

TAC meeting Notes 5/5/14

- Update from Coventry: EPSDT is based on medical necessity still. Not able to identify any geographic pattern as far as concerns in length of time issues related to Prior Authorizations. No trends showing up why some are taking more or less time than others.
- Humana= 8 weeks. Willing to entertain 90 days based on medical necessity.
- Passport will follow up
- Anthem still building policy now that they are serving EPSDT population

Issues with Login on Healthnet and Printing

- Email Pam Smith directly if problems with the KY Healthnet login issues. Pam tested and no issues were encountered.

Opening Discussion on: Personal Care (KHCA member question "Is there any kind of a standard for Medicaid personal services. Do they have to be switched to Medicare episode...if they get it then is it mandated that they can no longer received personal care only ?)

- Marilyn and Eleanor to send the information and then setup a call before the next meeting (KHCA has received this information and made a part of these TAC notes and minutes)

Discussion on Department Of Aging Wavier -Conflict free can be service provider and case manager but not for same one -Independent manger can only be a service provider

Patients in the program will receive “well-checks up to 12 per year and not physician driven - depends on the persons condition, if they stay at home, and how active they are referred to as nursing supports. "Go by and check on somebody" Commissioner Anderson will be presenting at the KHCA conference more details to follow. Concerns being voiced from the membership regarding Certificate of Needs county lines will not be a part of this program.

- MCO's are in open enrollment issues throughout the state. Discussion about retro authorization which may have just been approved (under medical necessity and some MCOs would consider honoring the Prior Authorization in place.

Private Duty:

- providers received a letter in early January about making KY compliant with ACA --going to forward those questions and find out those answers

- Form specifically being design for PDN from cannot issue prior author without a provider number...will find out at least of fee for service Lee Guise is working with Stuart Owen to assist membership of KHCA on how to proceed with offering this service. - Form has been finalized and hopefully it will be finished by the end of the week...Pam Smith

NEW BUSINESS:

Requested provider information with contact person and number for KHCA to send out to the membership

WellCare from this point forward new claims will be processed correctly and will do a claims project to get the old ones paid... Be patient for a couple more months should be getting a fax back a decision on everything which has reached prior authorization. Let them know and will work with team to find out why they didn't get it. Anthem has an automated letter system every time an authorization

has issued, they are also supposed to be getting a call when that happens.
Rebecca says no problem with Skilled but problem occurs with Physical Therapy 8.
Codes have not changed; same codes have always been in the system

Waiting on updated MCO Liaison assignments from Cabinet