CABINET FOR HEALTH AND FAMILY SERVICES
ADVISORY COUNCIL FOR MEDICAL ASSISTANCE

March 24, 2022
10:00 A.M.
(All Participants Appeared via Zoom or Telephonically)

MEETING

APPEARANCES

Elizabeth Partin
CHAIR

Steven Compton
Catherine Hanna
Susan Stewart
Ashima Gupta
Barry Martin
Jerry Roberts
Teresa Aldridge
Nina Eisner
Garth Bobrowski
Anne Tyler-Morgan
Peggy Roark
Eric Wright
COUNCIL MEMBERS PRESENT

AGENDA

AGENDA
(Continued)

DR. PARTIN: We are six minutes after ten. Is Teresa Aldridge not on yet?

MS. BICKERS: I don't see her.

DR. PARTIN: Erin, I don't have a list of members in front of me. Do you have members where we could call Roll Call?

MS. BICKERS: I could work on pulling one of those up if you give me just a moment. I apologize.

DR. PARTIN: No. No apology necessary. Thank you.

MS. BICKERS: All right. Here we go.

(ROLL CALL)

MS. BICKERS: Beth, I'll turn it over to you.

DR. PARTIN: Okay. How many do we have present?

MS. BICKERS: We have five absent.

DR. PARTIN: Do we have nine present?

MS. BICKERS: Yes. I believe we have eleven present.

DR. PARTIN: Thank you. So, we

have a quorum.

So, moving along on the agenda. Would somebody like to make a motion to approve minutes from the January meeting?

MR. WRIGHT: I move we approve the minutes.

MS. EISNER: I'll second that motion.

DR. PARTIN: Any discussion? All in favor, say aye. Any opposed? Okay. So moved.

Moving to Old Business now, and, again, you know that I keep things on the agenda until we can get some final answers.

So, first up is any movement on reimbursement for certified professional midwives?

COMMISSIONER LEE: Not at this time. It's still on our radar, though, Dr. Partin.

DR. PARTIN: Okay. Any idea when that might be coming up for a discussion or action?

COMMISSIONER LEE: We don't have an estimated time right now. We have some priorities that I'll go into in my presentation. Also keeping our eye on the Public Health Emergency and unwinding

has taken quite a bit of our time and the legislators, as you know, are in town and we're monitoring bills right now, but we'll just keep this on the agenda until the next time. Hopefully, we can have some more definitive response for you at the next meeting.

DR. PARTIN: Okay. Great. Thank you.

Then, moving on, request for amendment to the Rural Health Clinic regulation 907 KAR 1:082 to extend the time to three days for providers to sign Medicaid participants' charts.

COMMISSIONER LEE: Again, this is something very similar to Item A - on our radar and I'm not sure if - you know, again, next meeting we'll be able to give you a little bit more information on that.

DR. PARTIN: Okay. Thank you.

And, then, an update on missed and cancelled appointments. How is the reporting going? Is there any consensus or common thread as to why patients are not showing up for appointments?

COMMISSIONER LEE: And I think we have some presentations today. Most of the MCOs have some presentations that they're going to be

delivering. So, I think that we can just go in order. Aetna, I think Aetna is on the call and they do have a presentation.

MS. ARFLACK: Yes, we do. We're ready to go. Let me get it up.

COMMISSIONER LEE: Cindy, if you will just introduce yourself and I think we made you co-host, so, you can go ahead and present.

DR. PARTIN: This is just to address this specific question, correct?

COMMISSIONER LEE: Yes.

MS. ARFLACK: Yes, ma'am. My name is Cindy Arflack and I'm representing Aetna today and we have a - can you all see this? Can you all see my screen, the Missed and Cancelled Appointments?

COMMISSIONER LEE: We saw it and now it's gone away.

MS. ARFLACK: That's the way my life is. Well, if I can't get it up----

COMMISSIONER LEE: There you go. I think if you just hit Slide - it went away again, Cindy.

MS. ARFLACK: Okay. There we go. Has it got it?

COMMISSIONER LEE: No. Yes. There it is. There it is.

MS. ARFLACK: All right. I'm having a little difficulty this morning.

MS. BICKERS: I think you need to hit From Beginning, Cindy. There you go. Hit From Beginning on the left.

MS. ARFLACK: Okay. Now we've got it. Okay. So, we've been doing a lot of analysis on our missed and cancelled appointments.

MS. BICKERS: Excuse me. It went away again.

MS. ARFLACK: Well, okay. I can provide it to you but I'm not sure why because it says Share. Do you have it now?

COMMISSIONER LEE: No, we can't see it.

MS. ARFLACK: Okay. Well, I'm technology-challenged. So, here we go. Anyway, it's not that extensive. It's just a couple of slides that we did.

What we've noticed is that the providers are not submitting as many cancelled appointments as they were initially. Initially, we were getting - the numbers were higher than they

were. In February, the numbers had gone down substantially.

So, we don't know if that's a trend that we want to take a closer look at because they've stopped submitting as many. We don't know if this has something to do with COVID, the numbers going down and people are going back to the offices, and, so, they are showing up for their appointments.

We really don't want to say that this is a trend that we want to really focus on but we do feel like it is a trend that maybe we want to look at. Maybe the providers are frustrated that we're not doing things that they feel like we should.

One of the other things is missed appointments is lower than the cancelled. So, that's something that we want to look at. We looked at this information from January to February just to kind of give you a little analysis of what's going on.

The number one provider, as you may well understand it, is the PCPs and the dental providers are the number one providers sending in information. Vision is number three, but the therapies are not as robust as we thought they would be in sending them in.

The top five reasons are really not really helping us a lot because they're No Show, No Reason, Unknown, Rescheduled, Other. So, that's really not giving us much detail.

But what we would really like to focus on on what we're going to do with this report, we're going to continue to monitor these trends over a longer period of time, of course.

And what we're trying to really focus on is the members. Like, why are they missing the appointments? What are the risks? For example, have they been in the ED for visits in the last ninety days? Do they have a BH inpatient admission? Have they had a recent BH ED visit and are there other physical health conditions that may be causing them to not either make appointments or not being able to go to the doctor at all?

So, those are just a few of the things that we're trying to look at. So, we're really focusing on what is going on with that member, trying to think about what we can do to help.

So, that's more of what our analysis has kind of brought us to is, you know, the reasons are not really giving us anything to really quantify, but what we want to focus on is what's

going on with these members that could be a barrier for them getting to the office.

Like I said, we do believe that the COVID-19 pandemic has played a little bit of difficulty in some of the reasons for certain trends but we're continuing to monitor that.

So, thank you, guys. I appreciate the opportunity to share our analysis. And I'm sorry I'm just not technology - I'm a little challenged today. So, thank you all, though.

DR. PARTIN: Thank you. And that's exactly the kind of thing we were hoping to find out with this. So, we appreciate you drilling down.

MS. ARFLACK: You're welcome. Thank you all.

MS. EISNER: May I ask a question?

MS. ARFLACK: Sure.

MS. EISNER: Cindy, thank you for the update. May I ask that you also put on your list of things for follow-up whether or not there are transportation barriers?

MS. ARFLACK: Well, when the case managers reach out to the member, those are some

of the questions. Yes, absolutely, we're going to ask those questions. Is transportation? Is child care an issue? So, all of those are going to be things that when the case manager reaches out to the particular member they will ask.

MS. EISNER: Thank you.

MS. ARFLACK: Thanks, Nina.

COMMISSIONER LEE: And, thanks, Cindy, for that information. What we have done is asked each MCO to kind of tell us what they're doing with the cancelled and missed appointments.

So, I think most of them do have a presentation today; and I think, Anthem, if you're on the line and you have a presentation, you can go ahead and share your screen or go ahead and just hop into your presentation.

MR. RANDALL: Hi. This is Jeremy Randall with Anthem. I'm trying to share my screen but it looks like it's been disabled for me. So, I can just deliver verbally. That's fine.

So, again, in regards to what we do with the missed and broken appointments, the first thing that we do is merge this data with our at-risk member report that our case management teams use, and this allows us to give those members

specifically to our physical health case management team and mental health SUD case management teams.

So, just a few numbers here. For January, that was about 140 members that got referred to case management; and for February, that's 128. And, so, we have case management making outreach.

We don't really have any trends to report at this point related to that case management outreach.

Obviously, if there's an SDoH need, they will be referred to the SDoH team; but besides that, there is a substantial number of members that are missing appointments for Substance Use Disorder services and we think that that is likely or we're finding that that's due to just the condition of the - the member's condition at the time of the appointment.

But when our case management team is talking to the member, we are referring that member to our SDoH team as appropriate. And, so, when we pivot and look at the SDoH team findings, we do find that transportation is the number one issue in these missed and broken appointments. Child care is showing up in a few of these, but for the most

part, it's transportation-related.

In addition, if we find that a member is showing up on this report multiple times, three or more times, the SDoH team will do the outreach instead of the case management team and that is how we are using this report at this point.

For every single member we receive on this report, we are doing some text messaging outreach and sending postcards in the mail just to reinforce the importance of keeping appointments and to raise awareness of our Healthy Rewards Program.

DR. PARTIN: Thank you.

MR. RANDALL: Any questions? Thank you very much.

COMMISSIONER LEE: Thank you, Jeremy. Do we have a representative from United to present on the missed appointments?

MS. BREDENKAMP: Sure. Good morning. My name is Angela Bredenkamp. I'm the Quality Director for United Healthcare.

So, we run the missed appointments kind of similar to what it sounded like Aetna and Anthem do. We send out postcards and messaging just reiterating the importance of keeping

appointments, ask them to call in if they have any questions or concerns and, then, we also make an outreach.

We forward all of our behavioral health or SUD to our actual behavioral health case management team to follow up with those members specifically.

And, then, we contact the members. We address the importance of keeping appointments, ensure that they're aware of their PCP and that they missed an appointment and address any barriers that they might identify.

It was interesting to hear Aetna's response on kind of what referrals they're seeing from the providers and what appointments they're getting in their reports because we're actually seeing the opposite.

We have about 76% of our missed appointments are tied to behavioral health and that's because we have one provider that submit about 57% of our missed appointments on the reports.

So, it being self-referred from the providers, it seems like that maybe we could market it or get it out there a little bit more that this is an option. I'm not sure if all the providers

are aware of the process but that's kind of the information that we have received so far.

When we have contacted the members, most of them have stated that they have already rescheduled the appointment or they had rescheduled the appointment and had made that appointment. And, then, some of them were just not aware that they had an appointment on that day. So, we followed up with them and their provider to ensure that that communication is made.

We're continuing to collect the data and analyzing it to see trends and identify new opportunities of improvement. Any questions?

DR. PARTIN: Thank you.

COMMISSIONER LEE: Thank you, Angela. Do we have anyone from Humana on the line to discuss what they're doing with their missed and cancelled appointments' reports?

MS. MOWDER: Hi. This is Kristan Mowder. I'm from Humana. I'm the Population Health Director. I'm going to be presenting today if I have permission to share my screen.

MS. BICKERS: You should.

MS. MOWDER: Can you guys see it?

DR. PARTIN: Yes.

MS. MOWDER: Okay. So, for our Humana missed appointment process, we kind of have a two-pronged approach around the outreach.

So, one thing that we implemented is a letter process. So, each month when we get the file from KDMS with the total membership on there, we send out a letter; and in that letter, it talks about the importance of keeping your appointment, reminders to reschedule, and, then, also we provide our case management information and how to contact us around that, whether it be for case management or some of those SDoH things, child care or transportation.

Another part of the process we do is a telephonic approach. So, we take that file similar to like Anthem said and bump that up against our case management file. And so far, through all of the membership in the 2021 and the January and February file for 2022, none of the members that have been in our case management programs have been on the file. So, they tend to be going to their appointments or not ending up on this missed appointment or cancelled file. So, that's one process we have.

The other part is that we have barriers noted on the missed appointments around child care or transportation. We do make sure that our SDoH coordinators or case management support associates are outreaching to them to address any of those barriers as well.

And, then, a third part that we've added is around the behavioral health. So, anyone that is identified of missing a behavioral health appointment, we automatically refer them to case management. So, then, our case managers are outreaching them to kind of see are they connected with care? Do they need to reschedule appointments, and just what can they do to help them to be able to get in to their behavioral health appointments?

From the data, what you can see is the 2021 annual sum, that was a full effect from the annual file we got that had 2,645 members on that. As an MCO, we start getting that file, I think, around August or September.

So, this is just the whole file for 2021. And as you can see, the biggest reason in that was a No Show or No Reason Provided and, then, Other was the next or Unknown.

So, the January and February

file is where they've added some more detailed data for us. So, we kind of broke that down into the provider types and, then, also cancelled and missed appointments. So, for January and February, we had 355 members on the file, and, then, you can see there the breakdown between the missed and cancelled. So, of that, 286 of them were missed and 69 were cancelled.

Then we took another slice of it and broke it down by the reasons, and the reasons are still the highest one is No Show or No Reason Provided. Then, 42 of those actually rescheduled their appointments. Nine had the transportation issue and none of them popped in for having a child-care issue.

So, this is the approach that Humana is taking. We're also putting processes in place to look to see if members are showing up on the file multiple times. So, we've got things in place to try to get that data to collate with the rest of this data and also identifying those case managers.

So, that's really the crux of what our process is. So, I'll open it up if anybody has any questions for us.

DR. PARTIN: Okay. Thank you.

COMMISSIONER LEE: Do we have anyone on the line present from Passport by Molina to present their findings on missed appointment reports?

MS. NORRIS: I'm Meredith from Passport Molina, Program Director of Operations. And very similar to all the other MCOs and kind of a hybrid of a lot of what Anthem had stated and Humana as well, we take our missed appointment report, we add all of the member information, as well as anybody that's in our current case management programs and see if we have any of those in our case management program.

If they have a child-care or a transportation issue, we have staff that reaches out to them individually to see if we can help remove any of those barriers for them. So, we receive that information and they have a personal touch.

We also have a mailing that we do. So, if a member has missed any appointment, two or less appointments, they get a mailing to remind them of the importance of making their appointments, attending their appointments and the value-added benefits that we have to offer.

And if they miss three or more appointments, then, they get a telephonic outreach

regardless if they're in our case management program or not. Again, like I stated, if there is a transportation or a child-care barrier, we reach out to them.

We also have some provider education that we work with our provider services team that as part of their training includes instruction on the missed or cancelled appointments and links the tutorial videos and the training guides on KYMMIS and try to send E-News out as well because, I think as someone had stated, if there's a way that we can get the providers to utilize that.

And what we're seeing as well is a lot of high communication on the behavioral health side and it's due to we have significant usage by two particular providers. One is a pediatric provider for one of the PCPs and the other is the providers for the SDoH programs and SUD programs on the behavioral health side.

So, I think we're in alignment with how the other MCOs utilize the report which I think is great.

And, then, the addition of the information that was provided by DMS on the February report to let us know whether or not the member had

rescheduled and who the provider that they had the appointment with was very beneficial to us to be able to do that outreach and know exactly what type of appointment they missed was helpful to be able to target those members more individually.

COMMISSIONER LEE: And I think our last MCO would be WellCare. Do we have someone on the line from WellCare?

MR. OWEN: Good morning. This is Stuart Owen. I'll try to share a screen and see if I have any luck with that. Can you all see?

DR. PARTIN: Yes.

MR. OWEN: Okay. Thank you. And, so, again, like the others have mentioned, we were kind of curious. Are there any kind of trends or anything with the individuals that are missing appointments?

And, so, there's certainly, behavioral health. As others have mentioned, that's definitely a prominent theme.

We discovered that 22% had a severe mental illness, 12% had a serious emotional disability, 5% have had a behavioral health admission, so, an inpatient or a residential admission within the past year compared to 1% of the

"general" Medicaid population, 5% have a co-occurring mental health and Substance Use Disorder again compared to 1% of the general population. And, then, we looked at in January, of those that had multiple missed appointments, 82% have a behavioral health diagnosis.

We also looked at ER. Is there anything related to ER? And, indeed, it turns out 93% of those with missed appointments have had an ER visit within the past twelve months.

And we know just from talking to staff or talking to members, one of the reasons cited is just convenience. Even if they've got an appointment, it's just convenient.

And, for example, as others have mentioned, both transportation and child care, and they will take, like, let's say one of the children is sick, well, let's just all go to the ER and knock it out at once even if somebody else has an appointment scheduled or whatever.

And, so, that's definitely child-care and transportation barriers because they don't have child care and they certainly don't have affordable child care.

And I've just seen this from

reading about it but individuals have jobs. I heard last week, I learned that 65% of the adult Medicaid population has a job. And, so, sometimes just frankly there's a conflict with the job. They might have an appointment scheduled but they're unable to take off or it could be a change in the job and that's a barrier, too, and a lot of them are working - I presume - I mean, I don't know - but have a part-time job and maybe they don't have full benefits. They don't have vacation time that they can take off.

And similar to what others have mentioned, we have a care management team involved and their focus, of course, is individuals with the most needy, medically needy.

And one of the things we've done, like others have said, is if the individual has a behavioral health diagnosis, then, we're referring them over to the case management team. We've made them top priority.

I think going forward, we're digging deeper when we get the list and also thank DMS very much. Beginning with the February report, there was a lot more information and it's super helpful and DMS was really quick in doing that, so, we appreciate that, but we're looking at other

diagnoses as well to target those individuals for case management.

And, so, related to this also, just to try to help overall, we've done a little bit of a social media campaign stressing the importance of going to your appointments, and we've got some verbiage written up and it's going through our Communications Department right now. We're going to submit it to DMS because any member-facing communication has to be approved by DMS.

So, we're doing that and also working on an interactive voice response campaign similarly. And, then, also we're trying, maybe in a couple of months, when a member calls on our Member Call Center in-bound calls to leave a message, while they're on hold, reminding them of the importance of going to appointments.

And, so, I have a couple of questions and they're obvious but I have to ask them. One of my questions is, is it standard practice with providers to send text reminders and phone call reminders, permitted phone call reminders because I saw a study, a Deloitte study from 2018, that the adult Medicaid population compared to general Medicaid population as far as technology, and,

surprisingly, a little bit surprisingly, 86% of U.S. adults have a Smartphone, 86% of adult Medicaid members have a Smartphone.

So, I guess that's just a question for thought. I mean, I guess it seems obvious but I just have to ask, is it standard practice for Medicaid providers to send text reminders or the automated voicemail reminders like I get anytime I have an appointment?

I don't know if anybody wants to answer that or not. It's just something to think about or if anybody wants to answer.

DR. BOBROWSKI: This is Dr. Garth Bobrowski. In dentistry, yes, we send out text reminders. And like a couple of Wednesdays ago, we had twelve Medicaid patients scheduled that morning and eight of them did not show up.

MR. OWEN: Even with the reminder?

DR. BOBROWSKI: Even with reminders. I mean, we send out reminders to everybody we've got a phone number for.

MR. OWEN: Okay. Well, I had to ask. I appreciate your answering.

DR. GUPTA: This is Dr. Gupta.

Can you hear me?

DR. PARTIN: Yes, we can hear you.

DR. GUPTA: I'm an ophthalmologist. We send out reminders to everyone. And even when they have confirmed, we have further confirmation even the day before and we still have no shows.

MR. OWEN: Okay. Thank you. I appreciate that.

I read a study of this very problem, of Medicaid missed appointments and the top reasons, and it was a survey and it indicated that one-third of the time, it was due to poor front-end scheduling and making the appointment and just simply not asking the member what is a good time for you.

And, again, health care can be a little bit difficult or intimidating for anybody. I don't know. That's just something to think about, especially with Medicaid members, child care is certainly a barrier, transportation is, work can be.

But it's kind of significant that one third of the time, it indicated that the front-end were making the appointment but the member wasn't really asked in a clear way what is a good

time for you, what is a good day and time for you. And I guess they just suggested a time and the member said okay, but, anyway, just a comment there about that.

Another thing I'm curious about because I know Kentucky pre-COVID already had a very expansive coverage of telehealth services through telehealth and particularly with Medicaid. And, then, with COVID, of course, it's been even expanded further because of the emergency.

And, so, that's another question. I wonder, given that, like in that prior study I mentioned, the Deloitte study that said 86% adult members had a Smartphone, said 69% have a tablet compared to 72% of the adult Medicaid population.

So, that's just something I'm wondering. Since telehealth - I mean, I know not everything can be done through telehealth but so much can. I mean, I know, Dr. Bobrowski, you can't perform dentistry. I mean, you can do an assessment or whatever but you can't clean somebody's teeth through telehealth.

But I'm just wondering, is this something that providers are promoting because it is

so expansive, particularly in Kentucky? Kentucky is arguably the most expansive state in the country. I think maybe Hawaii also is wide open during the State of Emergency, but, anyway, that's another thing to think about.

I mean, all the MCOs I'm sure promote telehealth and we do. We mention it on our provider website and our member website. So, that's something else to think about.

I mean, do you promote telehealth, and especially I think transportation and child care, that that would really combat those problems because it's convenient, very convenient. So, I guess that's just another thing to think about, and I've got nothing else.

DR. PARTIN: I have a question. Was that 65% of Medicaid patients have a job, is that all of Medicaid or just WellCare?

MR. OWEN: So, it was in a legislative committee. So, I can't cite the study, but in a legislative committee meeting last week, it's over a bill, HB 7 which is basically going to, if it passes with the Senate, would re-implement the community engagement requirement for Medicaid.

And one of the Representatives

who was challenging the bill and arguing against the bill said - and she didn't cite the study - but 65% of Kentucky Medicaid adults have a job but I don't know other than just that's what she said.

DR. PARTIN: Okay. So, it wasn't specific to WellCare, then?

MR. OWEN: No. No.

DR. PARTIN: Okay. Thank you.

COMMISSIONER LEE: I think that's all of our MCO presentations, Beth. So, I will hand it back over to you.

DR. PARTIN: Okay. Thank you, and thank you for arranging that. That was very helpful.

MS. BICKERS: And I will email all the presentations out to everyone. The MCOs were kind enough to send those to me ahead of time and I will also get those on our website, the CHFS website.

DR. PARTIN: Perfect. Thank you.

Next up is a discussion about Zoom MAC meetings past March.

MS. BICKERS: That would be me. As you can tell, we've got our new equipment in. So, we are doing our test run today.

I have kind of requested with some of the TACs, so, I will make the same request to the MAC, that in your next meeting, so, in May, we run that vote because that would give me time to work out a few of the kinks that I've noticed in this meeting and also secure large-enough rooms if you decided you want to come back in person.

So, if I could request that we could maybe vote on that in May but that's totally up to you guys if you want to vote today. So, that's where I'm at as far as coming back. So, that's up to you guys at this point.

DR. PARTIN: Okay. Thank you, and that's kind of in line for maybe for different reasons that I was going to suggest is that we wait until May to see what's going to happen with COVID since we've got a new variant and we don't know if it's going to go crazy or if it's just going to fizzle.

So, by May, we should know if the cases are going to continue to go down, but I would like to hear from other members on your thoughts.

MS. EISNER: This is Nina. I'm curious about whether or not participation of MAC members and the ability to consistently have a quorum

has been improved with Zoom versus in person because we always have a quorum. For the two years almost that I've been with the group, we've always had a quorum. Has that always been the case when it was in person as well?

DR. PARTIN: Since we have had all of our members appointed, we did have quorums. In the past when we didn't have all members appointed, we had difficulty having a quorum.

MS. EISNER: So, unrelated to Zoom versus in person.

DR. PARTIN: Yes.

MS. BICKERS: If I may, Nina, there will also be the option if you do decide you want to come back in person because I know some of you travel in. So, there will still be the option of logging in via Zoom if there's people who don't want to travel or if the majority wants to come back and someone still feels better, more safe at home.

So, there still will be a virtual login option even if everybody votes to come back in person, if that helps.

MS. EISNER: Thank you.

DR. PARTIN: So, I guess I would ask, is there anybody who wants to meet in person in

May, or, if not, then, I will assume everybody wants to take the vote in May what we should do.

DR. BOBROWSKI: Vote in May is fine with me.

DR. PARTIN: Okay. So, I will put it on the agenda for the next meeting, then.

This is just a reminder on the agenda that at our next meeting, we will have an update on the maternal/infant health.

And, so, I'm looking forward to that because those reports have been really I think thoughtfully prepared and full of a lot of good information.

So, for those of you who are not on the MAC, you may want to tune in because that's a very informative presentation.

Next on the agenda is an update on DMS looking into value-based payments tied to quality measures to equalize reimbursement for all providers. Do we have any update on that?

COMMISSIONER LEE: We'll provide more information at the next meeting on that. I do believe that many of the MCOs - and this would be more of an MCO initiative. Some of our MCOs, maybe all of them, currently do have some value-based

purchasing contracts with providers.

So, definitely something that we want to look at is how can we improve quality and definitely reward our providers who are delivering those quality services, so, an update at the next MAC meeting on that.

DR. PARTIN: Okay. Great. Thank you.

Then, next up we have just information again. The MCO presentations to the MAC will start in May with Aetna and Anthem going first; July, Humana and Molina/Passport; in September, we'll have United and WellCare.

And we have submitted to DMS the metrics that we would like addressed in those reports. I think I put this out in an email but if any members of the MAC have anything in particular that you want metrics reported on, please go ahead and email me and, then, we can add that also, but it's a pretty comprehensive list.

And when I sent that to Erin, I looked back at previous presentations that we had and, then, added a few more things. So, if you have any other suggestions you would like, just let me know and we'll add that.

And, then, next up, we had a discussion at our last meeting about changing our bylaws to allow a MAC member or another member of a TAC to present recommendations. Currently, our bylaws say that it has to be the Chair of the TAC.

So, would somebody like to read a motion to change the bylaws to allow a MAC member or another member of the TAC to present recommendations at the MAC meetings?

MS. STEWART: This is Susan Stewart. I will make that motion.

DR. BOBROWSKI: Garth Bobrowski. Second.

DR. PARTIN: Okay. Any discussion? Okay. So, just to make it easier, if there's anybody who is a no vote, please vote no. Okay. Then, I will assume everybody else was a yes.

And, so, Erin, could you update our bylaws in that section to say that a MAC member or a member of the TAC may present recommendations to the MAC?

MS. BICKERS: Yes, ma'am, I will work on that.

DR. PARTIN: Thank you. We are moving right along today.

So, next is updates from Commissioner Lee.

COMMISSIONER LEE: So glad to see everybody today. I've got a presentation that I'm going to deliver on some of the accomplishments we did in 2021 because the Department for Medicaid Services and the staff have just really been working really hard throughout the year and I want to just highlight some of the things that we've accomplished.

But before I get into that, I want to talk a little bit more about the missed appointments and the presentations that we just had from the MCOs.

We've been talking about missed appointments for years and years, and I think that this committee is very instrumental. I think just this one little piece of information that we had today just shows how important this committee is and the change that you can make because this committee is the one that recommended we somehow track, monitor missed appointments.

We worked together. We've got a tracking system now and what we've heard is from our MCOs who are actually providing outreach and

education to those individuals. So, this means that individuals are getting case-managed. They actually are focusing on those individuals who are missing their appointments, and I just can't stress enough the importance of what we're doing here.

We are here to make a difference in the lives of those we serve, and this one little thing of just monitoring those missed appointments is helping. It's in its infancy. We still have more to do.

For example, we heard that not all providers are using the system. So, we can do a little bit more outreach and education for those providers, continue to monitor the reasons that individuals miss so that we can actually implement, interject some movement and some - I forget the word - I'm still looking for a word right now - but we can interject some priorities on what we want to focus on, how we can continue to increase awareness of missed appointments, why individuals are missing appointments and get them in so that they can lead healthier lives.

And I think this is going to be a win/win for the providers and, again, this is something that would not have happened if the

Medicaid Advisory Council had not pushed this topic and talked about it for years and years.

And, again, I applaud you and I thank you and I appreciate your partnership.

So, on the screen - I'm going to go ahead and make - there we go - so that you can see the presentation.

I'll go through this pretty quickly. So, at a glance in 2021, the Department for Medicaid Services averaged 1,631,834 Kentuckians enrolled in our Medicaid Program per month.

Again, this is a large number. It's one out of every three Kentuckians. It's definitely nothing to boost about because that just indicates that 1.6 million individuals in Kentucky including over 600,000 children live at or below the poverty level in the State of Kentucky.

In 2021, we paid $3.7 billion out in fee-for-service claims to providers, $6.1 billion in capitation payments to MCOs and non-emergency transportation brokers.

We paid $274 million in supplementary medical insurance (SMI) and that's for individuals who are dually eligible, and I've got collected $469 million in drug rebates. That number

should be updated to over $800 million in drug rebates in just 2021. And our total expenditures in the Medicaid Program was $14.3 billion.

In 2021, Kentucky paid for approximately the lower half of the deliveries in this state. We paid for 26,833 births to individuals who enrolled in Medicaid - again, over half of the births in the state.

We also eliminated all cost-sharing for all services. As you remember, this was a bill that was passed in the last Legislative Session. We believe this is again a win/win for our providers that should be putting more money into the providers and the pockets, into pockets of the providers because no longer should that co-payment be deducted from your claims submission.

Also, it will prevent individuals from delaying or seeking services for health care issues for which they should be going and getting services sooner, hopefully reducing some non-emergent use of the ER, so, keeping an eye on all of that stuff.

We did have our waiver renewals, too. Our MCOs, as you know, our MCO is operated under a 1915(b) waiver. We had to renew

that; and in 2021, we onboarded six Managed Care Organizations.

We also operate our non-emergency medical transportation under a 1915(b) waiver that also was renewed in 2021. We have an extension on that.

We renewed our Model II and our Home- and Community-Based Waiver in our 1915(c). Both of those are Home- and Community-Based Waivers.

We submitted eight State Plan Amendments and followed that up with eight regulations.

We have been working with CMS and some grants. We had to create some Certified Community Behavioral Health Centers. These are behavioral health centers that will help us integrate behavioral and physical health care.

Their payment structure is just a little bit different. For example, they are paid very similar to the prospective payment system rate under which we currently reimburse FQHCs and RHCs.

We had a Kentucky Level of Care telehealth pilot. This is very beneficial for our individuals who are in long-term care facilities. We can do their reassessment by telehealth now. It was

very successful. We will be moving that out statewide. If you would like more information on that, we can provide that at another update.

We have been working very diligently with our partners in Behavioral Health to develop and implement mobile crisis.

We also submitted an 1115 waiver for Substance Use Disorder for incarcerated individuals. That is still pending at CMS; and as soon as we have additional information, we will bring that to this committee.

We are also participating in a Kentucky Housing and Health Collaborative to make sure that our individuals with social drivers of health, for example, those who may need housing can get connected with housing.

So, a lot of stuff we're doing here that we did in 2021. We also submitted our Home- and Community-Based Spending Plan to CMS. We have approval on that.

And Pam Smith and her employees in the Division of Community Alternatives are working very diligently to move forward with that Spending Plan.

We have implemented our first

phase of our Electronic Visit Verification. We will be implementing a second phase coming up very soon.

Again, if any of these topics seem foreign to you or you want more information at a next upcoming MAC meeting, just let us know and we can have a very detailed presentation on any of these items that we're talking about today.

We also made some enhancement to our Medicaid Waiver Management Application. This is an application of technology specifically for our 1915(c)waivers that allow individuals to go and look at notes, for example, case notes and that stuff specific to our individuals participating in our 1915(c)waivers.

We monitored approximately seventy contracts that the Department has with various entities.

We attended over 11,000 meetings and that was based on approximately thirty per week for each Executive Leadership Team.

And in 2021, we also implemented a single Prescription Drug List for all of our members. Along with that, you may remember that Senate Bill 50 required the Department to create a single Pharmacy Benefit Manager. We went live with

that on July 1st of 2021 by contracting with MedImpact. So, now all of the individuals in Medicaid that are in an MCO have one single PBM rather than six different PBMs. So, it will streamline processes just a little bit.

And I'm going to rush through this because I know that we have other individuals that will be presenting.

So, we did also in 2021 participated in National Technical Assistance Initiatives specifically related to the Medicaid Innovation Accelerator Program. Both of these are related to maternal and postpartum care, and I think that you will hear some more information on this at the next MAC meeting.

We made some directed payments in 2021. We paid over $1.4 billion to hospitals and $1.6 billion to university hospitals. We also made some directed payments to ambulance to the tune of $51 million. These numbers are in 2022 what these individuals or these provider groups are receiving.

We also made some directed payments to some of our DME providers as outlined in House Bill 224.

We did a lot of things to

address COVID in 2021. We continue to have Presumptive Eligibility determined at the Cabinet level in addition to hospitals.

We did remove prior authorization requirements in 2020 and We did reimplement those requirements. Then we took them off again with the Delta surge. We will be implementing prior authorization requirements.

I think that the MCOs and maybe the Department has sent out information. We will be re-implementing those on May 1st, I believe. If I said anything wrong, somebody can correct me on that but I believe it's May 1st.

However, we will still not have behavioral health, we will have no prior authorizations for behavioral health services, including Substance Use Disorder.

We also did several things in '21 to continue to address the need to make sure that we had access to care for individuals during the Public Health Emergency and made sure that they did not lose any access to care and that we could help them maintain their health such as pharmacy refills, early pharmacy refills.

Again, I think as Stuart Owen

pointed out, Kentucky is very progressive on our telehealth services. We continue to see an increase in telehealth services, particularly in the behavioral health community.

A couple of other things that we've done here - and I won't go into all of these - again, the nursing facilities, we know they were very hard hit.

We did implement a $270 per diem add-on for any COVID-19 positive patient. We extended the bed-hold days from fourteen to thirty days and added a $29 add-on to specifically address the needs of long-term care communities as it relates to responding to the Public Health Emergency, and we've also streamlined the application process by accepting client statements for the verification of assets.

And as we go forward, these are some of the flexibilities that we have implemented that will go away when the Public Health Emergency expires.

And this information is as of December of 2021. Again, this is the vaccination rates, the COVID vaccination rates among our Medicaid members.

As you can see, the higher you go up in age, the higher the vaccination rates. These numbers have changed slightly. Again, this was in December. We can have an update on the COVID vaccination rates. If you'd like to see that going forward, we can continue to do that.

This is just the same information stratified by MCO and by fee-for-service. The darker areas are those areas that have a higher vaccination rate.

We conducted outreach in 2021. We distributed over 400,000 masks to individuals across the state. We did some radio and television ads particularly as it relates to Kynect and open enrollment.

You may have seen billboards around the state related to Kynect, open enrollment and the importance of health insurance and vaccinations.

We also participated in the State Fair and distributed coloring books, some masks, other things specifically with the KCHIP logo, the Kentucky Children's Health Insurance logo.

During open enrollment in 2021, we had a total of 9,260 individuals who changed MCOs.

Again, this is less than 1% of the individuals who are enrolled in an MCO chose to switch during open enrollment. So, we're very pleased about that because that indicates that there is continuity of care and very pleased that less than 1% chose to switch.

As far as personnel goes, I was accepted as a Fellow in the 2022 Medicaid Leadership Institute. This is a program in conjunction with the National Association of Medicaid Directors and the Center for Healthcare Strategies where we can get expert advice, for example, at a national level and there are six Medicaid Directors across the country who are enrolled in this program for 2022 and I was fortunate enough to be selected as one.

Our Division of Program Integrity Director, Jennifer Dudinskie, was also accepted to the Medicaid Pathways Program which is very similar to the Medicaid Leadership Institute. This is a program that helps groom individuals to hone in and improve their leadership skills because as you know, in Medicaid, the average tenure for a Medicaid Director is only eighteen months. I'm glad to say that I've already surpassed that. I think I'm on my twenty-seventh month after my return.

We also made a few changes in our IT area. For example, we have moved some individual branches back into Medicaid. Prior to that, some of our IT staff had been moved out.

We have now a Health Diversity and Equity TAC that was created by the Governor's Executive Order. We have eleven members. If they haven't already had their first meeting, they will be.

MS. BICKERS: They have not.

COMMISSIONER LEE: They have not had their meeting. Erin has said they have not had their meeting. So, that's another TAC that will be reporting up to the MAC.

We also have a Persons Returning to Society from Incarceration TAC that was created in the 2021 Legislative Session with twelve members. It did have its first meeting in September.

And, again, these are just some of the things that we have done in 2021, some of our accomplishments that we're really proud of.

And I think one thing that is not stressed enough is all of the great things that Kentucky is doing does get attention at the national level and we are frequently requested to speak at

national conventions and meetings.

This is just a picture of me and Secretary Friedlander discussing our work with race and equity and member voice with Dr. Jamila Michener at the National Association of Medicaid Directors Conference that was held in November of 2021.

Again, Kentucky Medicaid gets really a lot of national attention. There are a lot of individuals and states that contact us for various insights into some of the programs and some of the actions that we're taking to improve the lives of those we serve.

So, going forward, these are some of the priorities that we have - definitely unwinding of the Public Health Emergency. As you know, the COVID positivity rate continues to decrease.

I think, Dr. Partin, you referenced another variant. We're waiting to see what happens; but in the event that the Public Health Emergency is not extended, we will need to start unwinding the Public Health Emergency. The flexibilities that we have put in place, we'll need to start unwinding those.

We believe currently if the Public Health Emergency is not extended that those unwinding activities may take place beginning August 1st.

And, again, just as a reminder, we have the 1.6 million individuals enrolled in Medicaid. We have had a maintenance-of-effort due to the Public Health Emergency which means we could not enroll anyone from the Medicaid Program unless they pass away, they move or they request to be disenrolled.

So, as we go forward, in addition to unwinding those flexibilities, we will see, we believe, a decrease in our enrollment. We're going to have a lot of work to do as we go forward with that.

As part of my participation in the Medicaid Leadership Institute, I had to have a project, and one of the projects that I am working on is increasing the footprint of community health workers across the state. This is a project that I am working on in collaboration with the Department for Public Health.

I mentioned mobile crisis. This is also something that we want to continue to

explore and expand as we go forward.

Our Substance Use Disorder for the incarcerated 1915(c)waiver that is still with CMS, we definitely want to implement that and continue to work with CMS to get approval.

We have a focus on postpartum coverage, and you may be aware that on April 1st, we are allowed to extend postpartum coverage from sixty days to one full year for individuals who are enrolled with Medicaid and delivered babies. So, we are moving forward with extending that postpartum coverage.

We want to focus more on our data analytics and how we can use our information and our data to actually drive positive policy change.

And we recently put out a Request for Proposal in which several vendors applied for assistance for contracts with the Medicaid Program.

So, what this is basically is we have a list of various vendors. As we go forward with our priorities, in the event that we need a little help, the Department for Medicaid Services is vast and is huge and sometimes we need a little bit of help with our priorities.

So, as we go forward, we do have a list of approved vendors for which we can put out a Statement of Work. Those vendors would then bid on those projects and help us bring up some of our priorities as we go forward.

And I think that is the last of my slides and I'd be more than happy to take any questions

DR. PARTIN: Thank you, Commissioner. First of all, congratulations on your Fellowship - that's wonderful - and your leadership as Commissioner has been very appreciated.

I know you just complimented the MAC, but I think the partnership that has developed is in large part due to your leadership and your willingness to reach out to us. So, thank you and congratulations again.

COMMISSIONER LEE: Thank you.

DR. PARTIN: Will these slides be posted so that we can look at them later because there's a ton of information here?

COMMISSIONER LEE: Yes, they will be posted and we can also send them out via email to the MAC so you have them in your email.

DR. PARTIN: Wonderful.

COMMISSIONER LEE: And that way you won't have to search for them online, but, yes, we will post them.

DR. PARTIN: Okay. Thank you. And, then, with the ending of the State of Emergency - this is two-pronged - the Legislature has voted to end the emergency measures here in Kentucky. Does that affect anything that is going on with Medicaid or is Medicaid based on the federal?

COMMISSIONER LEE: Medicaid is based on the federal declaration of emergency. So, we don't anticipate a lot of or any impact from that because our funding and our flexibilities are through federal waivers.

DR. PARTIN: Okay. And, then, a follow-up to that on the telehealth, with the end of the State of Emergency, will our ability to use Facebook or Facetime for telehealth, will that end?

COMMISSIONER LEE: I'll have to follow up with that. I know that we did revise our telehealth regulation. So, I will follow up with that to see what sort of platforms are allowed as we go forward.

DR. PARTIN: Okay. Could you let us know at the next meeting? That's pretty

important to my practice in a rural area because that's the way most people are able to do telehealth with us. If we have to use another platform, that will be an expense to the practice and it will be more difficult for our patients.

COMMISSIONER LEE: We'll have some information to follow up with you, and I can do that in my update. Those items that I have said that I will follow up with, I can do that in my update at the next MAC meeting or maybe by email prior. If we have some communication that we can send out to all providers, we'll do that maybe prior to the MAC.

DR. PARTIN: Okay. Great. Thank you. And, then, one other thing. Erin, could you also email the slides to the TACs as well as the MAC?

MS. BICKERS: Yes. I was responding to that in the message right now. I'm going to drop my email address in there because I have tried to send some things out with correspondence and I get a lot of kickbacks on different emails.

So, if you don't receive those presentations from me by the end of the day, I need to make sure your email address is correct in my

system. So, I will drop my email address in the Chat.

If we're out of here by twelve, I should have those emailed out to you guys by 12:30; but if you don't see it by end of day, just email me.

DR. PARTIN: Okay. Thank you. Anybody else have questions for the Commissioner?

DR. BOBROWSKI: This is Garth Bobrowski.

MR. WRIGHT: This is Eric Wright. I'm getting a lot of information about the expanded Medicaid funds through 2024.

My question relates to - and you may have covered this and I didn't get to hear it because I had to step away for a second - the waiting list, how it relates to the waiting list for the 1915(c)waivers. Can you tell us what we might hear in the future about that?

COMMISSIONER LEE: I would probably defer to Pam Smith. Pam, are you on?

MS. SMITH: Yes, I'm here. So, as part of the ARPA funds that we have received from CMS, we are doing a study on the waiting list and looking at the waiting list and ways that those can be transformed or what we can do to address the

length of the waiting list.

Along with that, Michelle P, since it is the most extensive waiting list we have, the majority of individuals, I think we're up to 75% are children on that waiver.

So, we are also doing a feasibility study as to what other services could be offered to children that would maybe meet their needs versus them continuing to be on the Michelle P Waiver.

MR. WRIGHT: Thank you very much.

MS. SMITH: You're welcome.

DR. PARTIN: Dr. Bobrowski had a question.

DR. BOBROWSKI: I just wanted to say congratulations to Commissioner Lee also and I saw the Chats there.

If it's alright with the Commissioner to share this with our representative organizations, I think that's a ton of good information that we need to share with our individual groups, and the folks that maybe are not Medicaid providers but some of them are, that when we meet with our individual groups, that things are happening

out here and we're going to try to make things better.

So, I think if we can share that, like with mine, with the Kentucky Dental Association, but a good report.

COMMISSIONER LEE: Most definitely. It's a public document. We'll put it on our web. You can share it with whomever you want.

What we're trying to do and I think that, again, that this committee is very instrumental in moving Medicaid from just a payer of services to that actual driver of health care policy.

And I think that this collaboration is definitely going to help us move more towards that because Medicaid, again, we cover 1.6 million individuals.

We have so much data and so much information and claims that we should be able to mine that information, start getting that out into the public, developing reports and in full transparency.

Another thing that we're looking at doing is mining our data and putting out on our web page the top 100 paid providers in Medicaid. Would that be something useful for

individuals to look at and to see where is the Medicaid money going and, in addition, just continuing to put out there all the good work that Medicaid is doing in the form of improving the lives of those we serve. That's what we're here for.

And, again, just sitting and listening to the reports on the missed appointments, it kind of made my heart swell just a little bit, you know, because this is, again, something that the MAC brought to the Department.

We acted upon it. We knew we could not pay for missed appointments, but our partners, our sister agency in our Office of Administrative and Technology came up with a plan and said, hey, we can track this and we can put a reason in there.

We know who is missing appointments now. We know why they're missing and we can do some interventions, which is the word I was looking for a few minutes ago. We can do some interventions actually to make a difference in this state.

And, again, I applaud you all for bringing that to the Department and our Office of Technology Services for acting upon it, but that just

shows what we can do when we all put our minds together and work towards a common goal.

DR. PARTIN: Thank you. Commissioner, do you have anything else today?

COMMISSIONER LEE: I do not have anything else today.

DR. PARTIN: Okay. All right. Then, let's move along into the TAC reports.

MS. BICKERS: Beth, it looks like Dee has her hand raised.

DR. PARTIN: Oh, I'm sorry. I can't see you all because I'm doing this on a cell phone today.

COMMISSIONER LEE: We'll help monitor.

MS. POLITO: Thanks so much. I just wanted to applaud the extension of postpartum care services to one year.

I think that's a vital change to be able to provide more comprehensive care to women and families not only from a birth perspective but also in terms of contraception and mental health, and there are so many touch points that happen in that first year postpartum. It doesn't stop at six weeks postpartum. So, I applaud that change.

And I also just seek some additional clarification from Commissioner Lee on is that the work of the Postpartum Affinity Group? Does that have anything to do with the maternal/child health review work and just looking for some additional clarification.

COMMISSIONER LEE: So, the decision to extend it to twelve months I think is definitely team work. It's definitely a collaboration and has come from various different sources. We have looked at the Affinity Groups. We have listened to those.

And, then, with the passage of the Family First - I can't remember - the Family First or the ARPA - they had language in there that we could go ahead and extend on April 1st using a State Plan Amendment.

Prior to April 1st, if we wanted to implement, we would have had to have completed a waiver, an 1115 waiver which has lots of administrative tasks associated with monitoring those waivers; but the decision to allow states to put this in a State Plan going forward on April 1st was another really big driver in assisting us in making that leap to the twelve-month postpartum.

In addition, I believe it is a bipartisan decision. I believe that both sides of the isle agree that extending postpartum coverage to pregnant women or after the delivery to twelve months is better for the baby. It's also going to help us provide treatment services for some of those individuals who may be suffering from SUD in our maternal population.

So, again, it was definitely a group effort and coming from a variety of concerned parties to do this.

MS. POLITO: Thank you.

DR. PARTIN: Okay. We'll go ahead and move on to the TAC reports, then, with recommendations, and first up is Behavioral Health.

DR. SCHUSTER: Good afternoon. Sheila Schuster representing the Behavioral Health TAC.

We met via Zoom on March 10th and five of our seven voting members were present. We also had representatives from the Department for Medicaid Services and Behavioral Health. All six MCOs were represented as well as a number of members of the behavioral health community.

We welcomed Erin Bickers as our

new DMS coordinator and we approved the minutes of our January meeting.

We're very grateful to DMS and particularly to the leadership of Commissioner Lee for providing us with the requested data so we can examine the outcomes for individuals who have received targeted case management, and we will be further analyzing those and presenting that at our May meeting.

There also was progress reported on the issue of dual eligibles, those who have Medicaid and Medicare. We seem to have resolved those issues and we're making progress with a pass-thru workaround list for those who have Medicaid and a commercial insurer.

Interestingly, we had each of the MCOs present at our meeting and how they were using the data generated from the no-show or missed appointments' portal.

And we were very excited to hear how many of the MCOs were correlating a diagnosis with frequency of missed appointments and also getting their case managers engaged in looking at social determinants of health.

One of the difficulties noted

by nearly all of the MCOs was the rather limited number of providers who are entering data into the portal and we have a recommendation about that actually at the end of my report.

Angie Parker also provided us with a county-by-county listing of the number of missed appointments which was shared.

We are trying to address the ambulance transport problem that we've talked about discrimination against people with mental illness being transported by ambulance from one facility to another and that's House Bill 777, and we're hoping that that will pass during this General Assembly.

We had one issue come up about the Medicaid Formulary and we're dealing with that with a nurse practitioner who was getting prescriptions rejected because of dosage limits. And Dr. Theriot was on the call and gave some good advice and we're following up with Dr. Ali.

We continue to be concerned about the notable increase in the frequency and scope of audit requests made by the various MCOs. We think this is directly correlated with the fact that we've not had any prior authorizations for behavioral health services.

And, so, the MCOs are coming back around sometimes with really an incredibly difficult one for a seven-day turnaround. We were encouraged again by DMS to ask for extensions, and we did have all of the MCOs to tell us at the time, all of them reported that their audits should always have a thirty-day response time.

So, one of our members will follow up with some of the MCOs where the response time has been shorter than that.

Leslie Hoffmann reported on the 1115 waiver and we are continuing to be hopeful that CMS will approve that soon.

We reviewed some of the bills in the Legislature that have to do with Medicaid and with behavioral health treatment. We were glad to see that there was no update on prior authorization affecting behavioral health.

Aetna will report on polypharmacy issues with children at our next TAC meeting.

And we do have one recommendation for the MAC at this time, that DMS send periodic reminders to all providers about the existence of the no-show data-gathering portal and

encourage them to use it to report missed appointments so that the MCOs can provide follow-up assistance where indicated and that the MAC periodically have this item on its meeting agenda, as you did today - and I didn't know that was going to be on there when we had our meeting and our recommendation - but that we have an update from DMS and the MCOs about the reports received and how they are being used.

One of the things that the MCOs pointed out was that the February report differentiated behavioral health appointments from physical health appointments, and we assume and heard from some of the data that there's a correlation probably between behavioral health issues and missed appointments. So, we are grateful to DMS for putting in that additional reporting.

Our next meeting will be via Zoom on May 12th at our regular time of 1 to 3. Thank you for this opportunity to present.

DR. PARTIN: Any questions? Okay. Thanks, Sheila.

DR. SCHUSTER: Thank you.

DR. PARTIN: Next up, Children's Health. Okay. Moving along, Consumer Rights and

Client Needs.

DR. SCHUSTER: Beth, Emily Beauregard was not able to come but she said she sent her report and that they did have some recommendations in it.

DR. PARTIN: She did.

DR. SCHUSTER: She got that report to you and to Erin.

DR. PARTIN: She did. I don't have that in front of me. Erin, do you have that handy where you could read those recommendations?

COMMISSIONER LEE: This is Lisa. Erin had to step out for just a moment but I'll see if we can get those prior to the end of the meeting to see if we can read those out.

DR. PARTIN: Okay. Actually, if you all would indulge me for just a minute, I'll pull them up on my computer and read them.

COMMISSIONER LEE: Okay. Thank you, Beth.

DR. PARTIN: Give me a second.

DR. SCHUSTER: While we're waiting, Erin, on behalf of my TAC but also I think people put in the Chat, could Commissioner Lee's PowerPoint be shared with all of the TACs as well?

MS. BICKERS: Yes.

DR. SCHUSTER: And the PowerPoints from the MCOs on the missed appointments?

MS. BICKERS: Yes.

DR. SCHUSTER: Wonderful. Thank you so much.

DR. PARTIN: So, the report is very short from Consumer Rights and Client Needs.

The Consumer TAC met on February 15th. They met remotely using Zoom and a quorum was present.

They discussed a number of regular topics including improvements to Kynect, open enrollment, transportation for 1915(c)waiver participants and plans for completing nearly 180,000 re-determinations once the federal Public Health Emergency ends.

We were pleased to learn that DMS is working on a solution for all waivers and in the meantime will begin reimbursing under Participant-Directed Services starting in March.

We also revisited previous conversations around the state option to cover legally-residing pregnant women and barriers to network adequacy.

Finally, we discussed DMS' plan to provide Medicaid enrollees with free COVID tests through the pharmacy benefit.

And they had two recommendations. The first recommendation was when an MCO member contacts Consumer Service regarding the availability of a provider, the Consumer TAC recommends that the MCO representative be required to disclose the network adequacy rules they are required to meet up front in order for Medicaid members to understand the process for getting an out-of-network provider approved.

The second - Consumer TAC recommends that DMS conduct a fiscal impact study related to lifting the five-year bar for pregnant women who are considered otherwise qualified immigrants under Medicaid.

The next meeting is scheduled for April 19th at 1:30 p.m. on Zoom.

Okay. Next up is Dental.

DR. BOBROWSKI: Yes. Our TAC has been meeting and we are currently short a member. So, we're in the process of recruiting a new member to be on the TAC.

We don't have any motions as of

yet to bring before the MAC but I just want to give a brief report on the Kentucky Dental Association is working on a House Bill 370 which is basically a patient clarity and transparency bill to help in those matters with insurance companies. So, it doesn't have anything to do with Medicaid, per se, but just we are working on that and the TAC is involved a little bit with ideas on that and just have a voice in it, but that will conclude my report.

DR. PARTIN: Okay. Thank you. Nursing Home Care. Home Health Care.

MR. REINHARDT: Hi, everyone. Evan Reinhardt for the Home Health Technical Advisory Committee.

The Home Health TAC met on February 15th and discussed and approved the following recommendations.

DMS should include both home health and private-duty services in the Home- and Community-Based Spending Plan to be submitted to CMS.

Second, all Managed Care Organizations should publish their supplies' order quantity limits and any other relevant information related to ordering supplies, and DMS should require that MCOs move to make these quantities consistent

with one another.

And, finally, we recommend that DMS should be in transitioning supply-only cases to the Durable Medical Equipment (DME) Program while allowing home health agencies to continue to provide care for supply-only cases if they wish to do so.

And our next meeting is on April 19th.

DR. PARTIN: Thank you.

MR. REINHARDT: I'm happy to answer any questions.

DR. PARTIN: Okay. It doesn't look like there's any.

So, we'll move on to Hospital.

MR. RANALLO: This is Russ Ranallo, Chair of the Hospital TAC. The Hospital TAC did not meet since the last MAC meeting and our next meeting is scheduled for April 26th.

DR. PARTIN: Thank you. Intellectual and Developmental Disabilities.

MR. CHRISTMAN: Hi. This is Rick Christman, the Chair of the IDD TAC.

We met via Zoom on March 15th. I think one of the major topics we discussed was the plan for rate review. There was a rate review done

by Navigant I think about three years ago.

Those recommendations were not implemented but this new go-around will be looking at adequacy. And what's good about this review is that we won't be constrained by cost neutrality. So, hopefully we'll have rates that are more adequate.

Another reason why it's necessary is that CMS in D.C. is looking to make sure that our rates are based on a particular or a solid methodology.

The other thing is to get consistency among rates. There's actually two waivers that serve this population and a lot of them have similar services but very different rates and very different rules as to how many units of service can be provided each month which is confusing.

So, we are all looking forward to the development of this rate study which I think is going to be ready perhaps by the fall and working under the leadership of Pam Smith and we're all looking forward to that. Thank you.

DR. PARTIN: Okay. Thank you. Any questions? Okay. Next up, Nursing TAC.

MS. POLITO: Thanks so much. We had the opportunity to meet in February and our next

meeting will be April 14th.

Our last meeting lasted an hour and a half. We had Co-Chair Lisa Lockhart conduct the meeting. At that meeting, we discussed the MCO COVID vaccination incentives and the handout that was sent to Medicaid recipients and this will be updated soon and sent to the Kentucky Nurses Association Board of Directors and the Chapter leaders.

We had an opportunity to discuss the Institute for Medicaid Innovation's three-year Midwifery Learning Collaborative. Kentucky was one of only five states in the country that was chosen to participate in that initiative and I happen to be the Team Leader for that initiative. So, I presented that to the Nursing TAC.

We had an open discussion regarding health care disparities and any inequities of prenatal care and we discussed infant mortality.

We also talked about an article on Medicaid reimbursement comparing certified nurse midwife reimbursement rates to physician rates a round the country and what a disparity that Kentucky has.

And we also reviewed what is in the Legislative Session, what's going on there as it

relates to nursing, and we would like to understand better about when the budget cycle starts and how we can be more influential as a Nursing TAC on budget issues.

I know that there is a proposal for $100 million to be worked into the budget that would cover nursing shortage issues.

And, so, we at that meeting also had a better understanding of our role in making recommendations to the MAC because we haven't so far and we are all in a new tenure in this position on the Nursing TAC. So, Sharley Hughes, who has since retired, really had an opportunity to explain that process to us.

And, so, we came up with two recommendations that I'd like to bring forward to the MAC, and the first one is something that the MAC is already familiar with which is the licensed certified professional midwives should be recognized as eligible Medicaid providers and that would be our first recommendation, and I know this has been on the agenda for the most recent MAC meetings.

And I can go into detail about the background of CPMs and I'll ask maybe Dr. Partin's guidance on how much background this group

requires to discuss the issue further since the Nursing TAC is making this recommendation.

DR. PARTIN: I think maybe we would need to reserve a time where we could have that as a presentation, if you would like to do that, rather than do it during the Nursing TAC report, if that would be agreeable with the rest of the members of the MAC.

MS. POLITO: We felt because the Kentucky Board of Nursing regulates the licensure and practice of LCPMs in Kentucky since 2018 and being nurses, we felt that aligned with our role and that's why we're bringing the recommendation forward to the MAC from the Nursing TAC.

So, that would be our first recommendation and I would defer to the MAC to guide us on how much more we should talk about it since it has already been an issue.

DR. PARTIN: Go ahead and make your next recommendation and, then, we'll ask the MAC.

MS. POLITO: The second recommendation from the Nursing TAC is to increase the reimbursement to not only certified nurse midwives but all advanced practice nurses in Kentucky

to 100% of the physician fee schedule.

It's currently at 75%, and being that twenty-nine states in the country currently reimburse advanced practice nurses at 100%, Kentucky is very behind in that and Kentucky is the lowest rate of reimbursement along with Kansas, Hawaii, Nevada and Indiana. Those are the only other states that have the lowest reimbursement of 75% of the physician fee schedule.

And we have clear evidence that show that when nurse practitioners have an unrestricted practice including 100% Medicaid reimbursement, we know that they work more in primary care.

A high number of practices employ nurse practitioners that accept Medicaid and primary care practices with nurse practitioners are more likely to be located in rural and high poverty areas. So, that really extends the coverage of care that Medicaid recipients can receive.

Our next meeting, then, will be on April 14th. We also have a June 9th and an August 1st meeting voted on, and that is our two recommendations.

DR. PARTIN: Okay. Thank you,

Dee. So, would the members of the MAC like to receive a little bit more information about certified professional midwives perhaps at our next meeting where Dee could provide maybe an update? That probably would mesh well with our update on maternal/child health also at that May meeting.

So, any discussion about that or anybody not want to hear about that?

DR. ROBERTS: I would. I would like to know more about the training and scope of practice and specifically how the other states that have embraced CPMs, how it has impacted their state both with access to care and with quality outcomes.

MS. POLITO: So, I'm going to share my screen and pull up a document----

DR. ROBERTS: I'm happy to hear about it. If you would, I think Beth's direction would be perhaps to include this in a report at the next meeting.

MS. POLITO: Certainly. I would be happy to do that. And I can also have representatives from a professional group of CPMs in Kentucky present as well to answer additional questions. So, I'm happy to do that.

DR. PARTIN: Okay. That would

be great, Dee. At the next meeting in May, we have the maternal/infant health update. We also have updates from the MCOs Aetna and Anthem. And, so, it's going to be a very packed meeting.

So, if you could keep that presentation to about ten minutes, that would work fine, but I think it would be very helpful. I've had this item on the agenda for probably over a year, maybe longer - I don't know - but I think it would be very helpful for the rest of the MAC members to learn more about CPMs. So, thank you.

MS. POLITO: Thanks.

DR. PARTIN: Okay.

DR. BOBROWSKI: I've got a question.

DR. PARTIN: Go ahead.

DR. BOBROWSKI: This is Garth Bobrowski. I know some of the MCOs pay for doula services. I hope I said that correctly. And this is totally out of my territory but please educate me on this. I think it would be good to learn more about the CPMs and their needs and wishes. So, I concur.

MS. POLITO: I'm not sure of which MCOs provide doula services or reimburse for doula services, but a doula is a labor support

person. They have no role in the management of the prenatal care or the birth or postpartum care. They're simply there to provide a great deal of emotional support, and people that really want non-intervention births gravitate toward doula services.

So, doulas and midwives and physicians work together as a team. We all have our distinct roles and doulas can be very beneficial in reducing the rates of epidural use. They reduce the rate of abnormal labor and really promote the well being of the whole family. They're a wonderful asset to the team.

And it looks like Dr. Theriot can include doula information in the May meeting in the Chat she says.

DR. PARTIN: Okay. So, Commissioner, is that correct that doulas are reimbursed by Medicaid?

COMMISSIONER LEE: We do not currently reimburse doulas; however, some of the Managed Care Organizations use them as a value-added benefit.

DR. PARTIN: Okay. That would be helpful. Perhaps when you go through the reports from the MCOs when you report on your value-added

benefits, you could report on that. I wasn't aware that that was reimbursed. So, that would be good information to have.

Okay. So, let's move along to Optometry.

DR. COMPTON: Steve Compton with the Optometric TAC. We met on February 3rd. We had a quorum. We had some nice discussion. We have no recommendations for the MAC and we meet again in May.

DR. PARTIN: Thank you. We have a new TAC - Persons Returning to Society from Incarceration. Do we have a report?

MR. SHANNON: This is Steve Shannon. I'll do the report.

We met on December 9th. Unfortunately, we did not have a quorum. So, we couldn't approve the minutes, couldn't make any recommendations. We did get an update from Medicaid.

We're very eager about the 1115 SUD waiver. I think that will direct our actions pretty significantly going forward and we discussed some legislation.

Actually, we met on March 10th. We couldn't approve the previous minutes and we'll meet again on May 12th. Thank you.

DR. PARTIN: Thanks, Steve. Next up Pharmacy.

DR. HANNA: Pharmacy did not meet. So, there's no report. I believe their next meeting will be on April 13th.

DR. PARTIN: Thank you. Physician Services. Primary Care. All right. Therapy Services.

DR. ENNIS: Good morning. Beth Ennis from the Therapy TAC.

The TAC met on March 1st over Zoom. We did have a quorum. Most of the discussion revolved round access and administrative burden issues. We're working through some different things with the MCOs related to that.

There are no recommendations but we did have a question that we sent prior to that meeting to the Cabinet because we had gotten a question from a member or a therapist about some potential changes to the brain injury waiver that we had not heard about.

So, there's nothing that needs to be addressed during this meeting; but if there are any changes planned to that waiver, we would love to hear about it.

We meet next on May 3rd. Thank you.

MR. CAUDILL: Madam Chair, this is Mike Caudill with the Primary Care TAC. I missed my call there and would like to make a report.

DR. PARTIN: Okay. Give me one second here. I had a question for Therapy Services and then I will come right back to you.

DR. ENNIS: Yes, ma'am.

DR. PARTIN: So, did you get information about that?

DR. ENNIS: We didn't hear back about the response to that question. So, I don't know. It was kind of a left-field question that came from a provider and we have not heard any changes potentially to the brain injury waiver, especially respecting the therapy component of that.

So, if there are any potential possible changes coming up, we would love to hear about them.

DR. PARTIN: Commissioner, are there any changes coming up to that waiver?

COMMISSIONER LEE: There are some minor changes coming up, Beth. Again, if you haven't received information, I will follow up.

Either Pam Smith or I will follow up with you.

We have been addressing questions that we receive related to therapies in the brain injury waiver. I think there's some miscommunication, maybe misinformation out there regarding what we are doing, but I know that Pam and her team have been putting forth various forms of communication, but we'll make sure that we look for the question that you sent and respond back.

DR. ENNIS: I just didn't want to make any comments that were not accurate related to what was going on. So, I appreciate any feedback you can get to me. Thank you.

COMMISSIONER LEE: We appreciate that and we will circle back with you, Beth. I'll circle back just one-on-one after this meeting. Thank you.

DR. PARTIN: Thank you. Anything else?

DR. ENNIS: No, ma'am.

DR. PARTIN: Okay. All right. We'll go back to Primary Care.

MR. CAUDILL: Thank you. Primary Care met on March 3rd, 2022. It was a Zoom meeting. There was a quorum declared, and the next

meeting will be on May 5th, 2022 and there's no recommendations to the MAC.

Part of what was discussed was a report on wrap/crossover claims cleanup July 1st, 2014 to the present.

This is a committee that is formed to address the multiple problems on wrap claims and part of that is getting providers access to threshold information which are the encounters from the MCOs that go into the file that do not actually make it into the DMS system and do not generate a wrap.

One of the problems found and identified is there is a limit of 2,500 entries into the DMS system that can be pulled down and the DMS is working with the providers to provide a best practice to limit the search to fit within those parameters.

The workgroup has also created a tracking document and has gone back and tracked all the issues that have been identified and all the actions that have been taken and all the claims that remain outstanding. That workgroup will meet again in two months.

A question from TAC member Ms. Keyser asked if the workgroup had identified actual

problems with the wrap/crossover claims, and Ms. Cecil with DMS stated that DMS has developed a deliverable such as creating Frequently Asked Questions and planning documents about the process, and the workgroup had discussed the errors the MCOs have found on the encounters and had helped to resolve many issues.

To that end, Ms. Cecil was asked if there was a timeline for getting these deliverables and she stated it may be sixty days or so to pull all of this together.

A common member, Barry Martin, both of the MAC and the TAC, had suggested at this point that it has progressed far enough that it should no longer be called a report on the wrap and crossover cleanup of July 1, 2014 to the present but be renamed the Wrap Workgroup Update and past issues should be regulated to working specifically between DMS and the providers to address individual issues.

As Chairperson, we split that. So, there will be a new Wrap Workgroup Update; but at the same time, the old committee will be left on the agenda at least until the next meeting to give Ms. Cecil an opportunity to talk about the framework that will be put in place concerning how past claims will

be addressed.

The other thing that we talked about was the payment for multi-same-day visits that the TAC had presented to the MAC in May of last year, and Ms. Cecil said that those discussions are still ongoing and that DMS is working with Myers and Stauffer and suggested that this be added to the agenda under Old Business so that she could provide an update and it not slip between the cracks.

And as she is going to be providing an update for the TAC, this committee may want to consider also having that as an agenda item to get an update from the MAC since that was a recommendation that they had accepted back then, and that's my total report, ma'am.

DR. PARTIN: Thank you. So, the TAC is going to receive an update at their next meeting on the multiple visits, payment reimbursement for multiple visits on the same day?

MR. CAUDILL: Yes, ma'am. Ms. Cecil had stated that she would be doing that.

DR. PARTIN: Okay. I'm going to add that to the MAC agenda for the next meeting. I think that's an important issue because a lot of people have a problem with transportation and they do

do multiple visits on the same day.

MR. CAUDILL: That is our findings also, ma'am.

DR. PARTIN: Okay. Thank you very much.

So, having heard all the reports and the recommendations from the TACs, would somebody like to make a motion to accept those reports and recommendations?

DR. ROBERTS: Roberts. Motion.

DR. BOBROWSKI: Bobrowski. Second.

DR. PARTIN: Any discussion? Okay. Anybody opposed? Okay. Then, I will assume everybody is voting in the affirmative. Since we're doing this by Zoom, it makes that a little bit easier.

And, so, the reports and recommendations from the TACs have been accepted.

Next up is New Business, and we have an item from one of our MAC members, Jerry Roberts who asked a question at our last meeting to clarify the - what do I want to say here - the denials for certain CPT codes and the request for PA on services that are required at the time that the

patient is seen and very difficult to provide care when you have to stop and try and get approval on the same day when the patient is there.

So, Jerry, would you like to speak to that?

DR. ROBERTS: Sure. There were a couple of issues that we had kind of encountered. One of the main ones particularly for WellCare, when I have a diabetic patient that comes in with a wound, it's really a breach of the standard of care not to immediately debride that wound. However, WellCare requires a PA for that.

And this is one example where, you know, I understand PA's are necessary in the modern business of medicine, but this is a common-sense one that really should go away.

The other part of my question at the previous meeting was really looking at the denial, kind of the most common denials or reasons for denials. They raise administrative costs for both the practices and for the MCOs.

And if there could be more communication from the MCOs as to, you know, kind of what their most common denials were. And I appreciate there are twenty different specialties

here and six different MCOs and there's a lot of factors in play; but the more communication that we can receive on denials, then, we can prevent them from happening.

Another thing that I communicated to Beth the other day was I've had a number of incidences where when we're trying to get a PA, particularly for MRIs, we'll go through a third-party service like eviCore or I'm sure each MCO uses their own kind of third party to funnel these.

For instance, they will say, well, we're going to deny your MRI because you didn't do an x-ray. And, then, we have the person on the phone look at the note and the x-ray report was there. These are a silly waste of time.

But my question there was is there a mechanism to report back to the MCO directly and say, hey, look, your third-party evaluators are not doing the job.

So, these were things that I think really need to be addressed because they're insanely frustrating.

DR. PARTIN: So, I really appreciate your bringing that forward because I think this is an issue not only for your profession but for

a lot of different providers.

As you noted, there's quite a number of different providers that have to go through the system; and when you receive a denial that says not medically necessary or not included in the Plan, it's not very helpful as to why it was denied and what the provider needs to do in order to get the medicine, procedure, test, whatever approved.

So, to Jerry's point, I was wondering if the MCOs could report to us back about what their criteria is for the denials and also give us a little bit more detail as to the reasons for the denials and not just not medically necessary because if a provider was ordering the medication, test or procedure, the provider certainly thinks it's necessary.

So, it would be very helpful to have feedback as to more information as to why the MCO deems it not medically necessary. Does that pretty much sum it up, Jerry?

DR. ROBERTS: I think that's very accurate.

DR. PARTIN: Okay. So, we really have a pretty packed meeting for May. So, if we could maybe get - maybe other MAC members could

chime in with your ideas on this. Would a written response from the MCOs be helpful or should we put it off to the July meeting?

DR. ROBERTS: I would request a written response in the coming weeks. I'm okay with more firmly re-addressing this in the July meeting because I know the next meeting is pretty full, but that would give them some time perhaps to look into it because this is, as you mentioned, this is - I mean, you're talking about probably tens of thousands of codes and a lot of unique situations.

To give a ten-minute presentation and describe what medical necessity is across essentially every code that we bill is not probably feasible, but I think if we could get, on the denial issue, if we could get some clarity in a written report and, then, re-evaluate how we're doing in July, but I would like WellCare to specifically look at the wound debridement code requiring a PA.

DR. PARTIN: Okay. If nobody has any objection, I would agree with that. And I would extend that to all the MCOs to report on that, not just WellCare and, then, MCOs to also report to us the criteria that you use in order to make your assessment on whether something is going to be

approved or denied.

And, so, when I say medication, test, procedure, those are all like medications/ tests/procedures.

So, if it's okay with the MAC members, we'll request a written report maybe in the next six weeks so that we'll have that in hand. And, then, if there's any questions, we can bring those questions up at the May meeting.

Would that be agreeable to our MAC members?

MS. EISNER: Yes.

DR. HANNA: Yes.

DR. BOBROWSKI: Yes.

DR. PARTIN: Okay. Thank you, everybody.

COMMISSIONER LEE: Dr. Partin, I think that both Dr. Theriot and Angie Parker have their hands up and they may have something to add to this conversation.

DR. PARTIN: Okay. Thank you. Like I said, I can't see them.

COMMISSIONER LEE: I completely understand. We'll sit here and help. Dr. Theriot, you had your hand up. I saw yours first. Do you

have something to add to this conversation or another comment?

Then, after you speak, Angie Parker, I saw your hand up, too.

DR. THERIOT: Thank you. I wonder if Angie and I have the same thing to say. Angie and I meet with the MCO Medical Directors once a month and it's a great group and we have different task forces that we're working on different issues.

And yesterday the PA issue came up as another task force that we need to work on as a group mainly looking at provider abrasions, looking at PA's that maybe are always approved. If they're always approved, that's a waste of time for the providers as well as the MCOs.

So, this is on our agenda to look at as a group of all the MCOs and try and make some positive changes.

So, Angie, what were you going to say?

MS. PARKER: That wasn't exactly what I was going to say but thank you for bringing that up regarding the Medical Directors because we did, as Dr. Theriot did say, we did talk about this yesterday.

And the conversation regarding doesn't meet medical necessity, there should always be a reason, not - a clinical reason of how it does not meet medical necessity on the denial letter. And if it's not, then, you need to let us know.

But I was also going to add, this question was part of each of the MCO reports that are going to be done in the next three meetings.

So, I wanted to make sure that you remembered that because each MCO will be presenting that information to that specific question on their presentations as well.

DR. PARTIN: Yes, I knew that was on the request for the presentations but I thought that when I further talked with Jerry that there was more information that we needed than could be reported on a metric.

MS. PARKER: And that's fine. I just wanted to remind you that that is also on their presentations as well. I mean, we can certainly get that information before the May meeting from each of them.

DR. PARTIN: Yes, I think that would be helpful because I think our question is a little bit broader and deeper than what Dr. Theriot

just said the Medical Directors were looking at.

So, if we could have a written response in about six weeks, that would be real helpful and, then, if we have questions, we can bring it forward at the May meeting and that will be a little bit quicker than having a big discussion about it in May.

MS. PARKER: Thank you.

COMMISSIONER LEE: I think Dr. Fatima Ali has her hand up also.

DR. ALI: Yes. Thank you, Commissioner. I did want to add from a medication PA perspective to Angie's point that the clinical reason for denial is listed on all the MedImpact denial letters. If you're not seeing that reason for denials, certainly bring it up and we can escalate those concerns as needed.

DR. PARTIN: Okay. I have not seen that on the medication denials. It just says that it's not included in the Formulary.

DR. ALI: Okay. If you can send over some samples or claim-specific information, we can certainly look into that for you.

DR. PARTIN: Okay. All right. If I can find a denial letter. Sometimes, once

they're denied and we re-address it, we don't keep the letter. So, I'll have to wait until I get another one probably.

COMMISSIONER LEE: Dr. Partin, I don't see any other hands up.

The one thing I would like to offer also based on this conversation and just listening to it is the MAC is very well-positioned to request any sort of report that they want from the Department if we can get it.

And I would think that if you wanted to start looking at the top ten denied reasons just in general, in aggregate, not broken out by MCO or fee-for-service or anything like that, but if we started looking or this committee started looking at maybe the top ten denied procedure codes or top fifteen procedure codes and maybe kind of started thinking about are there any interventions?

Do we need to look at some of these denied codes? Do we need to - you know, what do we need to do?

But, again, I would leave that up to this committee if that's something that they wanted to look at, but we can definitely supply reports based on top denied procedure codes if that's

something that this committee would like to take on and look at and, again, thinking about that moving Medicaid from just a payer to a driver of health care policy perspective.

DR. PARTIN: Okay. Would the MAC like that information?

MS. EISNER: Yes, please.

DR. PARTIN: I think that would be very helpful.

Okay. I don't know that we will be able to fit that into the May meeting. We might have to start working on that in July if that's okay.

COMMISSIONER LEE: So, what we could do, Dr. Partin, is I could run a couple of reports and send it out to the MAC and you all could kind of look at it.

And because I don't think it's something that you're going to be able to look at that list and say this is what we want, you're going to need some conversations about which ones you'd like to look at.

So, I think just looking at those top denied codes may give you all some sort of direction at your future meetings on some of the

tasks that you would like to focus on and some of your priorities.

DR. PARTIN: Okay. Thank you. Does anybody have anything else they would like to bring forward at the meeting?

Okay. Then, would somebody like to make a motion to adjourn?

MS. EISNER: I make that motion.

MS. ALDRIDGE: I'll second it.

DR. PARTIN: All in favor? Okay Thank you, everybody. It was a good meeting.

MEETING ADJOURNED