment
18 -- one more question.
19 AKISHA EATON: Thank you. I have a number
20 of questions, and I'll try to keep them belief that way
21 we have time for comments. I am worried about this
22 process, and some of it I missed it. I just noticed the
23 retroactive benefits. My question is whether or not
24 there is a grace period for people who are not able to
25 make a payment on that specific date, or if there is, you

1 know, a grace period on the part of Kentucky HEALTH
2 rather than the person making a payment to address that
3 problem?
4 MS. GLISSOM: If I understand your
5 question correctly, when it says that there's no
6 retroactive benefits, your benefits will start as soon as
7 you pay your premium -- when your premium starts. It
8 will begin the first day of that particular month. And,
9 yes, there will be like a 60-day grace period and nothing
10 on the rest in the meantime.
11 SHEILA SCHUSTER: Okay. Yeah. I also
12 have a another question payment and about community
13 engagement --
14 THE REPORTER: Speak up, ma'am. I cannot
15 hear you. You need to come down to the mic.
16 MR. DOUG HOGAN: We will end the public
17 comment period, and I will call out your name of the
18 folks who have gone ahead and signed the sign-up sheet.
19 Please come up to the microphone. Speak clearly and
20 please speak loudly we are asking. We've heard there are
21 some audio issues with some of the microphones. So I
22 want to make sure the people at home can hear your
23 questions and your comments as well. So we will go ahead
24 and start with that.
25 In no particular order, Michael Farmer.

1 And, again, please keep your comments brief and to the
2 point so that we have others behind you. Next up will be
3 Dr. Steve Compton. And, again, when you come to the
4 microphone, please state your name again.
5 MR. MICHAEL FARMER: I have too many
6 questions. So I have to go to the website for the
7 written comments. I have -- I guess off the top of my
8 head I have to ask about the community engagement which I
9 am confused about because it's about -- it's in regards o
10 able bodies -- judging, you know, able bodies that have
11 benefited with exceptions for pregnant women and the
12 elderly. And I get that -- I want to know who will
13 judged, who will be judging. Will it be the doctor of --
14 the personal doctor of the person -- of the person
15 themselves? Would it be my doctor to judge that I'm not
16 able body, or would it be a State doctor? I'm just
17 curious about that. And as far as --
18 MALE AUDIENCE PARTICIPANT: Do I have to
19 have a disability determination from --
20 MR. MEIER: Just to be clear, the public
21 comments for us to incorporate actual comments into the
22 Waiver. But he is right. If you get that determination,
23 that would cooperate with this, but there would also be
24 determination by MCO looking at the risk factors and that
25 claim status and initial exam which we would work with

1 the MCO. Thank you.
2 MR. MICHAEL FARMER: I'll just close by
3 saying that while I understand the intention behind this
4 Waiver, this process, this four-prong program, I feel
5 like this is a -- what this continues to do is just make
6 the people more -- we need healthcare, continue to jump
7 through hoops, continue to award obstacles in front of
8 them to get healthcare that they need.
9 I got an eye exam a few weeks ago, the
10 first eye exam I've had in about four years because I
11 didn't have the money to be able to go get an eye exam.
12 So I finally had the healthcare plan set that I could
13 finally get my eyes checked. Thankfully they were about
14 the same as they were four years ago. People are safe on
15 the road. I'm able to drive.
16 But it's just, you know, I mean, people
17 like in my situation are barely making it as is, and when
18 healthcare gets tinkered with, people like me, who are
19 just barely getting by, we end -- we end up struggling,
20 and we take it the worse. I'm done.
21 MS. GLISSON: Thank you.
22 (Audience Claps)
23 MR. DOUG HOGAN: Steve Compton is next,
24 and Martha Smith, you will follow Dr. Thompson.
25 MR. STEVE COMPTON: Thank you. As he

1 stated, I am Steve Compton, Doctor of Optometry in
2 Franklin, Past President of Kentucky of Optometric
3 Association, and I currently serve as one of the
4 representatives on the 11 Counties Technical Advisor
5 Committee.
6 The KOA will be filing the formal written
7 comments to impose the Medicaid premiums of why the
8 supporting documentation which supports the following
9 statements: The Kentucky Healthcare Medicaid Plan treats
10 vision services as an optional enhanced benefit rather
11 than recognizing it as a longstanding intricate part of
12 overall healthcare.
13 Currently individuals traditional and
14 expanded living population are covered for one routine
15 eye exam per year. Individuals under the age of 21 are
16 covered for one pair of eyeglasses per year and one pair
17 of replacement glasses per year. No one under the age of
18 21 receives glasses unless it is expressed.
19 On the medical eye care, of course
20 coverage is required by Federal and State law. As
21 proposed in the Waiver, only medical eye care will remain
22 covered for the adult population. Any additional
23 so-called video services were retrieved and enhanced, it
24 appears, must be utilized by the My Rewards card which
25 requires the individual's approved and the year's of

1 earned credits of the total area before the single
2 services.
3 These changes limitation to access to the
4 increased costs. Patients will miss preventative care.
5 The Administration is playing the part, and the middleman
6 is the primary role of Kentucky HEALTH. Since then, the
7 conditions such as diabetes, high cholesterol,
8 hypertension all are being discovered during an eye exam.
9 As a rule, an eye care providers play a
10 primary role in the overall healthcare patients. They
11 are often a frontline healthcare provider for this
12 population especially in Kentucky where there's a lag
13 from the health providers. And the size of this banquet
14 this morning before United Healthcare, 15 percent of all
15 their covered diabetics were diagnosed in an
16 optometrist's office.
17 Bullet point number two is the cost don't
18 judge it by the change. There's very little savings in
19 the vision services from coverage. The last one, of
20 course, is the biggest thing you can take is vision
21 services representative of .02 percent of overall
22 management cost which includes children's eyewear cost.
23 In bullet point number three, routine
24 exams below Medicaid cost. Underlying chronic diseases
25 are identified such as hypertension and diabetes. People

1 give appropriate treatment at earlier and less expensive
2 levels. This is the reason for commercial insurance
3 companies and their members to have routine eye exams as
4 a part of their coverage. MCI will provide routine
5 eye exams -- routine eye exams, excuse me, as an
6 incentive due to the endless quotes. The letter of
7 proposal have been transferred to eye exams once other
8 incentives are met which was incredibly encountered into
9 it. It is our view that eye exams should actually be an
10 incentive from this population.
11 Further, we have concerns with the way the
12 proposal was administered. Based upon the Waiver
13 application, there are two ways an individual can create
14 incentive dollars in your My Rewards account.
15 They must be a member of the full year and
16 transfer 50 percent of the remaining balance of the
17 deductible into the My Rewards account, or they must
18 first complete the following comment periods.
19 Other states will take the most
20 administrative issues with this type of a system
21 including delaying, avoiding credit, and the bank will
22 understand by the covered individual.
23 It is the concern of the administrative
24 lab results of an individual not seeking necessary health
25 -- necessary healthcare. Additionally, individuals are

1 penalized for utilizing the person who lives
2 unnecessarily and the funds that will be basically
3 (inaudible) account which could also have a harmful
4 effect on their overall health, and it is the opinion on
5 the amount of having to save accounts.
6 The bottom, making healthcare provider
7 provisions and dental services should not be lumped in
8 the same incentive categories and reduce gym membership
9 based on the physical stance in case they ever did this.
10 Thank you for your time.
11 (Audience Claps)
12 MS. MARTHA SMITH: My name is Martha
13 Smith, and I'm representing five practitioners -- dental
14 practitioners in this region. We have three offices. A
15 lot of our patients, we have seen a lot of dental
16 increase in the past year, year and a half. We are
17 interested in what you are proposing here because of a
18 dental vision nation.
19 Our doctors do not have anything against
20 what we're seeing here except for the fact that dentistry
21 does reflect health issues. We have found a lot of
22 health issues when people haven't been to their physician
23 by them coming into a dental practice. You're component,
24 your SUD area, that is going to effect industry also.
25 Our main thing is the MCO instead of

1 working together so that we're not doubling and tripling
2 up on impressed issues. In making it where practices can
3 work also easily with the MCO and the State to try to
4 facilitate all of those.
5 (Audience Claps)
6 MR. DOUG HOGAN: Next is Diane Ennis.
7 Following Diane is Jeanie Smith, and Diana comes with a
8 -- I'll tell you this. She was the first true eye exam.
9 (Audience Laughs)
10 MS. DIANE ENNIS: Good morning.
11 AUDIENCE: Good morning.
12 MS. DIANE ENNIS: Good morning. I am here
13 to advocate for my mother, Norma Russell, who is an
14 88-year-old elderly woman with multiple health issues.
15 She receives $753 a month from Social Security and SSI.
16 She attends Adult Day Care currently through the Medicaid
17 Waiver program so I could work.
18 I'm here, I guess, because of my concerns
19 of how that's going to affect her in the future. She
20 doesn't have a lot of money to make the co-pays that you
21 all are referring to because the hospital wants a lot of
22 money out of that $750 a month.
23 She does live with me, and my family and I
24 take care of her. But -- and I'm not only speaking for
25 her, I'm paying for all the other elderly people in this

1 area that are under the same situation. So I just wanted
2 to share my concern and let you know that there are
3 elderly people that do not have -- that have worked all
4 their lives and that rely upon Social Security and SSI
5 and they're only earning $752 a month. Thank you.
6 (Audience Claps)
7 MS. JEANIE SMITH: Good morning. My name
8 is Jeanie Smith, and I live in Alvaton. So several years
9 ago, I was an employee and living and working in
10 Australia. So I've actually lived firsthand with
11 benefits of a society that provides healthcare to every
12 single citizen. It's amazing.
13 When my husband and I moved back to
14 Kentucky, he went to back to school and also began
15 working as a school principle. I was expecting our
16 second son, and when we needed help, the State of
17 Kentucky was there. We enrolled in Medicaid and were
18 able to receive healthcare for myself and my children
19 until my husband was able to finish with school and was
20 able to begin paying again into the system.
21 Now, he's a nurse in CCU at variable
22 hospitals, and he routinely cares for people who are in
23 critical conditions because they could not afford to go
24 to the doctor before a hospital visit.
25 There's absolutely no reason in 2016 in

1 this great state and in this country that people cannot
2 get to the doctor. I feel like this Waiver is out of
3 touch with the reality of low-income families and people.
4 The purpose of these Waivers is to -- and
5 emphasis is on to -- expand coverage or improve care, and
6 I'm not helping. This Waiver is removing medical care, a
7 huge component of our health. It is reducing vision
8 care. It's making it more difficult for people to
9 utilize that transportation if they need it. I'm not
10 sure how you're going to get in trouble if you're not
11 going to go through ER when so few doctors except
12 Medicaid.
13 I am a Kentuckian. I am proud of our
14 dedicated Medicaid expansion. Over 400,000 people are
15 using it, and leading better health because of it. For
16 once, Kentucky is leading the way. We are being
17 recognized nationally for this program.
18 This changes purposed for this Waiver
19 would be moving us backwards --
20 MALE AUDIENCE PARTICIPANT: Right.
21 MS. JEANIE SMITH: -- and literally,
22 literally hurting the people of Kentucky and our families
23 and our community. I think that we need to seriously
24 reconsider this Waiver. I hope that all of these
25 comments are being recorded because this Waiver would

1 only be moving us back and hurting our families.
2 (Audience Claps)
3 MR. DOUG HOGAN: Laura Harper and Chris
4 Keyser will follow-up.
5 MS. LAURA HARPER: I just want to
6 follow-up briefly that the longer a success for an event
7 is the amount of coverage and the number of people that
8 we can get covered. This plan is mainly to get more
9 people -- more people to be covered and stay covered and
10 create too many barriers for coverage and that is it's
11 not going to be successful.
12 (Audience Claps)
13 MR. CHRIS KEYSER: Good morning. My name
14 is Chris Keyser. I'm the Executive Director for Fairview
15 Community Health Center. It's the qualified health
16 center here in Bowling Green, Kentucky.
17 Since November 2011, several health
18 centers around town and private practice physicians have
19 been dealing with the transition with managed Medicaid.
20 We have jumped threw our own hoops with providers to work
21 with the five Managed Care Organizations.
22 And in reviewing the Waiver submission, I
23 just have a few comments, please. One is Kentucky
24 changing the current Medicaid program. For the
25 information we're receiving in the packets indicates that

1 it's not distally sustainable nor has it had a meaningful
2 impact on including the health of Kentucky. That is
3 wrong.
4 (Audience Claps)
5 MS. CHRIS KEYSER: That is wrong.
6 (Audience Claps)
7 MS. CHRIS KEYSER: For five years,
8 healthcare providers in Kentucky have done nothing but
9 worked towards improving the health of Kentuckians. So I
10 say, no, sir. This is wrong. No.
11 All the work that we've done in this five
12 years will be undone if this Waiver process goes through.
13 (Audience Claps)
14 MS. CHRIS KEYSER: Kentuckians, number
15 one and two business. So we're going to not provide
16 dental care to the individuals who mean the most. Wrong.
17 Just wrong. Just wrong.
18 The packet also mentions the current
19 program has not been effectively administrated. Your
20 words. So is that the fault of the consumer?
21 MALE AUDIENCE PARTICIPANT: No.
22 MS. CHRIS KEYSER: Is that the fault of
23 the Medicaid recipient? No, sir, I don't believe so.
24 Kentucky Medicaid Managed Care companies have the highest
25 profits in the nation. So why hasn't the State

1 benefitted? Whose fault is that? It's the State's.
2 So, again, I see many challenges ahead.
3 One organization in Kentucky that is working toward
4 addressing what do we do next? Is it truly
5 unsustainable, and that is, Kentuckians' growth for
6 health. An advocacy group that is a non-particle
7 coalition, and they put together a task force that
8 recommends if you're going to do a Waiver, the Waiver
9 proposal improvers that would include the following four
10 things: Provide a rationale for each element of the
11 proposal based on the triple aim of improving patient
12 serious, improving population health, and better managing
13 cost. Conduct a cost-effective analysis of each Waiver
14 element to determine if it increases access, improves
15 health, and lowers or maintains administrative cost.
16 Two, establish and empower a Government
17 structure with multi-state-holder representation
18 including advocates and consumers. Ensure meaningful
19 state-holder participation in decision-making and
20 oversight.
21 Three, ensure transparency throughout the
22 development, implementation, and evaluation of the
23 Waiver. Create a dashboard updated monthly that contains
24 implementation and evaluation data to be shared with the
25 Government's body at regular state-holder meetings and

1 with the public meeting.
2 And, four, conduct rigorous evaluations
3 using a third-party evaluator selected by the
4 Government's body. Thank you very much.
5 (Audience Claps)
6 MR. DOUG HOGAN: Bobby Paisly and after
7 Bobby Paisly, it's Anthony Ross.
8 MR. BOBBY PAISLY: My name is Bobby
9 Paisly. My comment is a bit emotionally, and it's states
10 that, you know, we're an advanced, we're a prosperous,
11 and we're a civilized society. As a result of that, in
12 my opinion is that we have a moral and an ethical
13 obligation to assist and take care of those who do not
14 have the financial capacity to take care of themselves.
15 When I look at this program, I see a few
16 things that I don't understand. I find it to be a little
17 bit discriminatory, and the reason that I believe that is
18 I am the recipient of commercial insurance. I do not
19 have -- I'm also the recipient of dental and vision
20 coverage. My wife is a teacher, and we get our coverage
21 through her school, and I don't have to do community
22 service. I don't have to earn points, and I don't have
23 to wait to get my vision checked.
24 (Audience Claps)
25 MR. BOBBY PAISLY: So my question is why

1 are we alienating -- well, not my question. My statement
2 is, I feel like we're alienating a segment of the market
3 because they're impoverished and don't have the ability
4 to pay for healthcare, and that's all I've got. Thank
5 you.
6 (Audience Claps)
7 MR. ANTHONY ROSS: My name is Anthony
8 Ross. I'm an adult healthcare specialist with
9 Bridgehaven Mental Health Services in Louisville. I'm
10 going to read a statement on behalf of Ramona Johnson,
11 the CEO of Bridgehaven.
12 She'd like to replace those statements by
13 acknowledging that SMI individuals will not lose benefits
14 unless considered medically fragile. However, her
15 concerns are paying the premiums and co-pays. Will
16 premiums be deducted from the check-holding actually have
17 to pay a one dollar, or whatever the amount is, instant
18 hoop, and then if it's not deducted from their check,
19 they will loose Medicaid, and be locked out because I
20 cannot see they're making the premium payment on their
21 own.
22 I see the lookout as a real problem for
23 individuals with SMIs. They won't follow through with
24 taking some class on Healthy Behaviors and with whatever
25 else is required to become re-enrolled. They will just

1 loose their benefits. Most don't have checking accounts.
2 So how will they pay their premiums?
3 SSI, SSEI doesn't fit all of our members,
4 but it does fit the majority. Out of all of our members,
5 members carry an SMI diagnosis, and many have a far more
6 serious medical issues as well. We have some members, we
7 are not sure of the numbers, who are here now because
8 they are eligible for Medicaid under the expansion. Many
9 of them are younger members who rolled off of their
10 parents' insurance or buying insurance had no income or
11 an income low in the new guidelines in obtaining
12 Medicaid.
13 We also have people who are homeless,
14 adult males, no income, but with SMI/SUDs who are
15 enrolled in Medicaid via Kentucky After and Phoenix
16 Health Center in Louisville. Some of them now have SSI,
17 and I'll assume will be protected as medically private.
18 We're talking to a one-year member today
19 who has a bipolar disorder. Without the services she
20 received at Bridgehaven, her mental illness would be
21 unmanaged. She would gladly tell you that -- more
22 because she cannot stop talking. Her parents are trying
23 to get her on disability and had to retain an attorney.
24 If she receives the disability, I'm not sure whether she
25 will qualify for SSI in case for her receiving Medicaid.

1 I don't know how much this has helped. My
2 biggest concern for people with SMI as the method is for
3 paying the premium and the lockout, or they are assured
4 to paying co-pays if it is not paid.
5 So the process for getting that premium to
6 the State is critical even if you're on Social Security
7 and have their Medicaid premium deducted from their
8 check. It's still not -- it's the end of the game. We
9 hate that term.
10 How much more end of the game you cut off
11 people have. They've already been physically, sexually,
12 and emotionally abused, stigmatized, undermined, and
13 labeled. Most of them are reminded constant of their
14 background, focused at best, and their brothers tell them
15 to kill themselves.
16 They have been told all their lives they
17 are lazy and worthless. They have attempted to kill
18 themselves. The medications they take to be normal have
19 miserable and sometimes life-threatening side effects.
20 Most don't know until they find a place like Bridgehaven
21 they can recover and have a better life.
22 I am one of the 400 thousands that benefit
23 from the expansion. January 1st I will come off of
24 Medicaid because in my recovery I've gotten strong enough
25 that I can work a full-time job and support myself. I

1 don't consider myself a dual. I consider myself an
2 exception.
3 It's just wrong. We're supposed to help.
4 We're supposed to care. I respect and understand that
5 you want to make this financially feasible, but then it's
6 the money, and we have people suffering and killing
7 themselves in the street.
8 (Audience Claps)
9 MR. DOUG HOGAN: Laura Hancock Jones and
10 following her is Emily Beauregard.
11 MS. LAURA HANCOCK JONES: Hello, I'm Dr.
12 Laura Hancock Jones. I come to you today as a general
13 dentist in western Kentucky involved in a safety net
14 situation going through this phase in the cross-funded.
15 Should this Waiver be re-enacted in full?
16 The five goals will be very difficult to
17 meet as the role of oral health is understated as its
18 role in overall health. There will be exclusions of the
19 benefits as an on-ramp and not an on-ramp, in fact,
20 through the My Reward account.
21 Chiari is the progress of adult-leading
22 cavities and is the number one childhood defined disease
23 in our nation, and the number one risk factor for
24 building that disease process begins with primary
25 caregivers. I'm very appreciative of the roles and

1 thankful to others that dental coverage is in my family;
2 however, that whole family structure has been benefitted
3 greatly from the advancement of Medicaid.
4 Oral health providers are very committing
5 in offering solutions that can provide healthcare at the
6 right time and will meet the role in the triple aim. So
7 we cannot exclude that oral health can affect other
8 diseases of the body, and the mouth is not separate.
9 I, personally, have seen a tremendous
10 boost and notice that optimum care where they became
11 immediately aware of their dental benefits. You've heard
12 of the expansion. They often presented to my office so
13 sick that they're unable to deliver care, but we were
14 equally able to facilitate and care for them and need to
15 get them on the right path and help them.
16 I'm very supportive of the role of
17 sub-unitization in this new project, and smokers are six
18 times more likely to have periodontal infections. They
19 can't comprise. Diabetic care as well as it relates to
20 lung disease and actually as stated as well Alzheimer's.
21 Now, my general concern is the ER cost for
22 treating an oral infection are three times of that as
23 relates to dental care in the dental office that
24 eliminates, of course, the infection. I'm going to say
25 that continued trips to the ER inappropriately will not

1 allow for appropriate use of the My Rewards account for
2 them to feel the purposes of the benefits. And I also
3 created the consequences of the overuse that's developed
4 from just repeated the antibiotic to pain medication for
5 the oral disease that will go untreated to the expansion
6 of dental care.
7 In closing, I believe that including
8 coverage of the standard benefits increases the actions
9 secured and keys and goals of Kentucky HEALTH in terms of
10 processing earlier disease touching and general welfare.
11 But if it's approved in this current form, the barrier
12 for making healthcare coverage optional approval
13 increases cost in overall health.
14 I look forward for meeting with you as a
15 part that you make your health coalition. I want more to
16 prove that the amount of solution that's gone forward and
17 that cannot be nailed in stone. Thank you.
18 (Audience Claps)
19 MS. EMILY BEAUREGARD: My name is Emily
20 Beauregard. I'm the Executive Director of Kentucky
21 Voices, South Health, and we are an advocacy -- a home
22 advocacy coalition, an advocate for home-care providers
23 from across the Commonwealth.
24 We work together to improve the health of
25 the Kentuckians. We've been very active in the Medicaid

1 expansion helping people to get coverage and learn how to
2 use their coverage and their benefits.
3 And I'm here today under consumer
4 advocates on behalf of the 420,000 Kentuckians who have
5 been ear-lobbed and enrolled in coverage, some for the
6 first time in their adult lives as a result of 200
7 physicians to expand Medicaid.
8 (Audience Claps)
9 MS. EMILY BEAUREGARD: This also means
10 that we have a lot to lose if this standard coverage is
11 taken away as part of this Waiver process if the Waiver
12 isn't accepted by CFHS. And the Governor hasn't to seek
13 these changes for our current Medicaid program, and this
14 is important that we remember doing something in light so
15 badly of who's been suffering.
16 Primarily I do all I do here today for
17 working Kentuckians, their families, and those benefitted
18 who aren't able to work. There's also the communities
19 that they live in. I doubt that anyone in this group
20 doesn't know family members, neighbors, coworkers, and
21 friends who are invested in the record for Medicaid
22 expansion.
23 And last Wednesday, almost half a million
24 of fellow Kentuckians report that they could very well
25 lose coverage if this Waiver did not get accepted by

1 CFHS. So it's unrelated by insurance soaring again. So
2 we put people back in the emergency room. I think we can
3 do better for our fellow Kentuckians. I think we can
4 make a plan that works.
5 We need to remember that the focus of this
6 Waiver is to demonstrate that Kentucky can provide better
7 activities and benefits than we're already doing. Based
8 on my understanding of the first go around, this Waiver
9 will put more burden on growing and working Kentuckians,
10 our families, and those well-known citizens.
11 Are these consumer advocates? I believe
12 that from rising Medicaid coverage is they're up to know
13 how do you propose change will improve their health,
14 improve advocacy care, and while we strongly support the
15 home advocacy decision from the additional SUD benefits
16 that you've included in the plan, I'm not sure how a
17 decision can be made from the other changes. That
18 includes personal benefit changes made and were barriers
19 being set in place.
20 One thing that is particularly hollering
21 out to me is they're going to penalize -- certainly
22 penalized worker and workers. I'm not sure how to look
23 at it when you see that someone has a steady job or is at
24 full-time at minimum wage. Instead of being rewarded for
25 that, their premiums aren't.

1 The main time that it's a good idea to
2 fire individuals or employees that are enrolled in their
3 employers' insurance, but our concerns are about what is
4 provided in the network and the formality of what's being
5 said, not to mention that there will be some
6 discretionary coverage. These members are asking for
7 Medicaid for employer coverage, and they can move back to
8 Medicaid then if they loose their job or change
9 employers.
10 I don't think the goal of this Waiver
11 should be to move Medicaid members on this commercial
12 insurance or teach them how to use commercial insurance.
13 The goal should be to medically get members to be able to
14 use the coverage to improve better health, and that's
15 exactly what we see happening as a result of the Medicaid
16 expansion.
17 I'm not sure what the basis of how they
18 fund Indiana if there's a use whatsoever of a cost
19 barrier is in place. The problem if we're opening
20 Kentucky's Waiver advocate in Indiana is that we really
21 have no idea whether Indiana's demonstration is working.
22 It's way too early to tell. Their primarily data
23 certainly indicates that it isn't.
24 The Indiana rate for insureds is higher in
25 Kentucky, and it's been reported that more than 30

1 percent of Indiana's Medicaid members aren't able to pay
2 their premiums even with some help from a third-party
3 payers.
4 The only solid evidence we have about the
5 Kentucky premium for the low income individuals and
6 families is that it decreases accidents and care.
7 There's no evidence --
8 (Audience Claps)
9 MS. EMILY BEAUREGARD: There's no evidence
10 from the history, and according to the lockout period,
11 will increase this engagement or improve health.
12 Medicaid recipients need access to setting out barriers.
13 We know this is allowing people to get regular checkups,
14 get preventative care, and manage client illnesses.
15 Charging premiums and co-pays that started these people
16 from seeking out secondary care which can be more costly
17 care, emergency care, hospitalization down the road.
18 I think we acknowledge we don't want to
19 see people using the ER again when they don't have dental
20 coverage or when they said they were accidentally
21 misidentifying and referring, by the way, to a regular
22 doctor because Kentucky no longer offered a rough draft
23 in eligibility, or there are health regulations for
24 patients and waiting for food specifications and they
25 have to call 911.

1 This halfway almost creates a more
2 glorified system, and it would be largely illustrated by
3 some, and I have completely encouraged them. It makes it
4 harder for Kentuckians to use, and it assumes that
5 Kentuckians aren't already engaged in a community
6 contributing gainfully of our time.
7 So that is on behalf of Kentuckians
8 eligible working and members are working. Unfortunately
9 working full time at a minimum wage job doesn't add
10 enough to get someone on Medicaid. There's no point of
11 going for insurance for Medicaid and for the jobs program
12 without creating a new job. If we want to help people
13 get better jobs, increase minimum wage.
14 (Audience Claps)
15 MS. EMILY BEAUREGARD: If we want to help
16 people get better positions, we need to increase minimum
17 wage and grow better jobs in Kentucky.
18 But now comes the Medicaid or the reason
19 why we should be here today. Medicaid mental healthcare
20 safety net program is for low to moderate families and
21 the referrals, and our safety net is strengthened by our
22 economy by Obamacare. We need to remember that.
23 And I want to end by saying that now we
24 should go to a website and create a wonderful state of
25 art Medicaid program. We just don't believe that an

1 website ad will do that.
2 So my hope is the administration will
3 further think of the time, think of the concern, think of
4 the happiness in the coming weeks. What is the staple
5 during the final approval that will truly really help the
6 economy and a quality-life program? And we hope that you
7 will review the résumés and listen to the free advice and
8 thank you for the offer of your time. Thank you very
9 much.
10 (Audience Claps)
11 MR. DOUG HOGAN: Michael Montgomery is
12 next and then Cara Stewart.
13 MR. MICHAEL MONTGOMERY: Good morning. My
14 name is Michael Montgomery. I would say that the new
15 Waiver is a prime example of burning a candle on both
16 ends. Soon it will hurt your objective. I believe on
17 one end we said we want to expand healthcare, but we're
18 doing by cutting people out. It doesn't make very much
19 sense to expand by cutting.
20 You say you may be cutting those
21 individuals, you know, speaking of the transportation --
22 emergency transportation program. You said those
23 individuals are not using the expansion as you see the
24 numbers.
25 I am a nonemergency medical transportation

1 driver, and I do see it helping those individuals. In
2 fact, you state that these individuals have their own
3 vehicles. Well, in fact, they don't have their own
4 transportation or if they did have their transportation,
5 they wouldn't be eligible for the program. For they
6 can't have a vehicle in their home registered and anyone
7 in the home registered or registered to themselves. So
8 they don't have transportation.
9 These individuals are now eligible for
10 transportation to get to their healthcare provider.
11 Without getting to their healthcare provider, they will
12 be below that poverty line. There's no way that you can
13 have a health issue and a health issue just resolve
14 itself. It only resolves by getting their medical
15 attention they need.
16 If you cut this program -- if you keep
17 them from getting to their healthcare providers, they now
18 -- the job that they do have, that issue that they have,
19 will captive and grow captive their ability to work and
20 to provide for their families. Now, not only have you
21 kept them from getting what they need, but you've also
22 raised their number of people that now need Medicaid that
23 they are on their way to be self-sufficient and not
24 having it.
25 Preventative care has proven itself over

1 and over again. If you keep these individuals from being
2 able to access transportation, they will be totally
3 dependent on Medicaid services.
4 The other end of it is that those that are
5 providing jobs, these individuals have to have vehicles.
6 They have to have drivers inside of those vehicles, and
7 those individuals that drive, they are employed. They do
8 have a job. They do have a responsibility to their
9 families. You cut these individuals out now, the jobs in
10 which they have now, they cannot support their families.
11 They can't have medical care that they
12 need or do they turn to them? They turn to Medicaid. So
13 now instead of helping the system, you continue to create
14 a problem in the system. Well, those individuals that
15 have jobs, they do pay taxes as long as the employers
16 pays taxes. You heard the other tax dues that goes back
17 to the local Government and the State. And so on both
18 ends by cutting away those things which are necessary to
19 people in Kentucky, it just hurts everyone. That's my
20 comments.
21 (Audience Claps)
22 MS. CARA STEWART: My name is Cara
23 Stewart. I'm an advocate for low income Kentuckians when
24 it comes to health. I'm here as a legal-aid lawyer
25 representing low income Kentuckians who access legal

1 services across the State. Everyone continues to want to
2 have healthcare which is everyone in Kentucky.
3 Thank you for taking the time to listen to
4 our comments and having the public meeting and making the
5 accommodations. I'm very thankful that everyone showed
6 up today. Thank you for having your voices heard.
7 And I want to talk about the barriers that
8 I see in the proposal that we haven't heard yet today.
9 Also, the context of the proposal, right? So it's coming
10 from Section 1115 of the Social Security Act, which gives
11 the Social Services Health & Administration Services the
12 right to waive the funds of all agreed upon the Medicaid
13 program in order to enhance the proposes of Medicaid to
14 promote the objective of Medicaid, right?
15 So one of the things they look for to make
16 sure you're doing that is that you are increasing
17 coverage. And I don't see anywhere in here where they
18 are increasing coverage.
19 (Audience Claps)
20 MS. CARA STEWART: Also, the option to
21 increase the services that are covered by Medicaid, and
22 I'm not sure I see anything on here increasing the
23 services covered by Medicaid.
24 (Audience Claps)
25 MS. CARA STEWART: I only see cuts of the

1 dual coverage and taking away the legal taxes we share.
2 And so the barriers that are presented really seem
3 sircony to me, right? They seem like going backwards in
4 time further than I would have never anticipated. And
5 we're talking about creating the work requirement and the
6 idea that people can be locked out of their care for
7 months. I have clients who just this year as a result of
8 the minimum time allowed -- I know they were a lot locked
9 out -- lost care for a month, lost care for two months.
10 I have clients who that meant they loss
11 access to their oxygen and their insulin and that could
12 take them to a downward spiral, and there's just no
13 reason that person is here. Their health deteriorated so
14 quickly. And that's what happens when you have two
15 disruptions in their care, and the idea is not causing
16 serious harm or any disruption in care. To me, it's
17 harmful, and this plan jumps out to me as a dangerous
18 plan.
19 I would like to see Kentuckians use an
20 experiment of Medicaid to increase the health of
21 Kentuckians. That's what the purpose of the flexibility
22 that the rule has in waiving the Medicaid requirement is
23 to create healthier Kentuckians.
24 And I'm not really sure you've heard much
25 in this to thought through to do that, and I hope that we

1 can present. I mean, this obviously has to do, I guess,
2 since they meet possibly with all the Kentuckians
3 including administration, and I hope that we can submit a
4 demonstration project demonstrated in the Kentucky State,
5 our RA largest reduction of uninsured in the nation. I
6 wrote down seven percent -- around seven percent
7 uninsured. I'd like to see that number down to zero.
8 Why don't we figure out whose not eligible to have it,
9 right? Let's make it where everyone has access to
10 healthcare, and we can make that healthcare better. We
11 can do that. We can use those vehicles by thought to
12 have just using the vehicle to improve the health outcome
13 of Kentuckians. I would like to see a plan that really
14 does that. Thank you.
15 (Audience Claps)
16 MR. DOUG HOGAN: Next is Scott Scott?
17 MR. SCOTT CROCKER: Crocker. Crocker
18 maybe.
19 (Audience Laughs)
20 MR. DOUG HOGAN: Or Crocker. Sorry about
21 that. After Scott Crocker, Brandon Taylor.
22 MR. SCOTT CROCKER: The main points that I
23 want to convey really as a pegboard is come up with a
24 plan that I can do to abide the consumers to the
25 healthcare system and healthcare providers.

1 I represent the Legal Aid program --
2 Kentucky Legal Aid, and we have looked at -- we're
3 constantly meeting to prioritize our services and to
4 limit ways of getting legal assistance to people most
5 needed. What we have kept from doing is employing some
6 of the -- some of the techniques that are being proposed
7 today. We resisted charging a supplemental cost to
8 obtain legal aid, and one of the reasons for that is that
9 we feel that we wouldn't be able to charge enough to
10 really cover the administrative cost of collecting that.
11 I don't know if that's been considered yet in this Waiver
12 or not. It is very difficult to recoup the -- the cost.
13 If we deny services to people who failed
14 to make premium payments, even very small supplements,
15 this is going to have a devastated effect on low income
16 people in our State.
17 Really all I see is really what has been
18 mentioned is a reduction in services to people who are
19 going to come and unable to afford the private insurance
20 market, and it's really difficult to see that that's only
21 doing anything but ruin the quality of health in our
22 State.
23 As far as the sustainability, yes, there
24 may be some cost savings, but it's going to be for one
25 reason is, there's going to be fewer people who are going

1 to be enrolled in Medicaid plans if they have to pay a
2 monthly premium supplement, and they have a work
3 requirement. I don't see how it can possibly do anything
4 but reduce the number of our citizens who have health
5 insurance. Thank you.
6 (Audience Claps)
7 MR. BRANDON TAYLOR: My name is Brandon
8 Taylor, and I'm a dentist and the Director for the Clean
9 Dental Clinic in Owensboro, Kentucky. It's a nonprofit
10 practice that is 92 percent Medicaid.
11 Kentucky has an extremely oral health. If
12 I list the conditions, they were ranked very, very
13 poorly. Two panes from the top reasons that people visit
14 the ER.
15 In 2009, there were 19,000 visits to the
16 ER in the State of Kentucky resulting in $9 million worth
17 of billing for what amounts to just an exam by a
18 physician or nurse resulted in Medicare to dispense of an
19 antibiotic and an opioid.
20 For what they're doing of this $150 for
21 the diagnosis of tooth pain, I could extract the tooth
22 for $40. That is part of the Medicaid reimbursement.
23 If -- one main aim of this Waiver is to
24 reduce opioid addiction in the State of Kentucky. It's
25 very clear that tooth pain is strongly connected with

1 narcotic utilization be it by legal means or legal use.
2 My -- My Rewards program, if you go to the
3 ER, you're going to end up depleting your ability to use
4 My Rewards program, or you're never going to make it to
5 the end. And I can speak from personal experience how
6 stressful it is for many patients just to pay a 3-dollar
7 co-pay. So in order to -- for all of their 30-day
8 therapy contingent upon My Rewards program, I fear it's
9 very unlikely.
10 It is comical to place dental care on the
11 same level as a gym membership. Dental office -- dental
12 offices are an access point for a high rate of care. I
13 would say that my diagnosis for the detection of heart
14 tension in patients ruffles that than in the primary care
15 physicians in my area.
16 Since the inception of our clinic, ER
17 visits to our regional hospital have been cut in half.
18 And lack of access to adult care is growing approval and
19 many, many missed hours of work. We've already accessed
20 for how many hours the school missed in children. It's
21 nothing in regards to addiction of missed hours
22 reportable to pain meds. Thank you very much.
23 (Audience Claps)
24 MR. DOUG HOGAN: Dennis Chutney is up
25 next. Following Dennis Chutney would be Ernest Raymer.

1 MR. DENNIS CHUTNEY: My name is Dennis
2 Chutney, and I'm the Director for Barren River Health
3 Department. My comment -- I want to start by saying that
4 I don't think that anyone in this room advises the fact
5 that -- and we have to be physically responsible whether
6 or not we're talking about our own personal income at
7 home or the business that we may run.
8 In our place being a public servant in our
9 row, I'm responsible for a fellow leadership team and
10 local Board of Health members representing eight counties
11 to put together a budget. Business trades tremendous
12 stewardship for tax dollars. Federal, state, and local
13 afforded us to do our public health work.
14 And so understanding exactly the balance
15 here -- now, I guess, this is the comments. That's the
16 real challenge, the need as demonstrated here versus the
17 capacity to balance physical responsibility. So in that,
18 I applaud the willingness for the Waiver and for the
19 very, very healthy discussion.
20 I'll share with you that as it relates to
21 some of our work. We're responsible for facilitating --
22 I say we -- public health practice in the country, but
23 it's in our area. We're responsible for facilitating
24 community discussion as it relates to health
25 challenges -- health status challenges.

1 And while we're talking about access and
2 you continue to, I guess, applaud this Waiver, one of the
3 things that our group, called the Pride Coalition and
4 there are some board members who are here today in the
5 audience. But as we talk about access and barriers, what
6 we have found out in our research locally is that there's
7 not enough providers, dental, mental, and primary care
8 providers, to meet the need. And then when you further
9 explore that when you're doing the clautative research
10 whenever you're talking to actual providers, the further
11 barrier here is the number of those providers who
12 actually participate in Medicaid.
13 So in order to understand the true
14 dynamics of access, those sorts of consideration have to
15 be taken into account as you propose the solution. Not
16 faking or legally have all those answers, but that's part
17 of the access discussion.
18 You know, the other thing, too, is that,
19 you know, it's no, I guess -- it's no secret that in this
20 country we're moving to a values-based reimbursement
21 model. I mean, we want to. As a society, we want to
22 decrease the amount of taxpayers dollars that we're
23 having to spend on unnecessary ER visits and inpatient
24 hospitalization. And there's several aspects moving
25 toward the Affordable Care Act which are working together

1 to address that.
2 The other thing is obviously that as a
3 place for all of us in this room we want to able to
4 behave in such a way, and the healthcare system will
5 actually improve in clinical outcomes. And so together
6 with improving clinical outcomes individually and then as
7 an aggregate as a community, we're going to -- the
8 natural outcome is the increase inappropriate, if you
9 will, help preventable healthcare utilization. And,
10 again, I'm talking about the expensive services of ER and
11 -- and inpatient.
12 The last comment that I want to make is
13 that whereby public health has again -- there were
14 several -- several indications from the audience and from
15 your all's comments as it relates to prevention and the
16 investment of those dollars as it relates to afford the
17 opportunity for long-term sustained behavioral changes,
18 and that's really one of the things that we want as an
19 outcome in this, individuals and as an aggregate as in
20 the community in the Commonwealth.
21 But as it relates to public health
22 practice being challenged financially, it continues to be
23 on the forefront of providing preventive services. It's
24 one of those things that I don't know if you three folks
25 were aware of this is that public health in the

1 Commonwealth is the only healthcare provider who has to
2 pay their own Medicaid match. The only -- let me say
3 that again. The only provider of healthcare services in
4 the Commonwealth that has to pay penny per penny our own
5 Medicaid match; furthermore, we are the only thing in the
6 country where public health pays to participate to
7 provide services and bill in Medicaid. And so that is
8 compromising our ability financially to be what you
9 envisioned the infrastructure of public health practices
10 in 120 counties to be. Thank you so much.
11 (Audience Claps)
12 MR. BRUCE CHANEY: My name is Bruce
13 Chaney. I have a technical question that falls under the
14 classification of an employment area. I'm a member of
15 what's commonly called the gated community. That means I
16 would get paid with a 1099 instead of a W-2. I'm
17 classified as an independent contractor.
18 So my question is, how -- what kind of
19 paperwork for the administration will be involved when
20 you are reporting like 20 hours a week, if it comes to
21 that? It would seem that folks who are employed would
22 have a record of the hours that they worked. The
23 independent contractors have not only their jobs but also
24 the business side whatever their profession is.
25 There's -- there's no third-party

1 documentation of how they get paid, how they worked, and
2 I've read through the Waiver application and don't see
3 any information how that will be handled.
4 I also comment that the employment and
5 volunteers will require tracking approximately 400,000
6 people on a weekly basis to see how many hours they put
7 in, and that to me sounds like it will cost some money.
8 I don't know how many employees it will take to document
9 volunteer hours or hours of employment for 400,000
10 people, but I would think it would be a few, and that
11 costs you, perhaps, to document the labor for the
12 application. Thank you.
13 MR. DOUG HOGAN: Andrea Jones and
14 following Andrea Jones is Toby Fatsinger.
15 MS. ANDREA JONES: Hi, my name is Andrea
16 Jones. I'm an adult care support specialist at
17 Bridgehaven Mental Health Services. I work with people
18 every day who have Medicaid, and a lot of people that I
19 work with or everyone has a severe mental illness. Many
20 have lived in poverty their whole lives. They've grown
21 up in Foster Care. Some are homeless, a lot have
22 learning disabilities, and this plan that supposedly has
23 the purpose of transitioning people to an
24 employer-sponsored health plan is very complicated, and I
25 don't think that the people that I work with are going to

1 be able to understand how to jump through all the hoops
2 that they need to jump through in order to get coverage
3 even though all they really want is coverage. All they
4 really want is to be healthy and to recover.
5 They get letters all the time and some of
6 the things the letter asks them to do are simple. Like
7 they have to talk to a doctor, make a call, or look up
8 something on the computer, but they don't know how to
9 talk. They have trouble making phone calls. They have
10 trouble expressing themselves. They have trouble
11 advocating for themselves. They don't have computers.
12 They -- sometimes they forget to open their mail. They
13 have trouble going places and asking for help. And I
14 work -- I work -- with people who lost benefits because
15 of identifying, and they didn't know what to do. And
16 some of them have been able to get their benefits
17 reinstated, and some still have not had their benefits
18 reinstated, and sometimes they didn't know where to go to
19 ask for help. They didn't understand the letters that
20 they received.
21 So I see benefits that's not helping
22 people. It's not going to help people transitioning into
23 an am employer's health plan because employers everything
24 is done for the employees. They don't have to do all
25 this negotiating and going to different places and doing

1 community service and everything.
2 And this gym membership seems ridiculous
3 to me because even with a discount, I know many of the
4 people that I work with can't afford a gym membership
5 even if they have to pay $5 a month. There's to me some
6 nonsense added into this plan.
7 And I agree with everything I've heard
8 everybody say today. I haven't heard any praise with
9 this plan. I've heard how it's probably going to
10 decrease people who use the plan and decrease the health
11 of people in Kentucky, and it might save money for the
12 Government, but it's going to cost Kentuckians a lot in
13 terms of their health and -- and their ability to work
14 and take care of others. So that's about all I have.
15 (Audience Claps)
16 MR. TOBY FATSINGER: I'm Toby Fatsinger.
17 I'll try to be brief. It seems like everybody has said
18 what's already on everybody else's mind, and we don't all
19 know each other. We didn't show up at 10:00 o'clock this
20 morning.
21 So this consensus seems to exist, and I
22 just want to reiterate a couple of things talked about
23 saving -- saving Kentucky $2 billion over the next five
24 years with no immediate impact. Who's decedent after the
25 next five years? What's the real cost? How many people

1 are going to die; loose their wives, have their health
2 condition continue to just deteriorate? As a result, it
3 seems like we're shaping our State the way that that
4 seven has shaped his personal business, and we're
5 protecting the few at the expense of many.
6 (Audience Claps)
7 MR. TOBY FATSINGER: The ACA eliminated
8 historically loosing of adults without dependents. I'm
9 one of those. My son has now grown. How does it effect
10 him going forward? I have no small child at home. Why
11 is that? You know, I'm obviously not a pregnant woman.
12 My premium is not going to be waived. What determines an
13 able body is all -- these are all things that have been
14 mentioned today. We all know it. You know it. This is
15 a bad move. It's a bad move for the State of Kentucky,
16 and it's totally designed to protect the wealthy. Good
17 luck. Good luck with this in Harley, Kentucky and you
18 tell a coal miner that they need to get theirself (sic)
19 in Florida first without the -- without the aid or
20 dependence of Government before they can get a job.
21 Thank you.
22 (Audience Claps)
23 MR. DOUG HOGAN: Akisle Townsend and
24 following will be Joan Candalino.
25 MS. AKISLE TOWNSEND: My name is Akisle

1 Townsend. I come to you to ask a question before.
2 Unfortunately, I'm a little disappointed there wasn't
3 enough time for technical questions. I come today with
4 no written commenting. Recently I only heard about this
5 public hearing and went through the material that I could
6 bring out today and ask more technical questions and
7 comments today to the extent that I don't see the
8 information available online, and I believe the other
9 resources I will following up with that public comment.
10 So I'm not on Medicaid. I hope I'm never
11 in the position to need Medicaid. I'm not a provider,
12 and I don't work with people who receive Medicaid, but I
13 am thankful because I am a taxpaying citizen.
14 I'm here asking about my neighbors, and as
15 a taxpaying citizen, I'm concerned about the quality
16 healthcare and the things that they deserve. So far from
17 what I've seen, there are only barriers, and it limits
18 access and has severe concerns and will insofar in this
19 program. And I will just as ever as many people who are
20 directly classified as they change and permanently change
21 it, will be a concern, and it also may be a concern, I
22 believe, about the proposal, and access to healthcare.
23 Thank you.
24 (Audience Claps)
25 MS. JOAN CANDALINO: Good morning, my name

1 is Joan Candalino. Welfare, pregnancy care costs, child
2 healthcare, family planning in this evaluation also
3 include birth control, if a woman wants it, substance
4 abuse care, including tobacco, chiropractic, dental
5 vision and mental healthcare saves the Commonwealth
6 money.
7 Now, there shows an expression for helping
8 the people of Kentucky that wants it, and the people of
9 Kentucky often want to be healthier. From what I'm
10 hearing in the proposal, there are so many times where
11 instead of encouraging people to be healthy, they would
12 be requiring to jumping through hoops. That doesn't
13 achieve that end.
14 Your proposal makes it harder for them to
15 stay healthier, and it's not helping approval itself by
16 adding unnecessary congressman congressing in the rules
17 and regulations and creating a whole new level in
18 bureaucracy and demonstration in the end. It's not
19 helping when you're asking the expansion members to pay
20 from $180 to $450 per year minus what they can afford or
21 you boost their access in healthcare. And Kentucky is
22 reimbursed for all the 10 percent of its costs through
23 the ACA. It's not in the best interest of half a million
24 of Kentuckians to push us into the private insured market
25 just so you can balance your books.

1 MALE AUDIENCE PARTICIPANT: Will you
2 repeat that? Repeat that.
3 MS. JOAN CANDALINO: It's not in the best
4 interest of half a million Kentuckians to a push US into
5 the private insurance market just so you can balance your
6 books. Your proposal addresses cost to Kentucky, but
7 it's more the cost of Kentuckians.
8 They are regulations increase the cost of
9 time and money to the people who serve but the providers
10 and Kentucky. And the services, dental, vision,
11 non-emergency medical transportation, allergy testing and
12 create a complicated system for purchasing them.
13 The My Rewards program is for the resource
14 but talk to the members of obtaining those such as
15 transportation, childcare cost, and lots of your time.
16 Following it will be the privacy services created by that
17 book. You create an annual re-determination process
18 creating more players of the basic Government home
19 insurance hoops to jump through for people to keep their
20 insurance. Now, as I basically said earlier, who makes
21 those determinations if it's not set.
22 Just how is removing the nonemergency
23 medical transportation and how people get to a doctor
24 when they can? How can an afforded situation get to be
25 an emergency?

1 The force number, not encouraged, but
2 force number under their employer's insurance plan create
3 a complicated cumbersome cost that's double the
4 accounting verbal on the employer, a member of the
5 Commonwealth.
6 Then the years of this gentleman's work
7 incentive or community service requirement to help people
8 that would work as if they're making poverty leveling --
9 poverty's levels ranges on purpose by threatening loss
10 during healthcare.
11 Congratulations on playing rescue for
12 taking so many other concepts of woman's health issues to
13 observe any others. As is written, the proposal requires
14 a set of conditions that do not hit all the
15 circumstances. One of the person watching her sister's
16 children in exchange for a place to live, what if a
17 person who does not have a car or is homeless and can't
18 afford to pay someone for transportation and so is unable
19 to make it work. What if a person just shared adult
20 daycare for an elderly patient?
21 And here's my point. What if a person
22 who's creating the only job by the work of his own hands
23 using a skill as farmer or practice of shoe salesman,
24 they are not at all addressed by the requirements, and
25 that requirement serves as a disincentive to my selection

1 prize or trying to better themselves by public funding to
2 my referred truism by re-complicating the insurance to
3 an informant, this is creating conflict.
4 A proposal actually states its true
5 intention, quote, to discourage dependency, I encourage
6 and that it would encourage members to transition to
7 commercial health insurance, unquote, and protect --
8 project the laws of coverage for older women and people
9 violate under five by enforcing them to be insured by a
10 doctor or finding health coverage as an expense.
11 You make it sound like people want to live
12 in poverty, but if they do seriate free stuff, car wash.
13 People support the Government in order for then to help
14 when they need the Government to support that. The
15 Government insists to do what is done inter-collectively
16 and individually. That includes making healthcare
17 available to folks that could not afford it.
18 Care for the Kentuckians who serve should
19 be a Commonwealth's primary concern. Instead, I see this
20 proposal as a thing you can't solve. Second, your
21 private regulations is not going to afford people who are
22 having financial difficulties to lose their values of
23 insurance.
24 And duly so, CMS is trying to destroying
25 healthcare for half a million Kentuckians, and if that

1 happens, the consequences are on the Government or you
2 all, not CMS. CMS uses blackmail or the threat if you
3 opened your eyes for all of the Medicare expansion if we
4 don't vote for this Waiver. I ask CMS to deny this
5 Waiver.
6 MR. DOUG HOGAN: Stephanie Merser.
7 MS. STEPHANIE MERCER: Hi, I'm Stephanie
8 Merser. I want to tell you a story -- two very different
9 looking stories. One as a graduate student who is
10 thinking they can change the world. They're in school
11 instead of counseling. They worked for an employer who
12 is nonprofit, and they subscribe to Medicaid. They work
13 hard.
14 That person is me. I work for a
15 nonprofit. I don't have any money to subscribe to
16 insurance. And despite all the work that I'm doing for
17 my community, I stand here in front of you asking for my
18 health benefits.
19 Now, I want to tell a different story. I
20 work at BRASS. It's the Barren River Area Safe Space.
21 It's the local domestic violence shelter. A woman
22 comes in that's been in violence. She comes in. She's
23 battered. She's broken. Everything she had in this
24 world is gone. She doesn't have money. She doesn't
25 have belongings. She doesn't have anything for the most

1 part.

2 So when she sits in my office, I asked her
3 what do you need, counseling, do you need to go to the
4 emergency room to cover those bruises, do you need
5 stitches, what happened to you? And, yes, if this goes
6 away, she doesn't have that. We sit in the office. What
7 do we do? We stare at the wall, and we wonder how are we
8 going to help this person.

9 Okay. I heard one of you say earlier was
10 all KYALTs, Medicaid Transportation, wasn't used that
11 much. As BRASS, we use it. So when she comes in, she
12 needs to go to counseling department. She needs to go to
13 Hope Harvard, Professional Sexual Assault Counseling.
14 She needs help with all these things that have happened
15 to her and the weight of the world is on her, and we can
16 like provide her with transportation with one part of it
17 being used for preferred people.

18 It sounds like KYALT is important to us.
19 It sounds like Medicaid is important. These people come
20 from jobs that aren't stable. Sometimes they aren't able
21 to have jobs because of their abusers. Sometimes they
22 can't keep jobs because of the PTSD, and you're telling
23 them that they're going to be denied coverage if they
24 can't pay for a premium a month. They don't have that,
25 and to be honest, I don't have that. And so when you're

1 taking this into account, does Kentucky really want to
2 re-victimize people who have been through so much
3 already? Does it really want to hold down people for
4 trying to take down the world? Thank you.
5 (Audience Claps)
6 MS. GLISSOM: Are there any other remarks?
7 I think that's all we have on our list? Is that right,
8 Doug?
9 MR. DOUG HOGAN: Yes.
10 MS. GLISSOM: Okay. And my two hours is
11 coming right up on 12:00 o'clock which is we have set
12 aside two hours to have comments. Again, I just want to
13 reiterate how much I appreciate the fact that you came
14 out today. I want you to know that we take all the
15 comments very seriously. I have a number of notes that I
16 want to go back and look at.
17 So I want to thank you for being here
18 taking the time, looking at the Waiver, and giving
19 thoughtful remarks. I would suggest if you have any
20 other thoughts that come to you after you leave the
21 Hearing today, please feel free to go to the website,
22 CHFS, Cabinet for Health and Family Services,
23 chfs.ky.gov/Kentuckyhealth, and we're going to continue
24 to accept comments through July the 22nd.
25 So thank you again, and I hope you all

1 have a very nice day. Thank you very much for being here
2 today to share your remarks.
3
4 (Hearing Adjourned)
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STATE OF KENTUCKY )<br>
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COUNTY OF BUTLER )

I, Cindy C. Wilson, a Notary Public within and for the State at Large, do hereby certify that the foregoing Town Meeting Hearing that was taken before me at the time and place and for the purpose in the caption stated; that the hearing was reduced to shorthand writing by me; that the foregoing is a transcript of said hearing so given to the best of my ability; that the appearances were as stated in the caption.

I further certify that I am neither of counsel nor of kin to either of the parties to this action, and am in no wise interested in the outcome of said action.

WITNESS MY SIGNATURE this 19th day of July, 2016. My commission expires June 5th, 2019.

____________________________<br>
NOTARY PUBLIC,<br>
State at Large, Kentucky