Cabinet for Health and Family Services
Department for Medicaid Services

Advisory Council for Medical Assistance

May 28, 2015
10:00 a.m. – 12:30 p.m.
Room 125, Capitol Annex
Frankfort, Kentucky

AGENDA

1. Call to order

2. Approval of minutes from March 2015 Meeting

3. Old Business

   a) Workgroup developing common pre-authorization form
   b) Credentialing of health care providers – even if application is complete, credentialing is taking more than 90 days in some cases
   c) Dr. Langefeld update on ER "super-utilizer" – DMS response to BH TAC noted Dr. Langefeld would provide an update on this information
   d) MCOs retroactively reviewing claims for eligibility. Providers are correctly verifying at time of service. MCOs are later (sometimes > a year later) making a retro-determination the patient was not eligible and requesting refunds. Has DMS completed the streamlining of eligibility and enrollment system to prevent this from occurring?
   e) Nursing TAC recommendation on reimbursement rate changes – only part of the recommendation was addressed in the DMS response.
   f) Limitation of level 4/5 visits to 2 per patient per year – DMS was to check with other states regarding this practice.
   g) Report from DMS on claims denied for well-child annual visit because an exam was already done.
   h) License verification

4. Updates from Commissioner Lee

5. Reports and Recommendations from TACs

   - Behavioral Health
   - Children's Health
   - Consumer Rights and Client Needs
   - Dental
   - Nursing Home Care
   - Home Health Care
   - Hospital Care
   - Intellectual and Developmental Disabilities
   - Nursing Services
   - Optometric Care
   - Pharmacy
   - Physician Services
   - Podiatric Care
   - Primary Care
   - Therapy Services

6. Approval of recommendations presented by TACs during March 2015 meeting; request for response from DMS

7. Humana Presentation

8. New Business

    a) Questions from the MAC

9. Other

10. Adjourn