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TECHNICAL ADVISORY COMMITTEE
THERAPY SERVICES CONFERENCE
NOVEMBER 10, 2014
8:30 A.M. EST
KENTUCKY TRANSPORTATION CABINET
200 MERO STREET
FRANKFORT, KENTUCKY 40622

1 MS. ENNIS: I am Beth Ennis. I am the chair of
2 the Therapy TAC. What I would like to do, we do have a
3 court reporter who is taking minutes for us today.
4 Thank goodness. You won't have to deal with my minutes
5 anymore. I want to go around the room for folks that
6 are here for introductions, and then we'll do on the
7 phone.

8 LIVE APPEARANCES:

9 Pat Russell, Wellcare
10 Charlie Workman, Physical Therapy
11 Fred Tolin, Coventry Cares
12 Peggy Hagan, Anthem
13 Carrie Anglin, DMS

14 MS. ENNIS: Okay. I know we have Leslie
15 Sizemore from the TAC on the phone. Who else do we
16 have?

17 TELEPHONIC APPEARANCES:

18 Leslie Sizemore, TAC
19 Maryann Robertson, DMS.
20 Rena Warner DMS.
21 Anna Page, Passport Health Plan
22 Don Cupper, Passport Health Plan.
23 Bethany Berry, speech therapist, TAC
24 Linda Derosssett, Pikeville Medical Center.
25 Charles Douglas, Medicaid
Mary Hyatt, Humana Care Source
Dan McNamee, Pikeville Medical Center.

26 MS. ENNIS: Did we get everybody that's on
27 the phone? Okay. I'm going to apologize first for not
28 sending out an agenda. I'm going to run through
29 verbally here, and then we can go through things.

1 I want to go through some issue items from
2 the last meeting, some coding issues, some
3 discipline-specific issues. I want to revisit the
4 Certificate of Need issue and give you guys an update on
5 where we are with that; look at the 30-day re-cert issue
6 that we were seeing with Medicaid as well as Coventry,
7 and then we'll do any followup reports with any new
8 issues from the TAC members. And, finally, if we have
9 any questions we want to submit to the MAC next week,
10 we'll formulate those before we leave today.

11 So to start with, one of the things that had
12 come up last time was a pre-certification issue with
13 Coventry. I think a couple of things were concerning
14 to therapists across the state. One was the turnaround
15 time was being told to them as two days. The second
16 piece was a peer-to-peer consult with the physician
17 instead of with the therapist who is writing the plan of
18 care. So we were hoping to get some feedback on that
19 from Coventry, but I don't know that it went up the
20 chain at Coventry at all.

21 MR. TOLIN: I responded to somebody at DMS about
22 that.

23 MS. ENNIS: It never got to me, so I apologize.

24 MR. TOLIN: What was the term, the first part?

25 MS. ENNIS: They were told it was a 2-day

1 turnaround. They were told there was a 4-hour window
2 that the physician had to give them within which they
3 could call to discuss with them and it was pre-cert with
4 the physician.

5 MR. TOLIN: Which you brought two different -- you
6 said pre-cert, peer-to-peer. Which one are you talking
7 about?

8 MS. ENNIS: Both. The peer-to-peer is part of the
9 pre-cert process.

10 MR. TOLIN: So the pre-cert process, the
11 submission is made -- a request for service is made.

12 MS. ENNIS: Correct, by the therapist who's done
13 the evaluation.

14 MR. TOLIN: We are contractually obligated to
15 respond with that within 48 hours. Is that what --

16 MS. ENNIS: I think that may have been a
17 misunderstanding to the clinic. They were told the
18 physician had to be contacted within two days.

19 MR. TOLIN: No. If there is a denial, the
20 physician has three days to contact us for peer-to-peer.
21 The peer-to-peer doesn't have to occur within that three
22 days. We just need to be contacted within that three
23 days.

24 MS. ENNIS: And does the peer-to-peer have to
25 happen as a part of that pre-cert or could it be

1 authorized?

2 MR. TOLIN: No. If the information submitted is
3 sufficient which an approval can be made, then no
4 peer-to-peer needs to occur.

5 MS. ENNIS: That's what we need. Thank you very
6 much.

7 MR. TOLIN: The other part is there's three days,
8 and it's in the provider manual if anybody needs to
9 check it, but we asked for three days. So if they --
10 three days for us to be contacted and we'll schedule
11 peer-to-peer and we try to accommodate the physician's
12 schedule if at all possible because we understand the
13 physicians are busy. So we try to accommodate those
14 schedules so nobody's waiting around for a call from us.

15 MS. ENNIS: Is there a chance that that
16 peer-to-peer could be done with the therapist versus the
17 physician, simply because the physician may not have
18 much knowledge about the --

19 MR. TOLIN: You'd have to take that up with NCQA.
20 NCQA requires the peer-to-peer curve between the
21 ordering or attending physicians, and that is of record.
22 So that's an NCQA accreditation requirement.

23 MS. ENNIS: Okay.

24 MR. TOLIN: I understand what you're saying.

25 MS. ENNIS: But you may not get the information

1 you need is my concern.

2 MR. TOLIN: The therapist office has more
3 information about the particular member or patient than
4 the physician does.

5 MS. ENNIS: And it may be the therapist that's
6 requesting the visits and not the physician.

7 MR. TOLIN: Well, that wouldn't be appropriate
8 because then the therapist would practicing medicine
9 without a license.

10 MS. ENNIS: The therapist is practicing therapy.

11 MR. TOLIN: But if they're requesting a visit,
12 they're practicing medicine. They're asking for a
13 pre-cert. Maybe we're talking about two different
14 things. What are you referring to about it?

15 MS. ENNIS: When I evaluate a child, I send in a
16 request that says, Here's the evaluation that I've done,
17 this is what I see our end goal as being, and here are
18 the visits I'm requesting. I don't have a physician
19 involved.

20 MR. TOLIN: But the physician has to -- there has
21 to be an order from a physician for us to --

22 MS. ENNIS: For you. Okay. For Coventry, it
23 does.

24 MR. TOLIN: Yeah. We're talking about two
25 different things.

1 MS. ENNIS: Most third parties we have --

2 MR. TOLIN: No, I understand. A therapist
3 evaluates a member and because a physician says evaluate
4 and treat or evaluate --

5 MS. ENNIS: Not always. They can walk in my door.
6 I have direct access in the State of Kentucky.

7 MR. TOLIN: So you evaluate someone, you make a
8 recommendation. We need a physician's order to approve
9 the request.

10 MS. ENNIS: So Coventry requires the physician's
11 order.

12 MR. TOLIN: Not just Coventry. It's an NSQA
13 requirement.

14 MS. ENNIS: I'll look into that, but thank you. I
15 appreciate that. That helps.

16 Teresa, did you have a follow-up?

17 TERESA: Yes. We are the ones that were told that
18 it had to be done -- the peer-to-peer had to be done
19 within two days. It's what our pre-cert department
20 relayed to us and we had to relay to the physicians.

21 MS. ENNIS: Had you received a denial?

22 TERESA: Yes.

23 MS. ENNIS: So that was after a denial was issued,
24 then they said that the peer-to-peer had to be done --

25 TERESA: The pre-cert department had called the

1 Coventry or whatever. They were the ones that received
2 the denial. You know, after they received the denial,
3 they called, and they were told that the peer-to-peer
4 had to be done within two days.

5 MR. TOLIN: That's incorrect information.

6 MS. ENNIS: He said they were given incorrect
7 information.

8 MR. TOLIN: We need to have contact within
9 three days. Physicians are on vacation, office calls
10 for the denial, we schedule something for a week later
11 or sometime after that, but as long as they call within
12 three days.

13 TERESA: Okay. Thank you for the clarification.

14 MR. TOLIN: Just as an aside, as we're looking at
15 2015, I want to extend that so we give the physician's
16 office more time than just three days. That decision
17 was made before I came to Coventry. So that's one of
18 the things we're looking at extending.

19 MR. WORKMAN: After the three days of that
20 contact, within that three days, is there a timeframe
21 that follows up after that?

22 MR. TOLIN: No. If somebody's out of the office,
23 they're on vacation for a week, and it takes another
24 five or six or seven days or something, there's no limit
25 there. It's just we need to be contacted in three days.

1 One of the reasons behind that is if there's a denial
2 issue, do we need to go ahead and get that processed,
3 but we can pend it for a while.

4 MS. ENNIS: And then once you have spoken with the
5 physician, is there a turnaround time for a response?

6 MR. TOLIN: Usually, happens that day. Once the
7 physicians have interacted with each other, that's put
8 in that system that day.

9 MS. ENNIS: Sounds great. Good, Teresa?

10 TERESA: Yes.

11 MS. ENNIS: Okay. We can move forward from there.
12 There were issues with, I believe, Medicaid and
13 Wellcare, specifically with PT and OT not being able to
14 use the CPT code, specifically 97530. And I know
15 Medicaid was looking into that. The Cabinet was looking
16 into that. I have not heard back from them, yet.

17 Do you have any knowledge?

18 MS. RUSSELL: I haven't gotten a response back
19 from --

20 MS. ENNIS: From your group, either? Okay. So
21 we're still waiting on that one. If you need anything
22 from us as far as an explanation of why it's concerning,
23 please let me know. I'm happy to send whatever you
24 need.

25 Let me see if I can pull up which group it

1 was. There was also a concern with billing for PT and
2 speech on the same day that they were not being
3 authorized, which was interesting because they don't use
4 the same code set at all. And I think that that was a
5 straight Medicaid issue. And I think what's been
6 concerning to the therapists is that we don't see any of
7 those issues on the adult side when we're dealing with
8 Medicare or when we're dealing with other third parties.

9 MS. WORKMAN: It was Passport.

10 MS. ENNIS: And we haven't seen those issues with
11 Humana and Anthem, and that may just be because they've
12 rolled their adult plans directly in and we didn't see
13 those issues there.

14 Do I have anyone from Passport on the phone?
15 And I have one sitting in the room. I'm sorry. Dell is
16 here, too.

17 MS. PAGE: Yes, this is Anna from Passport.

18 MS. ENNIS: Hi, Anna. Dell's here, too, and I
19 know she and I have been communicating over e-mail about
20 this issue. Did you find anything out, Dell?

21 MS. DELL: I must be mistaken because I had ours
22 as the OT and PT.

23 MS. ENNIS: The 97530, but we also had a PT speech
24 same day denial.

25 MS. DELL: That, I apologize.

1 MS. ENNIS: That's okay. It's very possible that
2 I left it off.

3 MS. DELL: So it's OT and ST?

4 MS. ENNIS: PT and ST.

5 MS. PAGE: I'm sorry. This is Anna again. I
6 didn't quite get what the issue was on the same day
7 denial.

8 MS. ENNIS: Sure. When they were trying to get
9 authorization for PT and speech, and they received
10 authorization for both services for a child, if they
11 were billed for visits on the same day which makes it
12 convenient for a family to come in and get both services
13 on the same day, one of them would get denied.

14 MS. PAGE: I see. So basically they're doing the
15 multiple therapies on the same day and one of those is
16 getting denied. Right?

17 MS. ENNIS: Is getting kicked, yes.

18 MS. PAGE: But auth was given for both. Correct?

19 MS. ENNIS: Correct.

20 MS. PAGE: What I will do is I'll have to check
21 with my claims department, and I will come up with an
22 answer for you as to why that is happening.

23 MS. ENNIS: I appreciate it.

24 MS. PAGE: If there's anybody on the phone that
25 would happen to have an example, I can give you my

1 e-mail address. It makes it a little bit easier if we
2 can actually look at the claim and see what was denied.

3 MS. ENNIS: If anyone wants to forward that to me,
4 I can send it on.

5 Dell, I'll back up. Did you find out
6 anything about the therapeutic activity code?

7 MS. DELL: Is that the 97530?

8 MS. ENNIS: Yes, ma'am.

9 MS. DELL: Am I back to the right one where they
10 were being billed?

11 MS. ENNIS: PT and OT are both billing it, and one
12 is getting kicked.

13 MS. DELL: They're also billing with a taxonomy
14 number, I'm sure, which is telling you which therapist
15 is providing that service. So that should never be an
16 issue.

17 MS. ENNIS: It shouldn't.

18 MS. DELL: If it is, we need to -- I did check
19 with our UN department on this, and if it's a chronic
20 condition -- okay. So we've got the deal about the
21 taxonomy code to tell which type of provider is billing.
22 If it's a chronic condition, we actually auth up to
23 26 weeks for one time a week. If they want to go two
24 times a week, that does go to the medical director for
25 review, and those are completed within two days of the

1 time we receive the fax. They said acute conditions are
2 actually auth'd up to six weeks at a time.

3 MS. ENNIS: Some of what we've seen, Dell, is that
4 even if they're not submitted together, even if they're
5 billed -- they send a separate EOB so they'll go on to
6 whatever they're using to bill and they'll bill the OT
7 claim, and then they bill a whole separate PT claim. If
8 that same code is used on both claims even with the
9 different provider ID's, one of them is getting denied.

10 MS. DELL: Okay. If I could have specific
11 examples.

12 MS. ENNIS: I will get those to you.

13 MS. DELL: Take a look at that and see why that's
14 happening.

15 MR. TOLIN: That problem is not happening with the
16 other MCO?

17 MS. ENNIS: It's not happening with Humana and
18 with Anthem. The ones I've heard about have been
19 Passport and Wellcare, but I haven't heard anything
20 about Coventry. If it is, I'll shoot it your way just
21 to have you look at it.

22 MR. TOLIN: Yeah, because it must be something in
23 their editing software.

24 MS. ENNIS: Something, yeah. Because we want to
25 be able to bill appropriately for what we're doing and

1 not -- I mean, we don't want folks to get creative in
2 coding. That's not where we want to go.

3 A quick update on the Certificate of Need
4 issue. We do have a meeting, Leslie, is it the 21st? I
5 believe it's the 21st at 1 o'clock?

6 MS. SIZEMORE: It is the 21st, and then they're
7 going to meet at 10:30 the lobbyists' offices right
8 before that meeting. I'll be in Cuba so I'm not going
9 to be able to be there.

10 MS. ENNIS: I will be there. But we are going to
11 meet with them with the recommendations from the therapy
12 organizations on some changes to the Certificate of Need
13 process. I know we're little fish as far as they're
14 concerned, but there has been some really concerning
15 issues that have come up with folks, and so we want to
16 make sure that it still meets the need of why it's
17 there. We don't want to just allow unbridled growth,
18 but it also doesn't need to be impacting these small
19 private practices that just can't afford that kind of
20 process for what they're doing when they're not looking
21 at a million dollar expenditure. So I will let you know
22 what comes from that meeting. I'll probably send an
23 e-mail out that Friday afternoon that will cover the MAC
24 meeting Thursday and the CON meeting Friday. That way I
25 don't bombard you with e-mails.

1 If anyone has thoughts they would like to
2 add to that process, you're welcome to send them to me.
3 You're welcome to send them to KPTA, KOTA, or KSHA. I
4 think all three of -- we'll have representation from all
5 three organizations at that meeting, and we're having
6 some discussion ahead of time just based on what our
7 thoughts are as far as our suggestions for reform. So
8 if anyone has any suggestions, we'd love to hear them.

9 The 30-day re-cert issue that we saw with
10 Medicaid, straight Medicaid, there's been a lot of
11 e-mail discussion lately and they've kept me in the loop
12 on that. I know there was a meeting. It was two weeks
13 ago because a week ago Tuesday was Election Day, so they
14 wouldn't have met then. And we have not heard anything
15 back finally on that. However, we did have a provider
16 here that, although Carewise system is set up to be
17 30 days, and they can't change that because it's built
18 into whatever software they use, I don't know. They are
19 going under the assumption that that is good for the 20
20 visits. We haven't gotten anything official from the
21 Cabinet. That is just what Carewise told a provider,
22 and it came back through the e-mail that went back to
23 the Cabinet. So it looks like we're moving forward with
24 that issue, but we don't know -- I wouldn't bet the farm
25 on that just yet until we got official word from the

1 Cabinet that that is the intent and if you get an
2 authorization from them initially it's good for those 20
3 visits and not needing a re-cert every 30 days.

4 The challenge that we were seeing with that
5 was that it was taking three weeks to get that
6 authorization, and by then you have one visit with the
7 child and you have to request a re-cert which was kind
8 of self-defeating. So we are still waiting on word back
9 from that. And I'm still waiting for word from the
10 Cabinet on the questions that were all submitted by the
11 MAC to the Cabinet after the last meeting. Since the
12 MAC meets next Thursday, I'm assuming I will hear
13 sometime at the beginning of next week, and if I do I'll
14 shoot that out in an e-mail. But that's where that
15 stands.

16 I want to go and see if there are any new
17 issues that have come up to the TAC members from
18 constituents. Charlie, have you heard anything?

19 MR. WORKMAN: No issues, yet.

20 MS. ENNIS: Leslie?

21 MS. SIZEMORE: Not a thing.

22 MS. ENNIS: Teresa?

23 TERESA: We have had a couple of clients that have
24 lost their card and not been told that they have lost
25 it, or their insurance has changed from one provider to

1 another and they've not been told that it's changed.

2 MS. ENNIS: So their coverage has been pulled is
3 what you mean by lost their card?

4 TERESA: Yes. And they don't find out until they
5 come to therapy and will, you know, the girls that check
6 them in will see if they're current or not, and then
7 they find out that they don't have insurance. It's not
8 a lot. It's one or two.

9 MS. ENNIS: Okay. Are these folks who are on MCO
10 coverage or folks who are on straight Medicaid coverage?

11 TERESA: MCO. And we had one client that had
12 switched to Humana, and then sometime during that
13 process, they were switched back to Coventry and didn't
14 know it, and we have months of coverage that was, you
15 know --

16 MS. ENNIS: Lost in the shuffle.

17 TERESA: Yeah.

18 MS. ENNIS: Okay. We may make a request for
19 another back end look at why people are getting
20 switched. I know with our kids, we were seeing that
21 with our children who were on straight Medicaid who were
22 part of the waiver process whose -- their annual
23 reinstatement papers didn't get done in a timely manner,
24 and so they got taken off of straight Medicaid and put
25 onto an MCO for 30 days until that could get figured out

1 and then put back.

2 Are these kids? Are these adults?

3 TERESA: Kids.

4 MS. ENNIS: So these are kids that are coming
5 under the MCO coverage. They're not our long-term kids.

6 TERESA: Well, they're the MCO kids.

7 MS. ENNIS: Because if they're waiver kids, they
8 shouldn't be under the MCO. They should be under --

9 TERESA: No, they're not under -- they're MCO's.

10 MS. ENNIS: Okay. Do you notice any patterns?

11 TERESA: No. There is one that they know when
12 they're denied because -- one or two, because the father
13 works or something like that, so -- or the parents both,
14 you know, work but they're not enough to qualify for
15 regular insurance. Those issues, you know, we know are
16 related to income, but the other issues, you know, not.

17 MS. ENNIS: So they're fluctuating on and off
18 because of income?

19 TERESA: Some are, but we already know about
20 those. Those we know about, but there's one or two that
21 aren't because of income that -- like the one that was
22 months.

23 MS. ENNIS: They get dropped or they get switched?

24 TERESA: Yes.

25 MS. ENNIS: Did they do any investigation as to

1 why?

2 TERESA: They're in the process. Our hospital is
3 in the process, too.

4 MS. ENNIS: Well, if you can let us know if you
5 find out anything and maybe e-mail me some specifics on
6 what organizations we're working with and where you are
7 in the process of trying to figure it out, we can give
8 them some heads-up on where to look.

9 MS. PAGE: Okay. We are trying to look into it.
10 What it was, I think they had had Coventry and they got
11 a letter in the mail and said that they had Humana, and
12 they actually gave them a Humana card. They came in, we
13 pre-cert'd with Humana, and now when you look back in
14 the system, it says they have never had Humana, it's all
15 Coventry. I had a parent fax me the letter that they
16 had received, so they faxed me the letter on Friday. So
17 we'll follow up again today.

18 MS. ENNIS: If you find anything out, let me know.
19 I've got my MCO folks in the room just sitting here
20 shaking their heads.

21 MS. PAGE: Because I have the letter that they
22 e-mailed me, and it said they had been -- both siblings
23 had been enrolled in Humana Care Source.

24 MS. ENNIS: Did that come from Humana or did that
25 come from the Cabinet?

1 MS. PAGE: The Cabinet.

2 MS. ENNIS: So this is a Cabinet issue we need to
3 go back with.

4 MS. PAGE: We also have a letter here that she got
5 from Humana Care Source that says welcome to Humana Care
6 Source. I'm not really sure. We're confused.

7 MS. ENNIS: Yeah, I think we all are.

8 MS. PAGE: Yeah, because we got denied, I said,
9 you know, because we have had the original approval
10 through Humana, but then they said, well, they don't
11 have it. Okay. So we'll let you know.

12 MS. ENNIS: I appreciate it. Just follow up with
13 me when you know anything, and we'll take it forward
14 from there. Anything else?

15 MS. PAGE: One other question I had was on that
16 EPSDT. I think the last time that we were on the call
17 you had said something about if you had approval through
18 EPSDT even now OT is now a covered service to continue
19 with the EPSDT.

20 MS. ENNIS: We are still waiting to get a
21 clarification from the Cabinet, but my understanding is
22 yes.

23 MS. PAGE: And then switch it over as soon as that
24 approval is gone?

25 MS. ENNIS: Or January 1. Hopefully, we can get a

1 firm answer from them before January 1. My
2 understanding of the process, and this is Beth Ennis's
3 understanding of the process, this is not law, is that
4 what they are working towards is it all become a
5 seamless system. So you will no longer bill S codes to
6 EPSDT come next summer. We'll bill the regular CPT
7 codes that we bill for the 20 visits to Medicaid or
8 whoever, and if those run out and they are medically
9 necessary for further, it will kick to EPSDT, and we
10 will continue to bill those typical CPT codes, Therex,
11 neuromuscular re-ed, whatever, as we go forward.

12 (SCOTT SAGESER JOINED THE MEETING AT THIS TIME)

13 MS. ENNIS: The deadline for that has continued to
14 push back. My understanding of the last thought for
15 when that will happen is next summer. So I'm thinking
16 July 1 is what they're talking about. But things keep
17 shifting. So that's the thought right now.

18 MS. PAGE: It was just a little bit confusing
19 because if you have an adult patient getting, you know,
20 OT services instead of 20 visits, you wouldn't go
21 through EPSDT.

22 MS. ENNIS: Correct. And I think it's not going
23 to be considered now you're applying EPSDT. I think
24 it's going to be something that the state is going to be
25 dealing with internally as far as funding. So you will

1 still request medical necessity additional visits
2 through Medicaid or through one of the MCO's, whoever it
3 is, and if it happens to be a child they can pull some
4 of those funds from EPSDT because that's a federally
5 mandated program. It can't go away. But how we use it
6 can differ. Right now it is its own free-standing
7 entity, but now that there's a therapy benefit as part
8 of Medicaid, I think they're going to look at making
9 that a little more seamless. So the whole S code thing
10 will eventually be gone. It just keeps getting pushed
11 back as to when. And if I hear anything different from
12 that, I will let you know, but that was the last
13 understanding that I had. Carrie is nodding her head
14 that that's her understanding as well.

15 Bethany, have you heard anything from
16 constituents at all, any concerns?

17 MS. BERRY: We continue to have a little bit of
18 residual difficulty with re-certification process with
19 Medicaid. I mean, we know their ruling on that. So I
20 have asked the different clinics around to go ahead, and
21 as we discussed before, get specific names of people in
22 the benefits department who are giving erred information
23 regarding not needing pre-cert's so we can pass those on
24 to you guys.

25 MS. ENNIS: I appreciate that.

1 MS. BERRY: Other than the clarification with
2 Coventry Care, that's about it from our end.

3 MS. ENNIS: Okay.

4 MS. BERRY: And I do appreciate those because we
5 were having some similar concerns.

6 MS. ENNIS: Sounds good. Anyone else? Okay.
7 Then I guess what I'll throw out there last of all is
8 are there specific questions that we would like the MAC
9 to address with the Cabinet? Just to keep it on the
10 radar, I know they are working on it, but I'm going to
11 throw that pre-cert question out to them again, as far
12 as are you pre-certing 20 visits or are you pre-certing
13 30 days, and we need to know one way or the other so
14 that we can deal with it. But are there other questions
15 that need to get put out there?

16 MS. DEROSSETT: The only other thing I can think
17 about is like the -- when you were talking about the PT
18 versus PTA reimbursement and whether you can tell
19 whether it's a facility or if it's a private practice.

20 MS. ENNIS: That question is still on the table.
21 That was in the packet of questions that got sent at the
22 last MAC meeting. We know that the differential is not
23 going to go away because of funding, but we did have
24 great concerns about how it was being imposed simply
25 because the way facilities bill. When you're billing

1 from a hospital-based clinic, they can't tell who the
2 provider was because they bill with a facility code
3 versus a private practice where they're using the
4 individual rendering NPI's. So there's a lot of concern
5 out there among PT's and OT's that they don't want to be
6 accused of billing fraudulently because there's no way
7 to identify other than sending in notes every single
8 time who did that service.

9 Again, I have yet to hear back from them,
10 but I will -- if I don't hear back from them before, I
11 will put that one on the table, as well, so it stays
12 front and center.

13 MS. DEROSSETT: Okay. Because one of the MCO's
14 and I can't remember off the top of my head which one it
15 was, they had said something about facilities getting
16 individual NPI numbers for their therapist, but I didn't
17 know if other facilities were told that or not.

18 MR. MCNAMEE: That was Passport. They're wanting
19 us to credential all of our therapists.

20 MS ENNIS: And Dell from Passport is nodding
21 across the table from me that they are giving individual
22 NPI's to all the therapists within a facility so that
23 that can be addressed through them. I haven't worked in
24 a hospital in a long time, so I don't know if the
25 hospital billing is set up to still bill the rendering

1 NPI. Do you know, Charlie?

2 MR. WORKMAN: It would have to be a rework of our
3 billing process, essentially, to be provided by NPI per
4 individual.

5 MR. SAGESER: Well, the contract just says that
6 you're going to abide by a credential, correct? So when
7 you get an audit, all they're doing is auditing those
8 therapists at that time because you've signed that
9 contract saying you're going to credential everybody
10 under your billing group.

11 MS. ENNIS: And that's not the challenge. The
12 challenge is if they submit a batch of PT bills and half
13 of those services were provided by a PT assistant but
14 it's all billed under facility NPI, there's no way for
15 them to know this half of these codes gets billed under
16 the PT reimbursement, this half under the PT assistant
17 reimbursement because there's a separate rate built into
18 Medicaid. And so it defaults to they pay the full rate
19 and then they could come back and say you billed
20 fraudulently, not intending to, but saying, look, we
21 audited your records, these services were not done by
22 PT's, they were done by a PTA, we paid you too much.
23 But there's no way for them to say, Don't pay us that
24 much up front.

25 So I think that's some of the concerns that

1 even when we do credential individually, the outpatient
2 facilities that are hospital-based aren't set up to bill
3 that way.

4 MR. WORKMAN: Or the inpatient part B's.

5 MS. ENNIS: Or the inpatient Part B's, exactly.
6 So it's a concern, and I'm still waiting to hear from
7 the Cabinet on that. And it affects both PT and OT
8 because we both use assistant level.

9 Anything else we want to throw to the MAC to
10 give to the Cabinet? If I do hear back from the Cabinet
11 before the meeting about that differential issue, I'll
12 take it off the table just so that we're not beating a
13 dead horse, but if I don't, we'll leave it on along with
14 the other question and move forward from there.

15 Again, I will e-mail you guys probably
16 Friday afternoon next week so that I can cover both the
17 next MAC meeting and the CON meeting on Friday
18 afternoon. I don't know that we want to try to meet in
19 December unless there's something critical going on.
20 What does the rest of the TAC feel? Anybody have a
21 burning desire for a December meeting? Charlie,
22 feelings?

23 MR. WORKMAN: Yeah, I don't think so unless
24 there's some type of resolution brought up today that
25 maybe we can follow up with e-mail update.

1 MS. ENNIS: Why don't we plan on that, if
2 something major comes up we can do some e-mailing around
3 and then see if we need to schedule another meeting to
4 get everyone together along with our folks from the
5 MCO's. Otherwise, I don't have next year's MAC meetings
6 on the calendar, yet. I'm assuming they're not going to
7 change much which means it will probably either be the
8 15th or 22nd of January.

9 What about Monday, January 12th for a TAC
10 meeting? Would that work for people? 8:30 if that's
11 okay. So we will plan on the 12th of January at 8:30.
12 I'm going to assume the same room unless Carrie tells me
13 otherwise once she checks into it. If you can be at the
14 Transportation building, great. Otherwise, we'll send a
15 call-in number. We'll talk in January.

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17 (Meeting Concluded at 9:09 a.m.)

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