Home Health Technical Advisory Committee
James F. Thompson Room
275 East Main Street
Frankfort, Kentucky
March 17, 2016 – 11:00 a.m. EST

TAC members in attendance: Sharon Branham (telephonically); Susan Stewart; Missy Bonsutto; Billie Dyer and Rebecca Cartright (telephonically).

Managed Care Organization (MCO) representatives in attendance: Pat Russell, WellCare; Kathleen Ryan and Nancy Redmon, Anthem BCBS; Laura Crowder and Sherry Farris, Aetna Better Health; Mary Hieatt and Juan Abreu (telephonically) Humana-CareSource; Jack Bolos, Passport.

Medicaid staff in attendance: Gregg Stratton, Erin Varble, Earl Gresham, Division of Community Alternatives; Pam Smith and Niki Martin, HPE; Stephanie Bates, Alisha Clark and Robbie Eastham, Department for Medicaid Services.

Others in attendance: Annette Gervais, Kentucky Home Care Association; Joyce Lewis, Darlene Litteral and Ryan Osborne, Professional Home Health Care.

The meeting was called to order by Ms. Branham, Chair. A motion was made by Ms. Cartright and seconded by Ms. Dyer to approve the meeting minutes of November 18, 2015.

OLD BUSINESS:
Approval of EPSDT Special Services: The MCOs stated that the requests will be reviewed for medical necessity and that home health services and therapy services are unlimited for this population. Ms. Dyer will share examples of denials with WellCare. Ms. Branham asked the MCOs to submit to the TAC in writing, by April 30th, a step-by-step document to be used by providers outlining the procedures for obtaining at least a six-month plan of care for EPSDT services.

Clarification of prior authorizations for visits versus hours: Humana-CareSource stated that there was a communication breakdown on reporting to providers the number of units approved rather than visits approved, and it was noted by the MCO that this has been corrected.

Payment for supplies when billed, yet states does not require prior authorization: WellCare will review the examples that Ms. Stewart will furnish to the MCO.

Retro-eligibility issues: The TAC asked for clarification concerning providers receiving MCO approval for a plan of care, the provider furnishing the service, and then the Medicaid recipient's MCO changes and the provider is asked for a recoupment for services it provided. Ms. Bates stated every time a provider performs a service, they need to check eligibility the day of the service. She also stated when there is a retro-eligibility situation, the MCO is supposed to waive the prior authorization. Ms. Bates asked for examples of recipients' MCOs being switched in the middle of the month, and she stated that providers can contact her for assistance.

Therapy Evaluations: Ms. Bonsutto stated she has had no other problems with this.

Providers having difficulty seeking Medicaid provider number when filing: Mr. Gresham stated that the Division of Program Integrity would have to address this issue.

NEW BUSINESS:
Agencies are seeing a denial of payment for multiple disciplines with prior authorizations: Ms. Branham noted that this is occurring with many of the MCOs, and Ms. Russell asked to see examples because she stated that this should not occur.

Agencies being denied based on units exceeding Wellcare's fee schedule: Ms. Russell asked for a meeting with any of the TAC members and others interested in discussing this issue, and she will send out an

invitation to those who would like to attend.

Notice was given to HH agency that Coventry has initiated project to pay claims that were previously unpaid under EPSDT: Ms. Crowder will have to go back to the Claims Department to find out what this is about, and Ms. Branham will send her the information.

Prior authorizations are an ongoing and continuing topic of frustration for HH agencies: Ms. Dyer stated that her agency has not been having any further problems and she has not heard of any within the public home health agency groups.

Update TAC on universal preauthorization form from MCOs: Ms. Bates stated that this form has been available since January and that all MCOs have it on their website. The form is for MCOs only and not fee-for-service. She will send this information to Ms. Varble to be shared with the TAC. Ms. Bates also noted that providers do not have to use this form. Ms. Branham expressed frustration in not being notified about this via a provider letter or some form of communication.

WAIVER UPDATE:
Care plan entered into portal and submission of MAP 24 and pro cert from Carewise: Ms. Branham spoke about messages popping up that the determination has not been met, and Mr. Eastham asked for examples to be sent to him. Mr. Eastham suggested that providers begin using the portal because at some date certain, this will become a requirement. He stated that there will be job-based and Web-based trainings available to providers. Mr. Stratton will furnish this training information to Ms. Varble to be disseminated to the TAC.

OTHER PROVIDER ISSUES:
Billing staff states Passport has recently instituted a new requirement for billing enteral claims: Mr. Bolos will check on this and report back to the TAC. This item will be placed under Old Business for the next meeting.

In last month, Passport has denied all claims stating that the reason for denial was no PA found on file: Ms. Bates stated she will furnish Ms. Varble an update on this.

During PA request process, Carewise continues to ask whether patient is receiving services under waiver program and why are HH aide services not provided exclusively under Waiver Program: Ms. Smith stated that this question should not be asked and that HBE reviewers have been reeducated about this.

Other agencies are having grave difficulties with DCBS – excessive delays in receipt of 552's, MAP-24 has been faxed multiple times to local DCBS office and Frankfort: Ms. Walden from DCBS asked for examples of individual cases concerning delays. She noted that they can only use MAP-24's when someone comes back from a nursing facility; otherwise, they must have the pro cert from Carewise in order to initiate an application or a change.

Ms. Branham introduced Ms. Annette Gervais, Executive Director of the Kentucky Home Care Association. Ms. Gervais asked Ms. Varble to send her contact information and. Ms. Russell asked Ms. Varble to disseminate Ms. Gervais' contact information to the MCOs.

The meeting was adjourned. Future meeting dates are: May 25th, July 27th, September 21st and November 16th, 2016, 11:00 a.m to 1:00 p.m.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this 25th day of March, 2016.)