

KENTUCKY PRIMARY CARE CENTER MEETING MINUTES

**Cabinet for Health and Family Services
Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky**

**January 24, 2014
9:00 a.m. EST.**

The meeting of the Primary Care Center Technical Advisory Committee (TAC) was called to order.

The TAC members in attendance: Mr. Chris Goddard, Ms. Pat Bale, Ms. Chris Keyser, Dr. Eric Loy, Ms. Yvonne Agan (attending for William Wagner). Mr. Joe Smith was present for the Kentucky Primary Care Association.

Medicaid staff in attendance: Ms. Teresa Cooper, Mr. Charles Douglass, Mr. Paul Cooper, Mr. David Dennis and Ms. Tara Tucker.

Others in attendance: Mr. Glenn Grigsby with BKD, LLP, Mr. David Bolt and Ms. Emily Beauregard were present for the Kentucky Primary Care Association.

Agenda Items:

1. Review of new payment regulations and issues associated with rate setting (cap on interim rate at the Medicare rate and a completely new cost report for newly-created satellites)

Mr. Paul Cooper stated that the State Plan Amendment has not been finalized yet. Mr. Smith stated that a current payment regulation does exist that requires interim rates to be set at the Medicare cap, and Mr. Cooper responded that that shouldn't be in effect and he will check on this.

Concerning new cost reports for newly-created satellites, Mr. Smith stated conversations have been going on with Myers and Stauffer and some centers that if a new satellite is opened, a new cost report will have to be done. Mr. Cooper stated that this, too, is part of the SPA that has not been approved yet but he didn't believe the SPA as amended states this and will check on this.

2. Proposed reconciliation process for PCCs, RHCs and FQHCs, and when can clinics expect EOBs for the wrap.

Mr. Cooper stated DMS isn't going to have these because the wrap payments do not tie specifically to claims. They have allowed a self report but it's a self report in aggregate. It doesn't tie to claims. When DMS finally gets to the point where the encounter data can be reconciled with the wrap payments, then, there will be Explanation of Benefits that ties the wrap payments to a claim. Mr. Cooper stated that in his opinion, it could be another three months.

3. Dual Eligible – Is Medicaid or the MCOs responsible for the payment of co-pays and deductibles?

Mr. Cooper has posed this question to CMS but has not had a response back. Mr. Cooper stated the twelve-month filing would be waived since there's been no action taken.

4. Update on number of clinics with interim rates and outstanding audit issues.

Mr. Cooper stated DMS is working with their legal counsel and Myers and Stauffer to clean this up and expects to have it cleaned up within this calendar year. Mr. Smith will furnish to Mr. Cooper information about a large audit exception that's in litigation dealing with administrative costs for change of scope that's being interpreted several different ways.

5. The role of Myers and Stauffer in interpreting policies and regulations.

Mr. Cooper stated that Myers and Stauffer's role is not to interpret policies and procedures but to use DMS' interpretation of policies and procedures.

6. MCO credentialing issues and exploration of possible alternatives.

Mr. Smith stated there is a list of providers who have been in the MCO credentialing process for a very long time, the longest being 363 days. Mr. Smith stated he had previously submitted this list to DMS but would do so again. Ms.

Tucker stated that when DMS receives the credentialing application from the MCOs, they have ninety days to review and process it but DMS usually processes them within fifteen days. Mr. Cooper suggested this issue be addressed to Lee Guice and Neville Wise. Mr. Goddard suggested stronger wording in future contracts with MCOs concerning credentialing.

7. How is program going to treat payment of wrap payments when recoupments are involved?

Mr. Cooper stated DMS will set up an accounts receivable if there's an overpayment unless there is an appeal pending. He further stated the reconciliation should be based solely on the self-report. Ms. Keyser spoke of her recent experiences dealing with this issue and Mr. Cooper asked her to send him the information and he will look at it. If providers are experiencing significant differences between when a provider should have received payment based on the self-report and what was received, Mr. Cooper will review the information and do reconciliation himself.

8. When the MCOs take the responsibility for the payment of the PPS rate, how is that going to be treated?

Mr. Cooper stated this is a contract issue and this question should be directed to Neville Wise.

9. Mental Health/Behavioral Health Services – when are the codes going to be opened up for RHCs, FQHCs and PCCs?

Mr. Smith stated it was his understanding that the general policy has been that all the recognized professions in mental or behavioral health will be able to use the codes that are under their authority to practice. Mr. Douglas stated that if a provider is a physician or an ARNP and they're not board-certified or board-eligible in psychiatry or have psych track training, they're limited to four behavioral health codes per year. Mr. Smith asked who to address about getting this changed and the names mentioned were Dr. Allen Brenzel of the Department for Behavioral Health and Dr. John Langefeld, Medical Director of DMS.

10. Other Issues Discussed:

- Would Medicaid require the MCOs to give to the provider community a complete list of their denial codes? Mr. Cooper stated that question would need to be directed to Neville Wise or Lisa Lee.
- Does a mobile dental service generate a PPS rate? Mr. Cooper stated that is still an open question.
- The ability for providers to bill for multiple encounters on the same day. Ms. Beauregard will share with Mr. Cooper a policy paper on this subject.
- Myers and Stauffer's interpretation of reasonable physician compensation. Mr. Cooper will review this.
- New Behavioral Health regulations have physician assistants billing under physicians. TAC thinks this conflicts with basic primary care regulations and also with MCO requirements. This issue should be addressed with Neville Wise and Lee Guice.

The meeting was adjourned. No date was set for the next meeting.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 3rd day of February, 2014.