



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Behavioral Health Technical Advisory Committee (TAC)
Recommendations Presented at the November 19, 2015, and March 18, 2016 MAC
Meetings

Dear Medicaid Advisory Council:

The following is provided in response to the Behavioral Health TAC recommendations presented and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201511BH01:** We appreciate the contacts from DMS Medical Director Dr. John Langefeld, from staff in the Office of Health Policy, and from the DBHDID Medical Director Dr. Allen Brenzel with regard to the development of more specific reports from the MCOs and the dashboard referenced in DMS' letter of July 21st. With the departure of Dr. Langefeld from DMS, the TAC wants to be assured that we will have communication on these issues from all parties involved, and that a meeting to discuss the reports and dashboard will be forthcoming.

Response: It is completed. Please see the attached document.

2. **Recommendation 201511BH02:** We appreciate that DMS has been working on newly-revised standardized forms, including one for Prior Authorization (PA) so that each MCO will utilize the same form. We are extremely disappointed, however, that the newly-developed PA form is only for services and not for medications. The Behavioral Health TAC strongly recommends that work be done to develop a consistent Prior Authorization form for medications and that the draft be circulated to this TAC and to any other interested TAC for feedback.

Response: Updates have been given in a draft format for reviewer comments. DMS hopes to have a draft for the committee's review soon.

- 3. Recommendation 201511BH03:** That DMS continue to participate in discussions with the Behavioral Health TAC and with the Behavioral Health Subcommittee of the KY Health Benefit Exchange (kynect) to assure that all Medicaid benefits reflect full parity for all behavioral health services.

Response: DMS is committed to working with the Behavioral Health TAC and the Behavioral Health Subcommittee of the KY Health Benefit Exchange to ensure that all Medicaid benefits reflect full parity for behavioral health services.

- 4. Recommendation 201511BH04:** Finally, the Behavioral Health TAC wishes to state again this recommendation made more than two years ago: That a Behavioral Health Ombudsperson be established to provide easily-accessed personal responses to consumers who are experiencing difficulty with the Medicaid managed care system. This would allow consumers to share their personal health information (PHI) as they discuss directly with the Ombudsperson the issues that need to be resolved with the MCOs in order for them to access the care that they need.

Response: DMS has shared this recommendation with the administration of CHFS. At this time, in addition to the CHFS listens line, members also can avail themselves of the member services hotline and the state fair hearing system. Providers also have a service hotline.

- 5. Recommendation 201601BH01:** Recommend that all children (ages 0 up to age 18) and young adults (ages 18 through 20 years) be exempt from the Medicaid Bad Address Disenrollment process.

Response: While individuals in fee-for-service and foster children are exempt from the address verification process, all other children and adults who are eligible for Medicaid currently are subject to it. While it is vitally important for DMS to know where individual members reside, the Department is aware of the concerns and comments of the members and providers affected by this procedure. As such, DMS is working with our sister agencies within CHFS including the Department for Community Based Services as well as external groups to minimize adverse impact. DMS also continues to monitor the program for effectiveness and will provide updates as needed.

- 6. Recommendation 201601BH02:** Recommend that the newly-developed formulary Prior Authorization (PA) form include links to each of the MCO formularies.

Response: We are working on placing hotlinks to each formulary.

- 7. Recommendation 201601BH03:** Recommend that there be a Behavioral Health Ombudsperson to deal directly with members to resolve issues with MCOs. (This recommendation has been made by the Behavioral Health TAC for the past three years.)

Response: DMS has shared this recommendation with the administration of CHFS. At this time, in addition to the CHFS listens line, members also can avail themselves of the member services hotline and the state fair hearing system. Providers also have a service hotline.

8. **Recommendation 201503BH01:** Recommend that DMS require all MCOs to have the same formulary – to match that of DMS – and to use the DMS Pharmacy & Therapeutics (P&T) processes to make changes in that formulary.

Response: DMS is evaluating formulary options in this current review period to determine future changes to the Medicaid Program.

9. **Recommendation 201503BH02:** Recommend that DMS work with DBHDID and the Behavioral Health Community to develop a Medicaid waiver program for adult Medicaid members who have severe and persistent mental illness.

Response: Kentucky Medicaid is currently undergoing a review to determine future changes to the Medicaid program. We continue to strive to expand access to providers and to ensure all members receive medically necessary services.

10. **Recommendation 201503BH03:** Recommend that DMS work with the Brain Injury Community to continue developing the Enhanced Brain Injury Waiver for individuals who have severe behaviors due to their brain injury.

Response: DMS is not in a position to pursue this recommendation at this time.

Sincerely,



Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
Robert Long, Director, Division of Program Integrity
Steve Bechtel, Acting Director, Division of Fiscal Management
Cindy Arflack, Director, Division of Program Quality and Outcomes
Lee Guice, Director, Division of Policy and Operations
Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral Health Policy Advisor
Barbara Epperson, RMA III, Department for Medicaid Services
Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services



Department for Medicaid Services

Division of Quality and Outcomes

MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
MEMBERS	104,599	304,639	135,828	300,128	457,047	1,302,241
Report 97 - Populations						
Adults Enrolled	78,123	155,346	99,239	179,680	263,465	775,853
Children/Youth enrolled	26,476	149,293	36,589	120,448	193,582	526,388
Adults						
Diagnosis w/no Service	9,971	17,970	8,692	18,291	90,165	145,089
Diagnosis w/Service	9,045	11,895	8,090	18,380	47,644	95,054
Total BH Adults	19,016	29,865	16,782	36,671	137,809	240,143
% of Adults Enrolled	24.34%	19.22%	16.91%	20.41%	52.31%	30.95%
No Diagnosis w/Service	0	121	70	159	0	350
SMI Enrolled	3,187	4,773	6,239	14,895	7,222	36,316
Youth (<18)						
Diagnosis w/no Service	867	11,141	2,000	10,608	35,150	59,766
Diagnosis w/Service	1,488	12,226	2,282	12,343	18,084	46,423
Total BH Youth	2,355	23,367	4,282	22,951	53,234	106,189
% of Youth Enrolled	8.89%	15.65%	11.70%	19.05%	27.50%	20.17%
No Diagnosis w/Service	0	71	18	52	0	141
SED Enrolled	345	5,820	2,427	11,345	45,459	65,396
Pregnant & Post Partum						
% Pregnant & Post Partum	0.20%	0.02%	0.00%	0.11%	2.47%	0.91%
Pregnant & Post Partum 18+	205	53	5	316	10,679	11,258
Pregnant & Post Partum <18	9	1	0	14	618	642
PRTF I Clients						
% PRTF I	0.00%	0.13%	0.03%	0.05%	0.04%	0.06%
PRTF I Clients 18+ in-state	0	0	1	12	22	35
PRTF I Clients 18+ out-of-state	0	0	0	0	3	3
PRTF I Clients <18 in-state	202	37	37	143	169	551
PRTF I Clients <18 out-of-state	0	0	1	0	6	7

The unduplicated count of pregnant or postpartum members for which a behavioral health service was paid by the MCO or the MCO subcontractor during the period that is reported.



Department for Medicaid Services

Division of Quality and Outcomes

MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
Report 103-Facilities Report-Adults						
Acute Psychiatric Adults						
In-State Client Count	280	1001	838	833	836	3788
Out-of-State Client Count	0	5	19	12	44	80
Number of Admissions	313	1318	393	770	513	3307
Average Length of Stay(days)	6	2.4	5	5	6.33	
Readmissions	33	566	125	400	73	1197
Outpatient follow up	206	288	0	3	1	498
In-State Client Count	0	0	0	0	2	2
Out-of-State Client Count	0	0	0	0	2	2
Number of Admissions	0	0	0	0	1	1
Average Length of Stay	0	0	0	0	33	
Readmissions	0	0	0	0	0	0
Outpatient follow up	0	0	0	0	0	0
In-State Client Count	2	40	7	10	0	59
Number of Admissions	2	55	0	1	0	58
Average Length of Stay	45	2.6	0	3	0	
Readmissions	1	18	0	0	0	19
Outpatient follow up	0	0	0	0	0	0
In-State Client Count	57	441	21	126	428	1073
Out-of-State Client Count	0	2	1	0	14	17
Number of Admissions	61	1389	22	123	188	1783
Average Length of Stay	5	1.5	39	59	22.26	
Readmissions	4	1533	11	37	18	1603
Outpatient follow up	43	216	0	0	0	259
In-State Client Count	0	107	0	0	0	107
Out-of-State Client Count	0	2	0	0	0	
Number of Admissions	0	273	0	0	0	273
Average Length of Stay	0	282	0	0	0	
Readmissions	0	197	0	0	0	197
Outpatient follow up	0	99	0	0	0	99
In-State Client Count	0	0	37	175	1201	1413
Out-of-State Client Count	0	0	0	1	0	1
Number of Admissions	0	0	25	171	887	1083
Average Length of Stay	0	0	13	28	332.62	
Readmissions	0	0	4	35	5	44



Department for Medicaid Services

Division of Quality and Outcomes

MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
Report 103-Facilities Report-Children/Youth						
Acute Psychiatric Youth						
In-State Client Count	55	683	115	413	546	1812
Out-of-State Client Count	0	0	3	10	21	34
Number of Admissions	57	1041	72	356	267	1793
Average Length of Stay(days)	10	0	8	8	9.37	
Readmissions	2	416	15	78	42	553
Outpatient follow up	43	400	0	0	1	444
PRTF Level I						
In-State Client Count	6	57	0	0	174	237
Out-of-State Client Count	0	0	0	0	7	7
Number of Admissions	6	215	0	0	30	251
Average Length of Stay	62	8.7	0	0	154.23	
Readmissions	0	34	0	0	18	52
Outpatient follow up	0	73	0	0	0	73
SA Residential						
In-State Client Count	0	127	0	3	89	219
Out-of-State Client Count	0	0	0	1	1	2
Number of Admissions	0	631	0	0	32	663
Average Length of Stay	0	4.2	0	0	50.97	
Readmissions	0	395	0	0	1	396
Outpatient follow up	0	118	0	0	0	118
Residential Crisis Stabilization						
In-State Client Count	0	111	0	0	0	111
Out-of-State Client Count	0	0	0	0	0	0
Number of Admissions	0	333	0	0	0	333
Average Length of Stay	0	1.2	0	0	0	
Readmissions	0	135	0	0	0	135
Outpatient follow up	0	123	0	0	0	123
Chemical Dependency Center						
In-State Client Count	0	0	135	167	330	632
Out-of-State Client Count	0	0	1	0	0	1
Number of Admissions	0	0	69	81	108	258
Average Length of Stay	0	0	4	5	344.44	
Readmissions	0	0	2	4	2	8
Outpatient follow up	0	0	0	0	0	0



Department for Medicaid Services
Division of Quality and Outcomes
MCO Behavioral Health Report Summary



	Medical Costs	Report 104- Expenses PMPQ	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL			
	All Members	\$	586.08	\$	498.34	\$	1,094.21	\$	744.89	\$	260.49
	BH Adults	\$	959.32	\$	2,030.88	\$	2,064.42	\$	696.52	\$	1,407.89
	SMI	\$	1,178.35	\$	1,430.84	\$	2,330.63	\$	758.48	\$	175.45
	BH Children/Youth	\$	610.87	\$	761.25	\$	569.63	\$	161.52	\$	761.36
	SED	\$	349.93	\$	775.00	\$	574.13	\$	157.42	\$	724.26
	All Members	\$	180.98	\$	154.57	\$	277.01	\$	442.96	\$	84.42
	BH Adults	\$	408.00	\$	1,125.60	\$	508.64	\$	457.21	\$	351.22
	SMI	\$	419.74	\$	1,388.85	\$	650.03	\$	555.05	\$	232.97
	BH Children/Youth	\$	67.39	\$	312.36	\$	97.78	\$	146.58	\$	113.08
	SED	\$	52.46	\$	429.96	\$	95.66	\$	143.17	\$	119.26
	All Members	\$	41.25	\$	69.92	\$	20.85	\$	89.31	\$	36.43
	BH Adults	\$	90.98	\$	1,914.72	\$	482.93	\$	187.97	\$	268.08
	SMI	\$	365.79	\$	1,770.38	\$	618.98	\$	270.22	\$	780.02
	BH Children/Youth	\$	322.79	\$	2,250.57	\$	105.62	\$	272.63	\$	225.64
	SED	\$	606.07	\$	2,352.73	\$	831.60	\$	441.19	\$	412.28
	All Members	\$	21.87	\$	32.69	\$	100.58	\$	60.06	\$	17.27
	BH Adults	\$	48.41	\$	413.70	\$	364.88	\$	108.54	\$	60.71
	SMI	\$	143.25	\$	581.37	\$	530.53	\$	126.67	\$	163.43
	BH Children/Youth	\$	10.41	\$	211.67	\$	147.91	\$	71.63	\$	42.67
	SED	\$	160.81	\$	375.68	\$	262.66	\$	114.17	\$	109.62



Department for Medicaid Services
Division of Quality and Outcomes
MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
MCO Report # 105A Service Utilization - primary BH diagnosis						
Children <18						
Units Requested	98	25,878	116	60	10,138	36,290
Units Approved	38	25,764	89	60	9,241	35,192
Units Denied	60	127	-	-	833	1,020
Unique Members Served	14	315	8	10	1,225	1,572
Youth 18-21						
Units Requested	87	521	-	-	543	1,151
Units Approved	84	496	-	-	485	1,065
Units Denied	3	36	-	-	55	94
Unique Members Served	29	24	-	-	52	105
Adults >18						
Units Requested	2,288	39,767	178	441	11,982	54,656
Units Approved	2,186	39,638	166	408	11,141	53,539
Units Denied	102	129	-	-	818	1,049
Unique Members Served	653	364	21	46	757	1,841



Department for Medicaid Services
Division of Quality and Outcomes
MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
MCO Report # 105B Service Utilization - primary SUD diagnosis						
Children <18						
Units Requested	51	1,703	-	21	592	2,367
Units Approved	51	1,690	-	21	588	2,350
Units Denied	-	13	-	-	-	13
Unique Members Served	5	59	-	2	45	111
Youth 18-21						
Units Requested	21,672	282	-	-	101	22,055
Units Approved	21,672	259	-	-	101	22,032
Units Denied	-	23	-	-	-	23
Unique Members Served	11	16	-	-	13	40
Adults >18						
Units Requested	769,579	1,896	178	361	4,871	776,885
Units Approved	769,579	1,965	166	339	4,612	776,661
Units Denied	-	31	-	-	247	278
Unique Members Served	286	185	21	37	415	944



Department for Medicaid Services

Division of Quality and Outcomes

MCO Behavioral Health Report Summary



	Report 106-BH Pharmacy for All MCO Members	Antthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
	Total Adults Enrolled	78,123	155,346	99,239	179,680	263,465	775,853
	Total Children/Youth enrolled	26,476	149,293	36,589	120,448	193,582	526,388
Children on 1 or more same class psychiatric meds more than 30 days	Antianxiety	6	1,287	0	92	16	1,401
	Antidepressant	170	6,694	13	894	49	7,820
	Antipsychotics	71	4,333	2	1,017	22	5,445
	CNS Stimulants	222	10,547	41	2,964	259	14,033
	Mood Stabilizers	2	2,155	7	610	66	2,840
	Other Psychotropic	35	4,045	1	1,278	31	5,390
	Substance Abuse Meds	18	22	0	11	0	51
Polypharmacy Children	2 or more psychiatric meds	246	4,340	5	6,697	10,153	21,441
	3 or more psychiatric meds	79	1,877	1	3,297	4,562	9,816
	4 or more psychiatric meds	14	623	0	1,580	1,908	4,125
	5 or more psychiatric meds	6	172	0	726	717	1,621
Intra-class Polypharmacy Children	Antianxiety	0	251	2	14	0	267
	Antidepressant	7	1,402	13	215	2	1,639
	Antipsychotics	2	699	2	307	0	1,010
	CNS Stimulants	2	1,102	41	1,601	81	2,827
	Mood Stabilizers	0	434	7	213	1	655
	Other Psychotropic	0	489	1	301	2	793
	Substance Abuse Meds	0	2	0	0	0	2
Polypharmacy Adults	2 or more psychiatric meds	6,000	5,462	177	29,386	46,223	87,248
	3 or more psychiatric meds	2,156	3,204	36	17,172	23,816	46,384
	4 or more psychiatric meds	671	1,614	13	9,979	11,084	23,361
	5 or more psychiatric meds	194	780	1	5,653	4,689	11,317
	Antianxiety	180	2,483	190	1,012	0	3,865
	Antidepressant	166	5,358	392	2,303	16	8,235
	Antipsychotics	4	2,328	81	861	0	3,274
	CNS Stimulants	0	269	30	273	1	573
	Mood Stabilizers	0	3,566	324	2,772	3	6,665
	Other Psychotropic	0	36	4	63	0	103
	Substance Abuse Meds	92	286	160	1,168	0	1,706



Department for Medicaid Services
 Division of Quality and Outcomes
 MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
Report 110A-Original BH Claims Processed						
Claims Received						
Total count	50,898	57,458	75,189	116,888	94,214	394,647
Total processed	50,898	58,884	61,576	121,383	67,550	360,291
Total charges	\$ 31,623,153	\$ 12,586,330	\$ 115,547,699	\$ 59,163,318	\$ 215,173,198	\$ 434,093,697
Average Charge	\$ 621.30	\$ 219.05	\$ 1,536.76	\$ 506.15	\$ 2,283.88	\$ 1,099.95
Adjudicated to pay						
Total count	31,266	48,861	61,458	54,786	58,104	254,475
Percent	61.43%	85.04%	81.70%	46.90%	61.67%	64.48%
Total Charges	\$ 17,465,500	\$ 10,051,173	\$ 87,345,200	\$ 23,544,279	\$ 225,980,751	\$ 364,386,904
Average Charge	\$ 558.61	\$ 205.71	\$ 1,421.22	\$ 429.75	\$ 3,889.25	\$ 1,431.92
Total Paid	\$ 5,415,100	\$ 6,080,899	\$ 23,805,066	\$ 12,621,333	\$ 53,195,395	\$ 101,117,793
Average Paid	\$ 173.19	\$ 124.45	\$ 385.71	\$ 230.38	\$ 915.52	\$ 397.36
Adjudicated to deny						
Total count	19,632	10,023	12,395	57,395	9,355	108,800
Percent	38.57%	17.44%	16.50%	49.10%	9.93%	27.57%
Total Charges	\$ 14,157,653	\$ 2,744,491	\$ 21,251,591	\$ 31,093,933	\$ 18,870,294	\$ 88,117,962
Average Charge	\$ 721.15	\$ 273.82	\$ 1,714.53	\$ 541.75	\$ 2,017.13	\$ 809.91
Placed in Suspended Status						
Total count	-	-	439	-	87	526
Percent	0.00%	0.00%	0.60%	0.00%	0.09%	0.13%
Total Charges	\$ -	\$ -	\$ 1,423,021	\$ -	\$ 430,689	\$ 1,853,710
Average Charge	\$ -	\$ -	\$ 0.01	\$ -	\$ 49,950.45	\$ 3,524.16



Department for Medicaid Services
Division of Quality and Outcomes
MCO Behavioral Health Report Summary



	Anthem	Coventry/Aetna	Humana	Passport	WellCare	TOTAL
Report 110B-Original BH Claims Processed (Non-licensed Providers)						
Claims Received						
Total count	8,660	32,434	4,846	21,898	2,798	70,636
Total processed	8,660	32,772	4,734	22,514	2,538	71,218
Total charges	\$ 5,830,578	\$ 10,498,416	\$ 1,109,157	\$ 4,425,575	\$ 763,195	\$ 22,626,922
Average Charge	\$ 2,066.00	\$ 323.69	\$ 228.88	\$ 202.10	\$ 273.64	\$ 320.33
Adjudicated to pay						
Total count	3,635	26,618	3,394	14,281	2,074	50,002
Percent	41.97%	82.07%	70.00%	65.20%	74.36%	70.79%
Total Charges	\$ 1,985,473	\$ 6,442,990	\$ 804,382	\$ 2,783,832	\$ 823,442	\$ 12,840,119
Average Charge	\$ 1,424.71	\$ 242.05	\$ 237.00	\$ 194.93	\$ 397.03	\$ 256.79
Total Paid	\$ 715,587	\$ 4,359,151	\$ 520,107	\$ 1,832,664	\$ 646,334	\$ 8,073,844
Average Paid	\$ 498.88	\$ 163.77	\$ 153.24	\$ 128.33	\$ 311.64	\$ 161.47
Adjudicated to deny						
Total count	5,025	6,154	1,201	6,533	457	19,370
Percent	58.03%	18.97%	24.80%	29.80%	16.39%	27.42%
Total Charges	\$ 3,845,106	\$ 5,018,714	\$ 181,030	\$ 1,315,990	\$ 144,765	\$ 10,505,605
Average Charge	\$ 765.20	\$ 815.52	\$ 150.73	\$ 201.44	\$ 316.77	\$ 542.36
Placed in Suspended Status						
Total count	-	-	1,300	-	1	1,301
Percent	0.00%	0.00%	27.10%	0.00%	0.04%	1.84%
Total Charges	\$ -	\$ -	\$ 238,507	\$ -	\$ 96	\$ 238,603
Average Charge	\$ -	\$ -	\$ 181.93	\$ -	\$ 95.75	\$ 183.40

BEHAVIORAL HEALTH TAC
RECOMMENDATIONS TO MAC

MAY 26, 2016

TAC Recommendation Approved at Behavioral Health TAC Meeting on May 4, 2016:

RECOMMENDATION:

In light of CMS' final rule establishing the opportunity for Medicaid Managed Care plans to reimburse free-standing psychiatric hospitals for inpatient services of up to 15 days per month, we recommend that DMS proceed as quickly as possible to put this change into effect in Kentucky to allow Medicaid reimbursement for behavioral health services to hospitals which had previously been excluded because of their Institution for Mental Disease (IMD) status. The CMS final rule will go into effect sixty days after it is published in the *Federal Register* on May 6, 2016.

BEHAVIORAL HEALTH TAC REPORT TO THE MAC – MAY 26, 2016

Good morning. I am Dr. Sheila Schuster, serving as Chair for the Technical Advisory Committee on Behavioral Health (BH). Our TAC met on May 4, 2016 at the Capitol Annex with Behavioral Health representatives of Medicaid the MCOs. In addition to the MCO representatives and 5 of the 6 members of the TAC, we had representation from the KY Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) including Acting Commissioner Wendy Morris, as well as representatives from the KY Department for Medicaid Services (DMS) and other members of the behavioral health community including members of the KY Mental Health Coalition and others interested in the topics being presented.

We reviewed the **Behavioral Health TAC Recommendations** made at the MAC meetings held on November 19, 2015 and on March 25, 2016. We were pleased to hear that DMS is working to incorporate links to the MCO formularies on the standardized form for PAs for medication and we are anxious to see the latest version of that standardized form. We are hopeful that the final form will be put to use by all MCOs very soon!

In the invitation to the MCOs to attend the May TAC meeting, we noted that we would like to use the TAC meeting to have each MCO respond to these issues:

- Report of data by numbers of persons regarding: Lengths of Stay in Psychiatric Hospitals and Crisis Stabilization Units; Percentage of Denials for each behavioral health service: inpatient and outpatient; Readmissions to Psychiatric Hospitals and Crisis Stabilization Units. We request that the data in each instance be separated by children (up to age 18) and adults and be reported by quarters for 2015.
- How many behavioral health professionals outside of the CMHCs are now credentialed with your MCO? What is their distribution across the state? Where can an individual go to see a list of mental health professionals in your network?

At our meeting in May, we distributed and discussed the dashboard provided by DMS in its response to our recommendation. We were grateful to have both DMS and DBHDID staff present to answer questions about the dashboard. It is clear that there is a need for more work on the MCO reports that feed data into the dashboard and the two agencies were to meet to continue that work. The Behavioral Health TAC members expressed a strong interest in meeting with DMS and DBHDID staff concerning the data and the dashboard and we are hopeful that this meeting will occur prior to our TAC meeting in early July.

There was also a brief discussion of the integrated care issues for individuals with behavioral and physical health chronic conditions. The MCOs suggested that we use the September Behavioral Health TAC meeting to have each of them report out on their progress on this issue as part of their PIP.

TAC Recommendation Approved at Behavioral Health TAC Meeting on May 4, 2016:

RECOMMENDATION: In light of CMS' final rule establishing the opportunity for Medicaid Managed Care plans to reimburse free-standing psychiatric hospitals for inpatient services of up to 15 days per month, we recommend that DMS proceed as quickly as possible to put this change into effect in Kentucky to allow Medicaid reimbursement for behavioral health

Report of the Behavioral Health TAC to the MAC – 5/26/16

services to hospitals which had previously been excluded because of their Institution for Mental Disease (IMD) status. The CMS final rule will go into effect sixty days after it is published in the *Federal Register* on May 6, 2016.

The next meeting of the Behavioral Health TAC will be held on Thursday, July 7, 2016 at 1:00 p.m. in Room 125 of the Capitol Annex. In addition to TAC members, MCO Behavioral Health representatives, DMS, DBHDID and members of the behavioral health community, we will be inviting representatives from DCBS and from DAIL.

Thank you for providing this forum to bring forward behavioral health concerns on behalf of Medicaid members.



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Children's Health (CH) Technical Advisory Committee (TAC)
Recommendations Presented at the November 19, 2015, and March 18, 2016, MAC
Meetings

Dear Medicaid Advisory Council:

The following is provided in response to the Children's Health TAC recommendations presented and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201511CH01:** We are concerned that children in Kentucky will suffer at no fault of their own as a result of the mismatched address disenrollment process. The Children's Health TAC recommends that DMS and MCOs exclude children from the mismatched address disenrollment policy. This will provide sufficient time for parents and/or guardians to comply with the new policy and ensure their children receive continued access to necessary health care and medication.

Response: While individuals in fee-for-service and foster children are exempt from the address verification process, all other children and adults who are eligible for Medicaid currently are subject to it. While it is vitally important for DMS to know where individual members reside, the Department is aware of the concerns and comments of the members and providers affected by this procedure. As such, DMS is working with our sister agencies within CHFS including the Department for Community Based Services as well as external groups to minimize adverse impact. DMS also continues to monitor the program for effectiveness and will provide updates as needed.

2. **Recommendation 201511CH02:** Based on data from CMS 416 and data provided by DMS and MCOs, the Children's Health TAC found that there was a serious deficiency of preventive oral health care for children under the age of 3. To increase preventive services for this age group, with the intent of decreasing future treatment services, the TAC recommends that code D0145 be made reimbursable by Medicaid (twice per year) for the following medical professional groups: dentists, dental hygienists, pediatricians, primary care physicians, physician assistants, APRNs, nurse practitioners, and RNs.

Response: There is an opportunity to provide these services. As of 2/05/2016, D 0145 may be billed twice per year by dentists. The evaluation, diagnosis and treatment planning remain the responsibility of the dentist. As with all ADA procedure codes, there is no distinction made between the evaluations provided by general practitioners and specialists. Dental hygienists under the supervision of a dentist may perform an assessment but evaluations are allowed only by the dentists. DMS recognizes that early preventative care in oral health is important and recommends primary care professionals incorporate it into well-care visits and that the profession educate its membership about its importance.

Sincerely,



Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
Robert Long, Director, Division of Program Integrity
Steve Bechtel, Acting Director, Division of Fiscal Management
Cindy Arflack, Director, Division of Program Quality and Outcomes
Lee Guice, Director, Division of Policy and Operations
Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral Health Policy Advisor
Barbara Epperson, RMA III, Department for Medicaid Services
Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services

Children's Health TAC

Recommendations to MAC

May 26, 2016

We are concerned that children in Kentucky will suffer at no fault of their own as a result of the mismatched address disenrollment process. The Children's Health TAC recommends that DMS and MCOs exclude children and former foster youth from the mismatched address disenrollment policy. This will provide sufficient time for parents and/or guardians to comply with the new policy and ensure their children receive continued access to necessary healthcare and medications.

Home Health TAC

Recommendations to MAC

May 26, 2016

1. All maps be processed prior to MNMA going live clean up back log
2. Medicaid work with MCO's in regards to EPSDT and plans of care- administrative binders to providers as well MCO staff to allow medically necessary visits be provided to this special population for a period of 2-6 months following signed plan of care. Current process in the inability of MCO to allow more than 2 therapy visits for 2 weeks
3. Medicaid work with DAIL to consider HCBW to be allowed by 2 models medical and non-medical to preserve providers in Kentucky for this service to assist patients to remain in their own home allaying nursing home placement



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

**Matthew G. Bevin
Governor**

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

**Vickie Yates Brown Glisson
Secretary**

**Stephen P. Miller
Commissioner**

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Intellectual and Developmental Disabilities Committee (TAC)
Recommendations Presented at the March 18, 2016, MAC Meeting

Dear Medicaid Advisory Council:

The following is provided in response to the Intellectual and Developmental Disabilities TAC recommendations presented and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201601IDD01:** Stop the recoupment process in the waiver system until clarity is given to the interpretation of regulation review guidelines. Reviewers are using language such as "handwritten and original" in reference to the type of documentation that is necessary to meet the regulation, although such language is not found in the written regulations.

Response: The Department audits providers based on the approved regulations for the time period in which services are rendered. Recoupments are based on deficiencies identified during provider reviews. The Cabinet is preparing to offer two provider documentation webinar trainings, tentatively set for June 28th and 29th to enhance the communication with providers and provide clarity to the existing regulations. We will post the confirmed dates on our website soon. Also, in the past month, DMs has started posting FAQs about the regulation at <http://chfs.ky.gov/NR/rdonlyres/7BE40A50-660A-4ED4-A9F9-0BA7E8463503/0/SCLFrequentlyAskedQuestionsupdated41416.pdf>

2. **Recommendation 201601IDD02:** We recommend that the department be given the authority to waive nonmaterial deficiencies in documentation that are non-reoccurring as pertaining to billing audits for the waiver program. Recoupment of these minor deficiencies has created a significant issue for providers as the exacting nature of these deficiencies have creating financial hardship on providers. We ask that Kentucky Medicaid change its regulations to waive these nonmaterial, non-reoccurring deficiencies going forward.

Response: As a condition of receiving federal dollars to operate the Medicaid Program, the Department is required to ensure that all providers maintain appropriate records documenting the delivery of services to Medicaid members. The Department has the responsibility of reviewing and auditing all records of providers who receive federal and state dollars to provide services to Medicaid members. When the Department conducts an audit and identifies an issue, the Department must take appropriate action to recoup any funds that cannot be linked to the direct delivery of services. In cases where the Department has identified that the documentation required is either lacking or missing, providers are given an opportunity to provide additional documentation to support the services for which they received federal and state dollars. In the event a provider cannot provide documentation to support the services that were billed, the Department is required to recover those funds. Providers who have an overpayment, but the repayment of the funds would result in a financial hardship can request a payment plan.

Sincerely,



Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
Robert Long, Director, Division of Program Integrity
Steve Bechtel, Acting Director, Division of Fiscal Management
Cindy Arflack, Director, Division of Program Quality and Outcomes
Lee Guice, Director, Division of Policy and Operations
Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral Health Policy Advisor
Barbara Epperson, RMA III, Department for Medicaid Services
Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Pharmacy Technical Advisory Committee (TAC) Recommendations
Presented at the November 19, 2015 and March 18, 2016, MAC Meeting

Dear Medicaid Advisory Council:

The following is provided in response to the Pharmacy TAC recommendations presented at the and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201511RX01:** With regards to vaccinations – PTAC would like to see a movement towards all MCOs and Medicaid FFS having across the board coverage on vaccines for Medicaid members through their pharmacists. Vaccines are of great values to cost savings in preventative measures, and a one-time cost. Having a uniform coverage with all MCOs would greatly strengthen coverage and usage.

Response: The Department for Medicaid Services is working on this recommendation along the Medicaid Managed Care Organizations. Please see the attached vaccine grid which shows the progress made towards uniform point of sale coverage. DMS will continue to work on this initiative and provide timely updates to the MAC.

Sincerely,

Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
Robert Long, Director, Division of Program Integrity
Steve Bechtel, Acting Director, Division of Fiscal Management
Cindy Arflack, Director, Division of Program Quality and Outcomes
Lee Guice, Director, Division of Policy and Operations
Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral
Health Policy Advisor
Barbara Epperson, RMA III, Department for Medicaid Services
Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services

KENTUCKY MEDICAID POS COVERED VACCINES LIST (without PA)

Managed Care Organization	Health Plan Partner	ANTHEM	AETNA Better Health of KY	HUMANA Care Source	PASSPORT	WELLCARE	KY FFS
VACCINE							
	FLU MIST				X		
	HAEMOPHILUS B POLYSACCHARIDE CONJ VACCINE			X			
	HAEMOPHILUS B POLYSAC CONJ-HEPATITIS B (RECOMB) VAC			X			
	HEPATITIS A VACCINE			X			
	HEPATITIS B VACCINE			X			
	HEPATITIS A (INACT)-HEP B (RECOMB) VAC INJ			X			
	HUMAN PAPILLOMAVIRUS (HPV) Gardasil		in process	X	X	X	
	INFLUENZA VACCINE	X	X	X	X	X	
	MEASLES, MUMPS & RUBELLA VIRUS VACCINES			X			
	MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES			X			
	MENINGOCOCCAL VACCINE			X			
	MENINGOCOCCAL (C & Y)-HAEMOPHILUS B TET TOX CONJ VAC			X			
	PNEUMOCOCCAL VACCINE	X	in process	X	X	X	
	PNEUMOVAX	in process	in process	X	X	X	
	POLIOVIRUS VACCINE, IPV			X			
	ROTAVIRUS VACCINE, LIVE ORAL			X			
	TETANUS DIPHTHERIA PERTUSSIS (TDAP)			X	X		
	TYPHOID VACCINE CAP DELAYED RELEASE						
	VARICELLA VIRUS VACCINE LIVE			X			
	ZOSTAVAX		in process	X	X	X	
	ZOSTER VACCINE LIVE		in process	X	X	X	

A prescription is required for all vaccines.

Members < 19 years of age receive vaccines through the Vaccines for Children Program.

(Revised 03.22.16)

Pharmacy Technical Advisory Committee (PTAC) Recommendations to the MAC and Meeting Notes Friday, May 13, 2016

Meeting held at the Kentucky Pharmacists Association Headquarters
96 C Michael Davenport Blvd., Frankfort, KY 40601

The Meeting of the Pharmacy Technical Advisory Committee (PTAC) was called to order on Friday, May 13, 2016 at 9:30 a.m. by Chair Jeff Arnold. Those present for the meeting were as follows: Jeff Arnold, Cindy Gray, Chris Betz and Suzi Francis: PTAC Members; Shannon Steele representing Humana CareSource; Dr. Howard Sharps representing WellCare; Andrew Rudd representing Anthem; Tom Kaye representing Aetna; Paula Straub representing Passport; Trista Chapman, Samantha McKinley and Leita Williams representing DMS; Kasie Purvis representing DMS OATS; Bob McFalls, KPhA Executive Director and Angela Gibson KPhA Director of Membership and Administrative Services; and, Trish Freeman, UKCOP and KPhA President-Elect, Jim Weygandt, UKCOP Student, Morgan Evans, UKCOP Student, and Cathy Hanna, APSC.

The minutes and report from the March 15, 2016 meeting were reviewed by Jeff Arnold. Jeff Arnold moved to approve the minutes and report as presented. Motion was seconded by Chris Betz and carried.

Presentation of the Dispensing of Naloxone by Pharmacists:

Trish Freeman, RPh, PhD/, Director, Center for the Advancement of Pharmacy Practice, University of Kentucky College of Pharmacy provided an overview of "Naloxone Implementation: Progress, Barriers and Opportunities." An electronic copy of the power point presentation was subsequently emailed to all PTAC Members and MCOs. It has been almost a year since the implementation of Senate Bill 192 passed in 2015. The section that we have focused on deals with Pharmacists being certified to dispense Naloxone. KPhA and all state pharmacy organizations worked quickly to put into place a training program that followed the statute and regulations with regard to the dispensing of Naloxone. Dr. Freeman reminded attendees that once a Pharmacist takes the approved training, then s/he receives a certificate that can then be submitted to the Board of Pharmacy. The Board then issues the pharmacist a new license stating that s/he is "Naloxone Certified." Pharmacists must have this certification to dispense Naloxone to any patient that comes into their Pharmacy under a protocol with a Physician. Through the Naloxone training, 703 Pharmacists have completed and passed the training to date. Some 333 have applied to the Board of Pharmacy for their Naloxone Certified Licenses; this gives us about a 50% rate of return on training and licenses. All pharmacy students at the UK College of Pharmacy and Sullivan University College of Pharmacy are also being trained prior to graduation. To date there have been 329 pharmacy students who have been trained, and they will be applying for their licenses soon. The greatest number of certified pharmacists reside in Louisville, Lexington and Northern Kentucky. Our goal is to have at least one pharmacist in every county of the state certified, with the exception of Robertson County since they do not have a Pharmacy in that county. Soon every Kroger in the state will have all of their Pharmacists certified, along with CVS and Rite-Aid. In the next three to four months we will have much broader availability.

Dr. Freeman reported that this report provides an overview of the barriers we are seeing. We are working in education sessions about protocol and liability issues. The second concern being expressed by pharmacists is that they have not practiced this skill. A large number of clinical situations exist where patients are at risk. The pharmacists do not know how to initiate the conversation with the patients. Time and reimbursement issues continue to be barriers as well. The majority of requests are by third party members, meaning Mom or Dad is coming to the Pharmacy to get help for their son, daughter, grandchild, etc.

Updates from the MCOs/MCO Pharmacy Directors:

MCOs had no major updates at this time. Andrew Rudd, Anthem, provided a brief report on the ESI outage experienced by Anthem on April 26, 2016. This was a Primary and Secondary System fail hardware issue that began around 4:27 a.m. and lasted until 3:30 p.m. on April 27, 2016. Andrew did notify the KPhA Executive Director that day for communication with pharmacies. This was a great example of how communications from the MCOs to KPhA and DMS really go a long way in helping to field calls from pharmacists and pharmacies throughout the state. This strong relationship among the PTAC, MCOs, DMS and KPhA are here to help all in a time of need.

Updates from DMS—Samantha McKinley:

The Legislative Session was all consuming this year with Pharmacy being heavy on the agenda. Samantha is still working on a Dashboard for the MAC. This looks to begin as a revised Dashboard that DMS will be able to improve over time as the Dashboard needs are identified. Samantha asked the PTAC to give feedback as to what information is needed/wanted from the Dashboard. Pharmacy is the focus for the state of Kentucky.

Additional Discussion Topics/Reports/Action Items:

Administrative Fee for Immunizations in the Vaccine for Children Program

The CDC has increased the Pharmacist's ability to participate in the Vaccine for Children Program in other states. This has increased the participation in children receiving the needed vaccines on schedule. There are Pharmacists working with the Immunization folks to get set up in the Vaccine for Children program. Pharmacists are able to get access to the state stock of immunizations. However, Pharmacists that participate in the program in Kentucky are currently unable to bill for the Administration Fee as the Physician does. While Pharmacies are recognized, Pharmacists themselves are not yet recognized as providers. Samantha reported there is a field that could accommodate the code for the Pharmacies to get reimbursement for the Admin Fee, because the Pharmacists are not yet recognized as providers with the ability to bill. She will work with KPhA and the Department for Public Health on this issue as she has been doing since day one. This is a critical part in completing the series in the HPV vaccines. Many children get the first dose, but not the subsequent doses due to aging out of the Pediatricians Practice after the age of 18. Much discussion was given to move this project completely forward with the full involvement of the DMS and the MCOs.

The Pharmacy Technical Advisory Committee discussed many pertinent topics at today's meeting. At this time, there were no new recommendations to the MAC.

The meeting ran just under two hours. The next PTAC meeting will be Tuesday, July 19, 2016 at 9:30 a.m. It will be held at the Kentucky Pharmacists Association headquarters located at 96 C. Michael Davenport Blvd., Frankfort, KY 40601. All interested parties are welcome to attend, and we are happy to report that representatives from all of the MCOs are participating on a consistent basis.

Respectfully submitted,

Jeff Arnold, Chair, Pharmacy Technical Advisory Committee
Chris Clifton, President, Kentucky Pharmacists Association

Physician TAC

Recommendation to MAC

May 26, 2016

The Screening Brief Intervention and Referral Treatment (SBIRT) codes are used to report services provided face-to-face by physicians for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately when performed. These codes may be used on both new and established patients for counseling risk factor reduction and behavior change intervention.

The CPT description of 99408, which is currently in use by the Kentucky MCOs, makes it clear that a 99408 includes discussion on issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic and laboratory tests. The physician should spend a minimum of 15 minutes with the patient before the code may be billed.

Risk factor reduction services are used for persons *without* a specific illness and meeting the minimum time requirement for the CPT 99408 is sometimes problematic.

Some Medicaid agencies have opted to use two Healthcare Common Procedure Coding System Codes (HCPCS) for alcohol or drug screenings they are:

- H0049 – Alcohol or Drug Screening (*no minimum time is required*)
- H0050 – Alcohol or Drug Screening, brief intervention *per* 15 minutes

The Physician TAC recommends covering two (additional) SBIRT HCPCS – H0049 and H0050.

The Physician Technical Advisory Committee met on May 19, 2016.

Affordable Care Act – Primary Care Adjustment Recoupments

As part of the [Affordable Care Act](#), for a two year period (January 1, 2013 through December 31, 2014) certain physicians that provided eligible primary care services (evaluation and management and vaccine services) to Medicaid patients were paid the Medicare rates in effect for CY 2013 and 2014 instead of the usual Medicaid-established rates. These rates are commonly referred to as enhanced primary care payments or incentives.

To receive the money for this initiative through federal funds, Kentucky submitted a [State Plan Amendment](#) that detailed how the more than \$65 million (statewide annually) in enhanced payments would be paid to more than 3,300 eligible primary care physicians. Managed care organizations were required to report to the state the payments made to physicians to justify any adjustments to the capitation rates paid under their contracts. The enhanced payments were paid on a quarterly basis based on calculations performed by the State from claims data provided by the MCOs.

Three years later, some primary care physicians that received the enhanced Medicaid reimbursements have reported receiving vague overpayment letters from Kentucky Medicaid requesting back a portion of the incentive. In some cases the claimed overpayment amounts are thousands of dollars.

The incentive payments paid in 2013 and 2014 were a lifeline for many primary care physicians and the funds allowed them to continue providing treatment to the exploding Medicaid population. If the true intent of the ACA mandate was to improve access to care, the overpayment letters requesting the return of the money does little to incentivize treating Medicaid patients.

Although the Cabinet opted *not to* continue with the enhanced rates beyond 2014, Passport Health Plan did continue the enhanced rates through 2015.

Evaluation and Management (E/M 99214 and 99215) Update

The physician TAC works to eliminate barriers to patient care, recognizing a barrier may be camouflaged in policy, regulation or inappropriate medical coding guidance. Such is the case with 907 KAR 3:10 (4) (1) which places a limit (two per year/patient/physician/) on the number of complex evaluation and management (E&M) services a physician is reimbursed for treating a Medicaid patient. Once the limit is reached, reimbursement is reduced to the fee for CPT 99213, a less complex service. The Physician TAC would like to thank the State for its clarification to all MCOs that they are not required to follow the regulation, and would like to once again thank the MCOs that opted not to follow a regulation that has done much to promote wide-spread under coding and disputed Medicaid claims data.

Screening Brief Intervention and Referral Treatment (SBIRT)

The Screening Brief Intervention and Referral Treatment (SBIRT) codes are used to report services provided face-to-face by physicians for the purpose of promoting health and preventing illness or injury. They are distinct from evaluation and management (E/M) services that may be reported separately when performed. These codes may be used on both new and established patients for counseling risk factor reduction and behavior change intervention.

The CPT description of 99408, which is currently in use by the Kentucky MCOs, makes it clear that a 99408 includes discussion on issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic and laboratory tests. The physician should spend a minimum of 15 minutes with the patient before the code may be billed.

Risk factor reduction services are used for persons *without* a specific illness and meeting the minimum time requirement for the CPT 99408 is sometimes problematic.

Some Medicaid agencies have opted to use two Healthcare Common Procedure Coding System Codes (HCPCS) for alcohol or drug screenings they are:

- H0049 – Alcohol or Drug Screening (*no minimum time is required*)
- H0050 – Alcohol or Drug Screening, brief intervention *per 15 minutes*

The Physician TAC has one recommendation:

1. Please consider covering two (additional) SBIRT HCPCS - H0049 and H0050.



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Primary Care Technical Advisory Committee (TAC) Recommendations
Presented at the March 18, 2016, MAC Meeting

Dear Medicaid Advisory Council:

The following is provided in response to the Primary Care TAC recommendations presented and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201601PC01:** At our January meeting we developed an additional recommendation for your consideration. That request focused on the issues related to inappropriate and contractually problematic patient panel assignments. The simple fact is it is advantageous to have all patients under the care of a PCP functioning in the capacity of a medical home. We have documented many instances where members are assigned to a practice far outside the geographic parameters established as reasonable under the contracts they hold with DMS. Clinics have documented a slowness to correct the issues when appropriate paperwork or processes are followed.

We have worked with the MCOs to clarify and correct some of these issues and our TAC members fully realize they play a vital part in effecting some of the changes. However, problems remain. MCOs must conform to the contractual requirements for assignment and auto assignment of members to a PCP. And no one questions the need for the patient to have a roll in selecting their PCP. But sometimes you have to realize the patients change their minds and this is in fact a patient driven decision. The process is intended to develop a medical home for the patient to drive the needed improvements in the quality of care and control avoidable and unnecessary costs. And the process allows the patient to change their mind. While the TAC firmly supports this approach, we feel there are processes that can assist all of us, especially the patients, in making the assignment and reassignment process work to the benefit of all and accomplish the common goals we all share.

Therefore, we make the following recommendations for your consideration.

DMS should review the auto assignment process for all MCOs to assure continued compliance with the mileage limitations.

Response: Please provide specific examples and DMS will look into the issue.

2. Recommendation 201601PC02: DMS and the MCOs should adopt a common change process for patients requesting a PCP change and provide written confirmation to the practice that the change has been made. We suggest that the time frame for the change should be immediately upon a phone request by the patient and within 24 hours if by fax. Further, any PCP office encounter provided on the date of the request, whether by phone or fax, should be allowed for payment. Additionally, MCOs should acknowledge the change by email, fax or letter to the PCP office the patient has requested serve as their assigned/selected PCP and to the PCP office where they were originally assigned.

Response: Each MCO has stated that they will make changes to the PCP while the member is in the PCP office. DMS requests that the Primary Care providers give specific examples of this not occurring and the Managed Care Oversight Branch will review the examples and determine if they are out of compliance according to the MCO contract. This language is not in the current contract.

3. Recommendation 201601PC03: DMS and the MCOs must take in account not just the request of the patient for a PCP, but over time that the usage of a PCP by a patient is, in fact, a choice by the patient. And those patient should be attributed to the PCP they have selected to see on a routine basis. Moving into value based reimbursement this is an essential change and the right thing to do.

Response: This requirement is not expressed in the current contract.

4. Recommendation 201503PC01: At a previous meeting the TAC reported some movement by DMS to provide electronic posting to the wrap payment EOBs. 100s of clinics are receiving, literally, boxes of paper remittances that have to be manually reconciled. The cost in time and manpower is enormous and not allowing clinics take advantage of the fact that most have invested in auto posting programs in their EMRs that improve accuracy, as well as savings in time and costs. We were told at the March 2016 TAC meeting the DMS required one data element from the MCOs to enable implementation of this process. This is to be a discussion point between DMS and the MCOs at a meeting on March 17th. While all parties seem to understand the urgency, they have been slow to respond to the needs of the providers. Therefore, respectfully, the TAC membership recommends the following:

The TAC formally requests that DMS and the MCOs cooperate and make the necessary changes to provide auto- posting capabilities for wrap and cross-over EOBs.

Response: Kentucky Medicaid is implementing this process currently.

Sincerely,



Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
 Robert Long, Director, Division of Program Integrity
 Steve Bechtel, Acting Director, Division of Fiscal Management
 Cindy Arflack, Director, Division of Program Quality and Outcomes
 Lee Guice, Director, Division of Policy and Operations
 Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral
 Health Policy Advisor
 Barbara Epperson, RMA III, Department for Medicaid Services
 Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services



**CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES**

Matthew G. Bevin
Governor

275 East Main Street, 6W-A
Frankfort, KY 40621
P: 502-564-4321
F: 502-564-0509
www.chfs.ky.gov

Vickie Yates Brown Glisson
Secretary

Stephen P. Miller
Commissioner

April 20, 2016

TO: Medicaid Advisory Council (MAC)

RE: Responses to Therapy Technical Advisory Committee (TAC) Recommendations
Presented at the November 19, 2015 and March 18, 2016, MAC Meetings

Dear Medicaid Advisory Council:

The following is provided in response to the Therapy TAC recommendations presented and approved at the March 18, 2016, MAC meeting.

1. **Recommendation 201511TS01:** The TAC requests that the Cabinet consider creating Multi-specialty Provider Type for therapy services, so practices do not have to have up to three separate group numbers for their providers. This would be similar to the Mental Health Multi-group and could look something like below:

Therapy Multi-Specialty Group Provider Type XX Information about the program:

Provider must be an entity.

Out-of-state providers may enroll.

Information to be submitted by the provider for application processing:

Map-811 (Enrollment)

Map-811 Addendum E and verification of bank account/routing number such as voided check or bank letter if provider chooses to enroll in direct deposit

Map-347 for all health providers within the group. (Individual provider number must be active in order to join a group.)

IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.

NPI and Taxonomy Code Verification

The following provider types can link to this provider type:

79 Speech Therapy
Physical Therapy
Occupational Therapy

Response: DMS has recently created the new Multi-Therapy Agency (Provider Type 76). The Department communicated this to Providers via letter in March 2016. Participants were also notified by letter. Also the Frequently Asked Questions and Responses can be found at http://chfs.ky.gov/NR/ronlyres/3D0DEA46-9A9E-405A-99A4-A4D1102701FC/0/PTOTSTWaiverTransitionProviderFAQ_FINAL.pdf

More information on the provider type 76 can be located online at:

<http://chfs.ky.gov/NR/ronlyres/C92B58DF-6087-4F72-9CAC-C4FBF0DC2EC0/0/ProviderTypeSummary76MultitherapyAgency111715FINAL.pdf>

- 2. Recommendation 201603TS01:** Dr. Ennis will again make a push concerning the physical therapy assistant differential issue and she will discuss the code issues that the TAC is addressing.

Response: This issue is under consideration by the Department at this time.

Sincerely,



Stephen P. Miller
Commissioner
Department for Medicaid Services

cc: Veronica Cecil, Deputy Commissioner, Department for Medicaid Services
Robert Long, Director, Division of Program Integrity
Steve Bechtel, Acting Director, Division of Fiscal Management
Cindy Arflack, Director, Division of Program Quality and Outcomes
Lee Guice, Director, Division of Policy and Operations
Leslie Hoffmann, Director, Division of Community Alternatives, Behavioral Health Policy Advisor
Barbara Epperson, RMA III, Department for Medicaid Services
Carrie Cotton, Senior Policy Advisor, Department for Medicaid Services