CABINET FOR HEALTH AND FAMILY SERVICES
ADVISORY COUNCIL FOR MEDICAL ASSISTANCE

September 24, 2020
10:20 A.M.
(All Participants Appeared via Zoom or Telephonically)

SPECIAL-CALLED MEETING

APPEARANCES

Elizabeth Partin
CHAIR

Nina Eisner
Steven Compton
Susan Stewart
Jerry Roberts
Catherine Hanna
Ashima Gupta
Ann-Tyler Morgan
Garth Bobrowski
John Muller
John Dadds
COUNCIL MEMBERS PRESENT

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AGENDA

AGENDA
(Continued)

DR. PARTIN: I'm so sorry I'm late. I had my times mixed up. I thought I had an hour and I didn't. Somebody just texted me.

MS. HUGHES: You can go ahead and get started. We do need all the MAC members to unmute your video or start video, click on your start video button. And, Beth, I had gone ahead and told them that for the MAC members, they can either just interrupt or there's a way you can - I'm sorry. You can raise your hand under Reactions; but probably for the MAC members, they can just go ahead and speak up anytime but just go ahead and go through your agenda. I know you've got a lot on the agenda. So, we can go ahead and get started.

DR. PARTIN: Okay. Thank you, Sharley. We'll call the meeting to order, and I'd like to welcome the new members.

Dr. John Muller will be replacing Jay Trumbo from the Kentucky Association of Health Care Facilities. Nina Eisner will be replacing Chris Carle from the Hospital Association. Dr. Catherine Hanna will replace Julie Spivey from the Kentucky Pharmacy Association, and Dr. Garth Bobrowski will be replacing Dr. Susie Riley from the Dental Association.

So, welcome to you all and I thank the others for their service. Some of them had a long service to the MAC, and, so, we're much appreciative of that.

MS. EISNER: My name is pronounced Nina instead of Nina.

DR. PARTIN: Thank you. So, let's go ahead to the roll call, then.

MS. HUGHES: I don't think Teresa is on here. Do you want me to do a roll call for you?

DR. PARTIN: Sure.

(ROLL CALL)

DR. PARTIN: Do we have a quorum?

MS. HUGHES: I'm pretty sure you do.

DR. PARTIN: Thank you. Sharley, could you send us an updated list of all of the MAC members to each of the MAC members with our contact information?

MS. HUGHES: Yes, ma'am.

DR. PARTIN: Thank you. Approval of minutes from January, 2020. Would somebody like to make a motion to approve those

minutes?

DR. COMPTON: Madam Chairman, Steve Compton. I so move.

DR. PARTIN: Thank you. Second?

DR. GUPTA: I second the motion.

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

Then, let's move on to Old Business, and I think our Old Business, well, mostly run into the Commissioner's report.

So, first on the agenda under Old Business is the MCO contracts, if we have any update on those.

COMMISSIONER LEE: Good morning. Welcome to our very first virtual MAC meeting. This is very exciting. I know we haven't seen each other since January. So, it's good to see all of the faces and some new faces.

Regarding the MCO contracts, as you know, we awarded contracts earlier this year. We have two new players in the MCO arena which is United Healthcare and Molina Healthcare.

There was a protest. That was resolved but we still have some current litigation

going on related to the contracts.

The current five MCOs have all had their contracts extended to December 31st, 2020, and the new contracts are set to begin 1/1/2021.

And during the course of events, I'm sure you've read and heard that Molina bought Passport and all of its assets effective September 1. So, Molina is now operating Passport by Molina Healthcare I believe is the name that they're going by.

So, again, the current five contracts have been extended to December 31st of this year and new contracts will begin 1/1/2021. We have a couple of new players and current litigation.

DR. PARTIN: Thank you. Is there anything in particular different about these contracts from previous contracts?

COMMISSIONER LEE: There are some slight differences; and I think as we get into the agenda, we'll talk about some of those. For example, the single Pharmacy Drug List will be effective 1/1/21. So, there are a few slight differences, and I think Stephanie Bates is on the line and she could give you a quick overview of some of the major changes going forward on 1/1/21.

Stephanie.

MS. BATES: Hello. So, I actually have a document that has been shared before. I believe we even shared it with the MAC, but I'll be happy to share it. It lays out all of the changes, if that would be helpful.

DR. PARTIN: That would be very helpful. Thank you.

MS. BATES: Okay.

DR. PARTIN: Next is an update on the Formulary consistent with Senate Bill 50 that was just passed.

COMMISSIONER LEE: I'm not sure if any of you watched the Medicaid Oversight Advisory Committee meeting yesterday. We did present on Senate Bill 50. We are on target to have a contract January 1st, 2021. However, as you know, having the signed contract at full implementation or execution of that contract will take a little bit of time due to system changes, communications and approvals with CMS, that sort of thing.

But we do have beginning January 1st, 2021, all five MCOs will be using the fee-for-service Pharmacy Drug List. So, we will have a single PDL in place by January 1st of 2021.

DR. PARTIN: I was reading a summary of that meeting from yesterday, and is it correct that if any new drugs come on the market once the Formulary is established, then, it will be up to the MCOs to decide if they're going to include that new drug?

COMMISSIONER LEE: Dr. Joseph can address that question.

DR. JOSEPH: Sure. Hi, everyone. So, as new drugs come to the market, we do have a process to evaluate them. The Preferred Drug List itself is made up of drug classes.

And, so, if a product is coming out and it pertains to a drug class that is already within the Preferred Drug List, then, we will establish, you know, if we need to set quick prior authorization criteria or specific clinical criteria, that's depending really on the product itself.

For drugs that come out and are new to market and are not on a drug class that's already within the Preferred Drug List, then, the MCOs will have the ability to determine the clinical criteria coverage around it.

DR. PARTIN: Will it be just for that year or will that be in perpetuity?

DR. JOSEPH: It would be just until we get the drug up to our P&T Committee. So, once the P&T Committee comes around and had the chance to review the product, at that point in time, we would have done our research into the product, the FDA label. Any specific clinical criteria that we would like to establish, the P&T Committee would make the recommendation to the Commissioner.

DR. PARTIN: Okay, great. This is something that we have been wanting and waiting for for a long time. So, we're really appreciative of this.

Anybody have any comments or questions about this?

Then, we will move on to the next item which is CPT code for no shows. And we discussed in previous meetings that the dentists have a code that they can use for no shows but other providers don't have that ability.

And, so, the question was will there be a CPT code developed for other health care providers to use a no show code or could we possibly use the dental code?

COMMISSIONER LEE: I have some good news around this front. We pulled together our

technology team consisting of the Office of Administrative and Technology Services and they pulled in their partners DXC. We talked about the issue.

And what DXC has come up with I think is probably better than a code for no shows. We can change the KYHealth-Net channel and it be a channel specifically for providers to go in and document a no show. This would negate the need for submitting a claim. A little bit of an administrative action would be needed, but we could create that screen if you think it would be beneficial for you to go in for all providers. Even dental providers could stop submitting the claims.

We did an analysis and we found that there are a few dentists submitting claims for the no show but it's less than 1% of the total claims that are being submitted. So, this would actually be a panel on KYHealth-Net that providers could go in and document.

So, if the MAC wants us to pursue that, we will have to do some system changes and, then, we could do some training out on the web to show providers how to insert documentation related to the no show. It would also allow providers to do

some analysis based on your no-show rate, for example, to the providers that are similar to you.

DR. PARTIN: Would this allow DMS as well as the provider to track the no shows?

COMMISSIONER LEE: Yes, it would, and I think it would be a good use of our resources to kind of identify those individuals and see if there are specific areas in the state where people have a high rate of no show, some of the other factors so that we could actually cut down on the number of no shows and make sure that individuals are actually receiving the care that they need.

DR. ROBERTS: Beth, that was my question. It's great to be able to track something, but if there's not an intervention, then, the tracking itself is kind of worthless. And, again, tracking is only useful if the majority of people use it.

Do you envision a program by DMS directly - this is Jerry Roberts, by the way - do you envision a program by DMS directly or facilitated through the MCOs for that?

COMMISSIONER LEE: This would be strictly through the Department. It would be KYHealth-Net. Providers would go in and enter the

information, and the providers as well as DMS could monitor that information to see what interventions we may be able to implement to ensure individuals are receiving access to care and actually getting to the services.

DR. PARTIN: Excellent. Will you send out or will DMS send out something to the providers to instruct us how to log on and how to enter that information?

COMMISSIONER LEE: Yes. We'll have to circle back with our technology team and see how long it will take to implement this. Before we moved forward, we wanted to discuss it with the MAC to see if it was something that you were agreeable with and wanted us to move forward with the changes in the system.

Once we do the changes, we will reach out to all the providers. We'll have some training sessions. Based on what I have seen, it seems to be very simple. Like I said, it will just be another panel in KYHealth-Net for the providers.

DR. BOBROWSKI: Garth Bobrowski. Dentists have used these codes for a while and it is kind of a tracking method, but sometimes for our staff handling that, it's almost like it's one more

thing we've got to do. We try to document it in their chart where they didn't show up. We don't try - we do - but I just worry about the one more thing our staff has got to do, especially when you're busy answering the phone and getting patients in and out and taking temperatures and all that other stuff. That's my two cents' worth.

DR. GUPTA: This is Dr. Gupta. Do other states have something like this that they use?

COMMISSIONER LEE: As far as I am aware, other states use the dental no-show code but I don't think that there are any states that I know of that are tracking no shows with this method.

DR. GUPTA: I think it's a great start. We need to do something. So, I think it's a great start.

DR. PARTIN: Yes, I agree. I think it will be helpful. And as we go along, we can tweak things if they're not working out or if we're having trouble accessing the site or inserting the information, but I think, as Dr. Gupta said, it's going to be a good start for us, something we've needed.

So, we're moving ahead and I'm

appreciative of that. Does anybody else have any comments related to this?

Then, let's move on to the next item that we have discussed for years actually - problems related to MCOs not requiring participants to see the assigned providers and inappropriate assignments; for instance, pediatricians assigned to adults or physicians who see just hospital patients being assigned to primary care doctors.

And, also, the problem related to it is that when our patients who are - when I say our patients, the patients that are in our practices - go to other providers, it's not possible for the provider who is on the patient's card to sometimes match the requirements for monitoring or meeting the standards.

So, I think it's a pretty big issue, especially when you receive letters from the MCOs telling you you're not meeting the metrics and you haven't seen the patient in years, it makes it kind of difficult. So, where are we on that?

COMMISSIONER LEE: I do remember us discussing this at the January meeting. I know Medicaid members have a freedom of choice.

And I would like to say that I

understand adults being assigned to pediatricians. It seems like that's something that should be simple to solve looking at the age of an individual and making sure adults are not assigned to a pediatrician.

So, I'm curious. It seems to me, Dr. Partin, that the bigger issue is when the MCOs send you or any provider a letter saying you're not meeting the metrics when you haven't seen those individuals.

And I think if we could get some examples of those letters and give them to the MCOs to try to figure out what we can do going forward with this because I don't think that it's fair if you're going to be holding our providers to certain metrics when the members are not going to their offices.

So we need to figure out is it up to the MCO to force that member to go to a provider or is it up to the providers to do outreach to those members and make sure that they come in or remove them from that panel.

So, I think this is going to have to be a conversation that we continue to have. So, I would request that I have some specific

examples, maybe the letters that the MCOs send, and if you have anybody who is mis-assigned, to let us know so that we can continue to look into those issues.

DR. PARTIN: As far as the providers notifying, we don't know who is assigned to us. So, that makes it difficult.

And, then, the letters we receive, they're not specific. They don't say Janie Smith is not meeting the metrics. They just give you a score. So, we don't know who isn't showing up because we don't know who is assigned to us other than the people who show up.

Passport is the only one that has their members see the providers who they are assigned to, and, to me, that makes it much easier. And if a patient wants to change providers, it's pretty easy to do.

When they come to our clinic, if they're assigned to another provider and they have been coming to my clinic for years, it's a simple phone call. Our front office calls up and hands the phone to the patient and the patient changes providers on their card.

It takes a little bit of time

but it's not horrible as far as time-consuming, but it allows you to, then, know who your patients are.

So, when we get the letters, we can share them but it won't be anything specific. So, we don't know why we're not meeting the metrics, but we know that there are patients coming to our offices who are not assigned to us.

COMMISSIONER LEE: I think these are conversations that we'll continue to have. And I guess the overarching message from the Department is our members do have choice as to where they go. So, we need to kind of figure out, Dr. Partin, especially I guess for your clinic what the overarching issue is and that's the metrics that the MCOs have.

And I think later on the agenda, we have MCO reports to be scheduled and maybe that's something that we need the MCOs to speak to when we start scheduling them to come before the MAC.

DR. PARTIN: Okay. So, I will leave that on the agenda for upcoming meetings. You know me. I'll just move it forward.

MS. EISNER: This is Nina. I had a little Zoom emergency and I lost the screen when we were talking about the CPT codes for no shows. So, I'm sorry for going back to that issue,

but I was wondering if DMS will be paying providers for no-show appointments?

COMMISSIONER LEE: Not at this time, no, we will not. We'll be trying to maybe identify some areas for intervention to ensure that the members get to their services but we don't have a plan to pay for no shows.

MS. EISNER: Thank you.

DR. PARTIN: Anything else? Then, let's move on. This is followup on discussion regarding how people can sign up for Medicaid without putting family members who are not legal residents at risk. So, has there been any discussion on that at DMS?

COMMISSIONER LEE: Earlier this year, we did with the help of some of our advocate community put together a letter regarding the Public Charge Rule and we have posted that on line. I believe that may alleviate some issues and make it more clear who is subject to the Public Charge Rule and how they can sign up.

We haven't had much discussion related to individuals signing up for Medicaid without putting their family members at risk, but I think the Public Charge letter is a step in that

direction and will help individuals know when and what benefits they can apply for.

DR. PARTIN: Okay. Thank you. Any other discussion on that?

At the last meeting, it was reported that there would be a stakeholder meeting to discuss the Medicare rule to allow care in schools was to take place. What was the outcome of that meeting?

COMMISSIONER LEE: The program was called Free Care for a while but it's called Expanded Care in Schools. As you know, prior to this legislation going into effect, schools could only bill for services provided to children who had an Individualized Education Plan.

So, what the Extended Care in Schools will allow now is it will allow schools to bill for services to children who do not have an IEP. We have modified our system. The Department of Education has been doing some webinars with their provider groups and schools can now bill for services outside of a child's IEP for Medicaid eligible children.

DR. PARTIN: And how is that being operationalized? Are clinics actually going in

to the schools?

COMMISSIONER LEE: So, it depends. Some schools have contracts with clinics. In that case, nothing changes. But in the event that a school wants to bill for services let's say maybe for counseling services, the schools actually bill for that service that is providing the service to that child in the school.

If schools have current contracts with clinics, maybe some have contracts with public health departments or with FQHCs, RHCs, those contracts and the billing practices will not change. It's only when the school chooses to bill for a service provided to a child in school that they are eligible to bill for.

DR. PARTIN: So, the school would be the employer of whichever provider they were using and, then, the school would bill.

COMMISSIONER LEE: Yes.

DR. PARTIN: Okay. Any questions on that?

Then, we move into your report, Commissioner.

DR. BOBROWSKI: When I was looking over the agenda, I may have misunderstood

part of that. We had an area school district around us here that last year kind of during all the flu stuff, they sent out letters to all the students and the parents that if your child is sick - I'm looking at this as a public health standpoint - they sent letters to all the parents if your child is sick, put them on the bus, send them to school, we have a nurse here.

It took about a week of that or two weeks and they sent out another letter - don't send your sick kids to school.

And, like I said, I may have misread the point of that on the agenda, but what are your all's feelings on the use of school nurses? Some of those children were being sent to school and they did not need to be at school. Then, the school could not get a hold of the parents to come back and get them, but any thoughts on that aspect of the public health part of the school nurse?

COMMISSIONER LEE: Well, the Expanded Care in Schools actually allows the schools to bill for services for a child when they don't have an Individualized Education Plan, and the services would include behavioral health services, for examples, those types of things.

I don't think that the relationship with the school nurse and how those types of things are handled are going to be any different.

DR. PARTIN: Garth, the way it works in Adair County is there is a clinic who is contracted with the schools and they actually have a clinic in place, but people don't send their kids to school sick and they're not asked or encouraged to do that.

It's just if the child becomes sick at school, then, there's a nurse practitioner there at the school to see them if the parents have signed permission for that to happen, but the parents can still come and pick up their child and take them to their primary care provider if they choose to do so.

DR. BOBROWSKI: This was a different school district and I think it didn't take them long to reverse their policy. Thank you.

DR. PARTIN: You're right. That would be not a good thing to send sick kids to school.

Commissioner, we are ready for your report.

COMMISSIONER LEE: I would like to welcome the new members to the MAC. This is our first meeting since January. I'm glad to see everybody's faces. I know that COVID has really changed the way we're all doing business right now, and I think it's probably a really dark time for us, but I think that it also provides opportunities for us to look at how we deliver services to make sure that we are meeting the needs of the Medicaid members.

And what I have continued to share in this forum and in public forums is that the Medicaid Program was created for the Medicaid member. We can't take care of our Medicaid members if we don't take care of our providers and listen to them and try to build a better health care delivery system.

And I think that COVID has turned our world upside down, but, again, it may provide some opportunities for us to build back a health care system that was better than what it was before.

So, I appreciate all of you and the dedication that you devote to the Medicaid Program, your service to our members and helping us

keep us updated with information and events that are going on in the communities that impact our members and our services.

So, I have a couple of updates related to events that have been happening that are non-COVID related but COVID has necessitated the need for Medicaid. We are now right at 1.6 million members in the Medicaid Program. We have a $14 billion budget and that's $14 billion that's being funneled out into the provider community.

So, we are somewhat of an economic engine in the state right now, but 1.6 million members. Quite a few individuals need our services right now during COVID due to loss of jobs or employment, health insurance, those sorts of things. So, our enrollment numbers are definitely up.

We created, as you may have seen through the Governor's press conferences, we have created a Presumptive Eligibility Enrollment Forum that is online during the state of emergency. The Cabinet has been designated as the entity eligible to grant presumptive eligibility. That's helping some individuals get into the program quicker until they can complete the full application.

Individuals on presumptive eligibility, of course, get temporary eligibility for Medicaid. They do receive all of the services that traditional Medicaid enrollees receive but it is temporary until they can get their full application get into the system.

We have suspended copays during the COVID emergency, and we have also looked at suspending copayments moving forward.

So, we drafted a regulation with no copays for Medicaid members. There were some discussion with LRC because we have a statute, a KRS, that states that Medicaid shall collect copayments and they have three primary areas of copayments which was non-emergency use of an ambulance, non-emergency use of an ER and prescription drugs.

So, what we have done is modified our copay regulation to allow $1 for each of those services. The copay will be $1 for those three services. Once an individual pays that first $1 copay, they will be exempt from future copays.

So, our hope again was to have a zero copay but that is what we ended up settling on and that was approved. That regulation did pass the Reg Review Committee and we are hoping that we may be able to go back during Session and amend that reg to

eliminate copays because we do know that copayments are burdensome for the providers and that their reimbursement is reduced by the amount of that copay whether or not you collect it. So, we believe that eliminating those copayments would benefit both the member and the provider.

We talked about Senate Bill 50, of course, but there was some other legislation during the Session that required the Department to develop an 1115 Waiver for the treatment of substance use disorder for incarcerated individuals.

So, we have been working diligently on that waiver, and Leslie Hoffman has been leading up that effort, and I can have Leslie give you an update on that SUD waiver.

MS. HOFFMAN: Good morning. So, we submitted a draft to CMS and had them to review it for completion. It looks like we're doing really well. They only had one comment for us. We're very excited about it.

This will provide services behind the walls to incarcerated members. We did define the population for incarceration to include day one which would catch the pretrial members that sat for so long in the jail system without any

services. So, we have included those members.

And we've also included a care coordination piece for the last thirty days to connect with their MCO of choice that also included a small piece of care coordination related to residential which is a big issue not only in our state but all the other states as well.

We look to have that out for public comment. I've got my fingers crossed for the 30th of this month, the last day or maybe even a day or two prior to that.

Once it is out for public comment, it will be thirty days and, then, we'll get those comments back and we would have to resubmit it to CMS.

The only thing I do want to mention from CMS is they are developing their own guidance for State Medicaid Directors and what best practice will be and what their stakeholders are suggesting. So, those comments are kind of waiting for our waiver.

We're kind of, for lack of better words, the guinea pig and we will be the only state in the nation to get this approved if we do. So, it's very exciting and it's a very much needed

service that we've talked about for years in Medicaid.

So, again, we'll go out for public comment around 9/30 and, then, back to CMS around 10/30. I do expect it to take a while, though, for CMS to make a decision or approval but they have been very good for us to work with and it seems like they are hoping that we can push this through. Are there any questions?

DR. PARTIN: Thank you.

MS. HOFFMAN: Thank you. And you can reach out to me if anybody has any questions.

DR. PARTIN: Thank you.

COMMISSIONER LEE: And we have several other things going on. I have a list here, but I think in the interest of time, I will highlight just a few things right now.

For example, we are moving forward with a program of all-inclusive care for the elderly, PACE. That is in the works and I think Lee Guice is on the phone and she can give you an update on what we have been doing for the PACE Program and where we stand with implementation.

MS. GUICE: Good morning to everyone. The PACE Program is a central location for

a provider who covers all services all the way through nutrition and meals, if needed, transportation, if needed, plus all health care, and that includes both physical and behavioral health, one place, one group of services.

We have two applicants that are going to apply to CMS, in fact, tomorrow. They've got to expect to be able to make it through that process. They will be covering several counties, one located in Jefferson County, one located in Fayette County and they will cover surrounding counties.

We anticipate one to open in Lexington in July of 2021 and, then, one to begin serving the Louisville area in January of 2022.

We're very excited about this program. We think it will be a great - I'm sorry, I lost my word - alternative, a great alternative to nursing facility care. Individuals would have to meet nursing facility level-of-care in order to apply for the program and that's what we're hoping will be another great alternative to nursing facility care.

If you have any questions about that, please reach out and we'll be happy to answer them.

DR. PARTIN: So, will this

program, since you say they'll have to meet nursing home requirements in order to be admitted to the program, so, this program includes home health care? Like, if a person needs an assistant in their home, it will cover that?

MS. GUICE: Yes, ma'am.

MS. EISNER: So, Lee, everything except the residential component?

MS. GUICE: I'm sorry. Residential as in?

MS. EISNER: Everything that a nursing facility would do except for the residential component.

MS. GUICE: Oh, yes, ma'am. All of the individuals will remain in their home.

MS. EISNER: Okay. Thank you.

DR. PARTIN: This is new to me. So, I'm trying to visualize what it would be. So, there will be somebody who comes in to the home and helps clean the home and fix food and provide bathing and whatever else the person needs? All those things will be provided?

MS. GUICE: So, if that's necessary, yes. If you want some general information about PACE services, the National PACE organization

has a good brief overview on their website and you can Google P-A-C-E and it will come up. This is a brand new service to Kentucky but it's not a brand new service. So, there's information out there to give you some pretty general overviews on what the services are.

DR. PARTIN: Okay. And, then, how does a person get accepted? Does their primary care provider have to refer them?

MS. GUICE: No. There will be an enrollment process. There will be some outreach. There will be an enrollment process. We'll do some education on the availability of the services.

So, it's an assessment process but you won't have to be referred by a primary care doctor.

DR. PARTIN: So, a person's family or a participant could ask to be evaluated to participate?

MS. GUICE: Yes, absolutely.

DR. PARTIN: Okay. Thank you. Any other questions? Thanks, Lee.

COMMISSIONER LEE: Daniel Essek has his hand up. Do you have a question, Daniel?

MR. ESSEK: Yes, I do. Is there

an age limit for this or is it just for seniors? And it's to keep them in the community rather than in a facility, right?

MS. GUICE: Right. It is to keep them in the community rather than in a facility, and I should have mentioned the age limit, Daniel. Thank you for asking. You have to be fifty-five or older.

COMMISSIONER LEE: Any other questions or shall we move on?

Some of the other things that we're working on right now, as you know, we issued an RFP for a credentialing verification organization, a CVO, which would allow all of our providers to be credentialed through one organization and, then, the MCOs would accept that credentialing.

We did award that RFP but it is currently under protest. So, there's not a lot we can say about that right now.

The other major initiative that we're doing that is required by CMS is our electronic visit verification. That is specific to the Home- and Community-Based Waiver Program and we have Pam Smith available to just give you a little bit of a brief overview on the electronic visit verification,

EVV, process. Pam.

MS. SMITH: Thank you, Commissioner. So, we are in the full process of finishing testing with EVV. Registration for providers will open at the end of October.

Training actually begins at the beginning of October and there are training specific to the employees that will be using it, as well as administrators from the provider agencies that will be using it.

We actually have the soft go-live scheduled for November 17th. That will allow providers to go in and start scheduling visits using the system. They can choose to pick a few of their participants and use it for their employees and their visits ahead of the hard go-live which is January 1 of 2021 where they will be required to use it for all personal care type services.

And on our EVV website, there is a nice table that goes through each of the waivers and what services are required and, then, the claims also will be billed from Tellus to the MMIS beginning in January.

If anybody has any questions, they can reach out to me and I'd be glad to answer

those.

COMMISSIONER LEE: Thank you, Pam, and I think that's all we have for our update right now and I encourage any of you to reach out to me or any of the Division Directors if you have questions or you can funnel that through Sharley. You can send through Sharley any questions that you have related to Medicaid that you would like for us to address at the next MAC meeting.

DR. PARTIN: Thank you, Commissioner. Under Old Business, I skipped over MCO reports to be scheduled. So, we just need to take a few minutes to talk about that.

Usually what we do or for those of you who haven't been present when we've done this before is we schedule two of the MCOs to come and give us an update on what they're doing, and we have a specific panel of questions that we ask for them to meet in order to give their presentation.

So, Sharley usually takes care of scheduling that. Do we have any people who would prefer to see any MCO in any particular order?

MS. HUGHES: Dr. Partin, I don't know if you all recall because I know it's been a long time since we met, we did have the MCOs

scheduled, I think, for March and May. And they did provide the presentations and I sent those out to you all with the material that they normally present and it is all out on the website.

So, do you all still want the MCOs to come and present that information?

DR. PARTIN: I would in particular like to hear from Passport, Molina and United Healthcare in the coming year and even before that. If they would want to come at the November meeting so that we could get to meet them and get an idea of what their plans are.

COMMISSIONER LEE: That would be a good idea, Dr. Partin. We'll reach out to both of them and request that they come and present at the November meeting.

DR. PARTIN: Thank you. So, next up are our TAC reports, and this time, it's time for Behavioral Health to go first.

DR. SCHUSTER: Good morning, everyone. It's Sheila Schuster on behalf of the Behavioral Health TAC.

I actually submitted two reports in your packet. One were the minutes from the March 11th meeting. I think we were probably the

last TAC to meet before everything in Frankfort got shut down with COVID.

We were very grateful to have Commissioner Lee and Dr. Allen Brenzel who is the Medical Director from the Department for Behavioral Health, Developmental and Intellectual Disabilities, and we had an extremely robust discussion I would say about targeted case management.

This is a service for people with severe mental illness, substance use disorder or co-occurring mental health and substance use or with chronic health conditions or children with severe emotional disturbances.

It's kind of the guiding light. It's holding your hand to make sure that you get to the services that you need, and we were running into a significant problem with some of the MCOs requiring extensive prior authorization and then denying the service.

And, so, we had, as I say, a very robust discussion. We probably had sixty or sixty-five people in the room. We had a lot of community providers who were very concerned about this, family members and consumers, and we were very grateful that the Commissioner stated that she wanted

to get some data, that she would like for Medicaid to make its decisions based on data.

And at that time or shortly thereafter, she suspended all prior authorizations for behavioral health services during the pandemic period. And, so, we were extremely grateful for both of those.

We had some other issues. We got some updates from the SUD waiver for people that are incarcerated which you just heard from Leslie Hoffman about and we had no recommendations from that meeting.

You also have the minutes from our September 9th meeting and we continued that discussion on targeted case management with Commissioner Lee and Dr. Brenzel. And we were appreciative that Commissioner Lee presented some data on targeted case management, the claims for targeted case management for the last two years, July of 2018 through June of 2020, for both children and for adults and for both of the fee-for-service program and, then, the MCO program.

We also heard again from some community providers that it's been very positive for their clients to be able to get targeted case

management, particularly during the time of this pandemic. The hold on prior authorizations for behavioral health continues to be in place which, again, we're very grateful for.

We got an update on open enrollment. And, then, we got, again, an update from Leslie Hoffman on the SUD waiver, and I think Leslie didn't blow her own horn enough. Kentucky will be the first in the nation to have this program if we are able to get it approved by CMS, and I think it really puts us out front.

We know that so many people end up incarcerated because they have an addiction and they commit crimes related to that addiction.

So, to be able to provide substance use disorder treatment for them while they are incarcerated is just a huge step forward and it catches them, as Leslie said, right at the point that they are first held during the pretrial period and, then, has a thirty-day kind of easing them into the community with, again, that warm handoff maybe even to a residential program.

We also had extensive discussion about the copay reg, and we do have one recommendation for the MAC related to that.

The Behavioral Health TAC wishes to express its deep appreciation to Commissioner Lee and the DMS staff for its intent to remove all copays for Medicaid services. Those of you who have been on the MAC for a while have heard me how many times whale against copays, particularly for behavioral health. So, we are all celebrating this.

We recommend that upon final approval of the new copay regulation, that DMS communicate this change to its Medicaid members. There's been so much confusion out there among the members and we think members are not coming in for the services that they need because they think they're going to be asked to pay a copay that they don't have the money to pay. So, we think it's extremely important that DMS get some kind of communication out to the members, and that is our recommendation.

We will be meeting again on November 4th via Zoom. I'm happy to answer any questions. Thank you very much. Did you have a question?

DR. PARTIN: No, I didn't have a question.

DR. SCHUSTER: Okay. Thank you.

DR. PARTIN: Next up, Children's Health.

MS. HUGHES: They didn't meet, Dr. Partin.

DR. PARTIN: Okay. Consumer Rights and Client Needs.

MS. BEAUREGARD: Good morning. Emily Beauregard, the TAC Chair and the Director of Kentucky Voices for Health. It's nice to see everyone this morning.

Our Consumer TAC convened a special meeting just this past Tuesday on September 22nd and it was our first meeting since the pandemic began. We met via Zoom. We really appreciated the State facilitating that for us and I think that it was a platform that actually worked really well. So, all of our members appreciated having that option.

We had a quorum present and we discussed a number of issues since we hadn't met in a number of months. I won't go into all of them but I wanted to highlight two.

The first was open enrollment which we know is coming up in November, and there had been a message that went out maybe a week or two ago

now to some Application Assisters saying that open enrollment was on hold or on cause, something to that effect, and that, of course, caused some confusion.

So, we were able to clarify during the meeting that because of the lawsuit, there was a decision, I guess, made by the Judge's injunction, and for the time being, the materials that were being sent out to beneficiaries couldn't be sent out.

So, it was helpful to know that that was the reason behind the pause and that open enrollment is still going to continue as scheduled.

One other thing that we really wanted to clarify was the fact that in this particular open enrollment package, the materials that are being sent to beneficiaries, there's no side-by-side comparison of MCOs like there has been in years past.

And we understood from Stephanie Bates that that was possibly because there were, I guess, some maybe perceptions that there was some MCOs that had more of an advantage because of the incentives or the value-added services that they were providing.

And, so, we thought that

perhaps there was maybe a compromise that there could be less information provided but still some comparison of plans, in particular around services really to dental or vision since those are so important to adults. Eyeglasses for adults in particular are something that people really want to know about before they select a plan.

And sports physicals, that's been a conversation that we've had at various MAC meetings. That's something that adults also typically look at for their children.

So, if there could be certain information that could be provided in a one-place format. Whether that's on paper or electronically, we think that that would be really valuable for consumers and help them to make an informed decision about which MCO they want to enroll in.

So, that was one area of discussion. And even as an alternative, we thought if that information could just be shared with members of the TAC and MAC if there's not time to create that document now, we could at least get that information out to our networks and we could help to educate people during open enrollment.

The other topic that we

discussed, we wanted to really acknowledge the Cabinet's help in getting out information about the Public Charge Rule because that has been an area of concern for immigrant communities.

And we also talked about some potential options to expand coverage for immigrant communities. One in particular is just one of expanding it. It would be helping people to understand more about time-limited emergency Medicaid which is a relatively small program that most people aren't aware of.

And, so, for people who may not be otherwise eligible for Medicaid that need access to emergency treatment, or, in the case of this pandemic, COVID-19-related testing, treatment or vaccination, time-limited emergency Medicaid should be there to provide that assistance.

But because a lot of people aren't aware that it exists, they don't even know that it's a possibility for coverage or how t initiate that application.

So, we talked about those options and whether, in certain circumstances, outpatient services could be included in what services are available to the individual. Currently

it's limited to inpatient services, but you can imagine with COVID-19-related services, in particular testing and vaccination, that you don't always need to be inpatient for that, but we know that CMS is allowing all COVID-19 services to be provided under time-limited emergency Medicaid. So, we want to make sure that that's available to people for when they need it.

So, those are the two topics that I just wanted to share a little bit more information about.

I will share now our recommendations that we approved at our meeting on Tuesday. The first was a recommendation for DMS to create a side-by-side handout which I just described for the upcoming open enrollment period comparing certain MCOs value-added services or incentives.

At a minimum, this should include information about vision, dental, sports physicals and copays. This could be hard copy or electronic.

And as an alternative to designing an official side-by-side handout, it would be to share that information with all TAC and MAC members so that we can use that information to

educate our networks.

The second recommendation would be that DMS adopt the option to remove the five-year bar for legally-residing pregnant immigrants through a State Plan Amendment.

Now, DMS back in I believe 2014 did remove the five-year bar from legally-residing children. We also have the option to do that for pregnant women and I think that this is a good opportunity.

The third recommendation would be for DMS to include outpatient services when necessary and provide public education to Kentuckians on how to initiate an application for time-limited emergency Medicaid. This is especially important, as I mentioned, during the pandemic.

The fourth recommendation would be that DMS waive all fee-for-service copays, if possible, under current law. And I would also just recommend to MCOs who may be on this call that waiving these copays would be absolutely helpful to consumers. I think it would cut down on a lot of confusion, especially since we know that they're likely going to be temporary.

So, any information the MCOs

can get out about their decision to either enforce the copays or waive them and as soon as possible before open enrollment and certainly during open enrollment would be really helpful so that people know that information as they're making a selection, but we certainly hope that every MCO will choose to waive them.

The fifth recommendation is that DMS select Option K-2-i on the Appendix K application which reads as follows: Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

This is an issue for people with disabilities who may need an interpreter or other personal assistance that they won't get in the hospital. And as our waivers currently stand, those services can't be provided under the waiver when someone is admitted into a facility.

So, Arthur Campbell, who is one of our TAC members, shared a personal story about how this has affected him. And during the pandemic, of course, we know that people are more at risk with disabilities and may need these additional services if they're hospitalized, but we really also wanted to stress that this is something that should happen even beyond the pandemic.

So, we made a second recommendation and really appreciated that Pam Smith, who was at our meeting, talked about her interest in adding this to the HCB waiver as a permanent service.

So, we recommended that DMS increase services outlined in Appendix K under that K-2-i section - I won't read it again - for waiver participants as part of the HCB renewal application which we understand is going to be renewed soon.

And, then, our final recommendation is one that we've brought to the MAC numerous times. We have had ongoing conversation with DMS about the yea in compliance with making accommodations for people with disabilities to meaningfully participate.

While we thought that we had come to an agreement on what was needed, at our last

meeting, we were just asked to make the recommendation one more time and we think that we now are on the same page and that we'll be able to get a policy in writing which is what our request has been.

So, I will go ahead and read the recommendation - that DMS develop a written policy that addresses how it complies with the ADA by paying for or providing appropriate accommodations for people with disabilities to allow them to fully participate in meetings as a person serving in an advisory capacity, specifically addressing the need for personal assistants, transportation assistance, interpretive services and other accommodations as necessary.

So, those are our recommendations. We intend to schedule two special meetings for the remainder of 2020 and tentatively those are going to be planned for October 20th and December 15th, and I'll be happy to answer any questions.

DR. PARTIN: Any questions for Emily?

MS. EISNER: This is Nina. I have a question. When you were talking about the option on Appendix K, your reference to acute care

hospitals, do you also include in your description of acute care behavioral health hospitals?

MS. BEAUREGARD: That is an excellent question, Nina. I was reading the language that came specifically out of that Appendix K.

And, so, I would have to do a little research as to whether it would include that, but our recommendation for the HCB waiver could potentially - I mean, Kentucky, I think, should probably determine whether or not to include specifically behavioral health hospitals and that may be something we need to explore.

MS. EISNER: Thank you.

DR. PARTIN: Anything else?

MR. ESSEK: Emily, this is Daniel Essek. The time-limited Medicaid that you spoke about, that's the Hill-Burton Act, right, replacing that?

MS. BEAUREGARD: Say that again, the last part of that.

MR. ESSEK: What you talked about with the time-limited Medicaid, that's the same thing as the Hill-Burton Act. That's what that is addressing?

MS. BEAUREGARD: I'm not

familiar with that act and if that's what time-limited Medicaid is. I know that it is a program that provides limited Medicaid services to people with emergency health conditions. And it may be that somebody from DMS could answer your question better.

MR. ESSEK: What that is, that's for indigent people, people that don't have insurance.

MS. BEAUREGARD: People who are not otherwise Medicaid eligible is my understanding but I'm not the expert.

MS. CECIL: This is Veronica Cecil with Medicaid. I'm not an expert either, but as Emily mentioned is that it's time-limited and this is to be for when somebody has an acute emergency, and I think that's why it generally only has covered inpatient there.

I would like to note that under the current public health emergency, the temporary presumptive eligibility that we currently have available to individuals, to Kentuckians is very robust coverage and anybody can apply for that.

So, that is available right now during the public health emergency for the very reason that individuals get access to coverage,

particularly related to COVID-19.

MS. EISNER: This is Nina again. I'm sorry. I have another question. So, individuals who are accessing time-limited Medicaid or otherwise being approved for PE, are they still being assigned to the traditional Medicaid bucket and are they staying there or are they then being assigned out to an MCO?

MS. CECIL: Currently, individuals have two temporary periods, so, two three-month periods. It is currently all fee-for-service. We are doing outreach to try to encourage people that are eligible for traditional Medicaid to enroll and that at that point, they would be assigned to an MCO; but right now under both periods of temporary PE, it is fee-for-service.

MS. EISNER: And one of my concerns about that is, as several of you Medicaid colleagues know, is that for adults between the ages of twenty-one and sixty-four, the IMD exclusion is still formally in place on traditional Medicaid.

But because of the CMS action in 2016, the MCOs can elect to waive that restriction, and that's created some issues with regards to access to care and also to payment.

So, I just want to keep that out there because it is a problem. I understand why they're being assigned but that is a difference in terms of benefit eligible. Thank you.

DR. PARTIN: Any other questions? Before we move on to the next TAC, I just wanted to say welcome back, Veronica. I'm happy to see you and I look forward to working with you.

MS. CECIL: Thank you, Dr. Partin. I'm excited to be back. I didn't realize how much I missed it. So, it's great to see everybody and be a part of this again. Thank you.

DR. PARTIN: Thank you. Okay. Moving along, Dental TAC.

DR. BOBROWSKI: This is Dr. Garth Bobrowski. In the last few months, we've had a lot of issues coming up with access to care. And, of course, the Governor allowed dental offices to remain open mostly to see dental emergencies, trauma situations, infections, swelling.

So, the dental community, I think, stepped up and helped in that manner, but, still, there's a lot of issues out there that pertain to access to care. And I know it's been brought up already this morning these little - I don't know if

you can see it or not - but those little orange envelopes with the MCOs bringing down more and more prior authorizations. This is just one of them.

There's too many issues to go into right now today, and we want to thank Commissioner Lee and Ms. Cecil and Stephanie Bates, Charles Douglass. A lot of folks up there are listening and helping the TAC and other dentists go through these issues, but it's becoming an access to care.

And the main recommendation that we had for the - we had a TAC meeting last Friday and the main recommendation that we had was for maybe the MAC to work with Dental on looking at these issues.

And I know DMS is already working on a lot of these; but even this last week, Ms. Partin, I sent you a copy of a letter - I'm sorry - it was just this morning and, then, DMS has got a letter that we received from an oral surgeon's office that even access to care is very difficult to find even with oral surgery for a lot of patients.

And another issue that's coming up is I got another call this morning from another oral surgery group that with the electronic

prescription requirement coming up in January - they've already looked into it - it's going to cost their office - they've got two offices - it's going to cost them right at $60,000 to be prepared for just the electronic prescribing part of it.

I know in our office here, we had to update our computers last December and it was $37,000 just for that part of it. They keep adding all these monthly bills to us, but the motion that we want to consider or recommend was to review the letter that was sent from Dr. Will Allen.

And DMS has a copy of that letter and I've sent that to you this morning, Ms. Partin. So, we'll have it. I'm sorry I didn't get it out to the whole MAC because I didn't have access to everybody's emails and contact information, but there's issues out there that we need to look at to help people get care.

And another point is if somebody needs that code number for the no show appointments, it's D9986, and this is on the State's website if you need further information on that, but that's all I have to report for right now. Thank you. Any questions?

DR. PARTIN: Thank you. Nursing

Home Care.

DR. MULLER: This is John Muller. It's nice to see you all. This is interesting to participate in this.

We did not have a meeting. So, there's nothing to report, but I'd just like to make a comment or two, if that's okay.

As you can imagine, COVID - I'm empathetic to every area that you all serve and I'm sure you are to the nursing facilities. We're good at change and good at things like that but this has really been something else for the congregate care for the nursing facilities.

I would like to thank the Department of Medicaid. Specifically the presumptive coverage is a really nice benefit for our patients and obviously their families to not have to go to the Medicaid office. To not have to do that, to be able to be presumptively covered is a very large benefit for them.

I'd also like to thank the State for the testing. We've got mandated surveillance testing. There are some facilities, acute care centers, other centers don't, but we do have mandated testing and the State has paid for

that. So, Kentucky has paid for all of that testing and that's been a big benefit for us.

Federally, CMS and HHS have given us grants; and without those, I think many nursing facilities across the Commonwealth would be in difficult shape, as you all know, with the cost of PPE. And, then, for us, we've increased the rate. Almost every nursing facility increased their rate for their staffing.

So, the thing I really have to ask, Commissioner Lee, if you would continue to give us the opportunity to converse with you about an actual Medicaid provider relief grant for a Medicaid rate. We would appreciate getting together and talking about that in the near future, and that's really all I have to report, if anybody has got any questions.

DR. PARTIN: Any questions? Thanks, John. Hospital.

MR. RANALLO: This is Russ Ranallo, the Chair of the Hospital TAC. We have not met. We plan to meet in October by way of Zoom. Thank you.

DR. PARTIN: Intellectual and Developmental Disabilities.

MS. HUGHES: They met in August but they haven't met in September and I guess there's no one here to present for that.

DR. PARTIN: Okay. Thank you. The Nursing TAC has not met. Optometry.

DR. COMPTON: Yes. This is Steve Compton. We have not met since February. We had a recommendation at that time but it would have applied before the new MCO contracts were let. So, it's no longer appropriate.

We are curious as to who the vision providers will be for Molina and United Healthcare. Does anyone have that answer, Commissioner?

COMMISSIONER LEE: Veronica, do you know?

MS. CECIL: I don't know. I'm not sure if Stephanie knows or not but we can definitely, when they come to the November meeting, we can definitely ask them to speak to that.

MS. BATES: And I'll get that information to you all.

DR. COMPTON: Okay. Thank you. We need to get our providers credentialed and signed up and that sort of thing. That's all I have. Thank

you so much.

DR. PARTIN: Thank you.

Pharmacy TAC.

MS. HUGHES: The Pharmacy TAC hasn't met but I don't know if you all are aware that in Senate Bill 50, the Pharmacy TAC has been revamped, and we're currently in the process of getting the new members lined up and hopefully they'll have a meeting the first part of October.

DR. HANNA: This is Cathy Hanna. I don't have anything else to report. Thank you for doing that. Again, this is on the sideline, but I'd like to thank the State and the Department of Medicaid Services for giving us the ability to take care of these Medicaid patients as far as COVID testing goes and finding a way to seek reimbursement for that service. So, thank you.

DR. PARTIN: Thank you.

Physician Services.

MS. GUPTA: This is Ashima Gupta. We have not met. We are planning to meet in November via Zoom.

DR. PARTIN: Thank you.

Podiatry.

DR. ROBERTS: As we've reviewed,

there's no formal Podiatry TAC in place, but I think this is probably the most appropriate venue to voice my personal concern.

I've had several pediatric patients over the last probably three months that required a prior authorization on a short-term narcotics medication.

When I finish surgery at five or six o'clock in the evening and give the patient a narcotic prescription and it's two days before they can get the medication, that's a problem.

I know there are acute pain qualifications on Cover My Meds and different things but the system is not moving fast enough.

I would suggest that there be an acute pain or a surgery override that would be available on the pharmacist's side for these situations.

DR. HANNA: I'm curious just from the standpoint of that, so, can you elaborate in particular as to what is the holdup? Is it prior authorization? Is it----

DR. ROBERTS: It's coming back as medication requires a prior authorization.

DR. HANNA: Okay. Understood,

then. And, yes, I agree that it can be very frustrating, yes.

DR. ROBERTS: I'm happy to do that for my patient; but when I've got a fourteen-year-old that had an ankle fracture, when that block wears off, he's not going to be real happy about waiting on a prior authorization.

DR. JOSEPH: Dr. Roberts, this is Jessin. What I can do is I will send you our criteria around short-acting narcotics.

Let's see if we can figure out if this is specific to a patient and we can see what actually happened there because, for the most part, if it is a short-acting agent, we wouldn't have a PA unless there's something in the system in regards to the patient seeing multiple doctors or having a prescription already on hand, but I'll send that over to you and I think we can see what a solution is.

DR. ROBERTS: Sure. Thank you.

DR. PARTIN: Thank you. Good question. Anything else?

Okay. Let's move on to Primary Care.

MR. CAUDILL: Good morning. I'm Mike Caudill. I'm the CEO of Mountain Comprehensive

Health Corporation in Southeastern Kentucky and I'm also the Chairperson for the Primary Care Technical Advisory Committee.

To start with, I also would like to welcome the new members on board, Dr. Muller, Nina Eisner, Dr. Hanna and Dr. Bobrowski.

We have had a fairly active meeting schedule. We met in person in March. We've met by Zoom in July and two weeks ago on September the 10th. Our next meeting is November 5th, 2020.

During that interim, we've also been able to correspond with Medicaid and the people there. Lisa Lee and her staff have worked with us very closely and helped to update us on status on issues that were there before the COVID period happened and we certainly thank them for that.

Let me just give you a few of the issues that we've been working on. One of the issues is a wrap/crossover claim which is final reconciliation of claims from July 1st of 2014 to the present. And in our role, we help facilitate and work with both DMS and KPCA and have encouraged both parties to work for a final resolution of that issue.

Also, we discussed the use of UB modifiers and G codes for crossovers. DMS has

indicated our needs to each of the MCOs; and at this time, all requests have been configured in their systems. We believe this will be a great benefit to FQHCs and RHCs as the G codes have been to Medicare and need to be recognized by Medicaid.

We are still pending a final decision on G Code G20205 which is the Medicare telehealth code that was put in place during the onset of the COVID-19. We do believe a response will be coming soon to that.

There is an issue about the limitation of thirty sites for NPI's on the Medicaid provider file. We have discussed this and DMS reported this is an issue within the Provider Partner Portal and they are working to address that now. We do not believe there should be a limitation as there is no limitation by MPPES or any other agency we're aware of as to how many NPI's a facility may have.

The Primary Care TAC has no formal recommendations for the MAC Committee. And, again, we'd just like to thank our partners in Medicaid for their efforts to continue to address and resolve the concerns of the Primary Care TAC and look forward to working with them and with this committee to address future concerns of Kentucky's FQHCs and

RHCs. Thank you, Madam Chairman. That's my report.

DR. PARTIN: Thank you. Anybody have any questions? Okay. Thanks a lot.

I may have skipped Home Health. I thought I called Home Health; but if I didn't, please forgive me, and if there is somebody from the Home Health TAC to give a report.

MS. STEWART: I'm here. This is Susan Stewart, Assistant Director of ARH Home Services. We have met several times by Zoom and we will continue to meet by Zoom. I was not at the last meeting but I think we have another one scheduled up this fall.

We keep our lines of communication open with the Department and are thankful for our relationship. Thank you.

DR. PARTIN: Thank you. Sorry that I skipped you.

MS. STEWART: It's okay. I was confused when you called it Nursing Home. So, I didn't know if that was me or not.

DR. PARTIN: Okay. All right. Last but not least, Therapy Services. Nobody from Therapy Services?

Okay. Then, we will move along

on our agenda to New Business. And first up on that is a request from the Certified Professional Midwives to be added to the regulations as providers of services under Medicaid.

COMMISSIONER LEE: I believe there was some additional documentation that was sent to the Department related to some studies that were conducted in other states.

So, we're going to have to go back and look at this, do some evaluation and, then, we will look into that consideration.

DR. PARTIN: Okay. Thank you. I'll put that on the agenda for next meeting.

And, then, the rural health clinic regulation, 907 KAR 1:082, Section 9 says that providers must sign the participant's chart within one day. And I was wondering if that could be changed to three days and be more consistent with other Medicaid and other insurers' rules.

COMMISSIONER LEE: We do understand the request here. And in order to do that, we would have to, of course, open up the Medicaid regulation related to rural health clinics.

And at this time, it is not a big priority for us. As you know, we've talked about

some of the things that Medicaid is working on right now with Senate Bill 50, the SUD waiver, the EVV.

So, we understand the request but it's not a high priority right now for us but we will keep that on our radar and would like to be kept informed of any major issues that that's causing within the rural health clinic arena.

DR. PARTIN: Okay. I can tell you that it is a problem to be able to complete all the charts. Unless you want to be charting until midnight every day, it's pretty tough to accomplish that.

So, I guess I'll keep that on the agenda, too, as a reminder and we'll talk about it again.

An update on the copay regulation. I believe you've already done that, Commissioner, unless anybody has any questions about that. Did you have anything else you wanted to say about it?

COMMISSIONER LEE: Again, just our hope was to eliminate the copayment. We think the regulation is a good compromise, but I think there's still going to be a little bit of confusion out there. So, again, we hope to address this in the

next General Assembly.

And, then, next is how will open enrollment work with the two new MCOs in January? And I think you kind of covered that, but I guess as far as participants go, my understanding is that from what you said that Passport people will just automatically roll over into Passport Molina, and, then, other people will have to sign up for United Healthcare. Is that right?

COMMISSIONER LEE: The MCO contracts outline the process for open enrollment going forward. And as we discussed a little bit earlier, there's some litigation going on right now. So, we have had to pause our open enrollment activities.

So, all members will have a choice of who they want to stay with. Those that do not have a choice will be auto-assigned based on the requirements or the process outlined in the contract. We can send that language, too, if you would like to see the process for auto assignment.

DR. PARTIN: Yes, I think that would be helpful. And along that line, how will participants who are signed up with Anthem now know that they have to choose another MCO?

COMMISSIONER LEE: The packet they receive in their open enrollment materials will alert them to that fact.

DR. PARTIN: Okay. And can you tell us what the objection is to the open enrollment?

COMMISSIONER LEE: Pending the litigation, I'm not sure how much I can say about that right now.

DR. PARTIN: Could you tell us who is objecting?

COMMISSIONER LEE: I think I might defer to Veronica for her input on this.

MS. CECIL: Sure. So, it's public record. Anthem has filed a lawsuit challenging the procurement and that's about all we can say about it right now.

DR. PARTIN: Okay. Thank you. So, I guess at our next meeting, maybe we can get an update on how the open enrollment is progressing. We'll be into November by then, so, it will be ongoing at that point, right?

COMMISSIONER LEE: We're hopeful, yes.

DR. PARTIN: Okay. And I think you had just answered the next question about

participants being informed.

And, then, the next thing is what is the State Plan Amendment as far as DMS planning to submit to CMS to incorporate some of the changes made during the emergency to make them permanent? And, also, is there a way for the MAC or even members of the TAC through the MAC to offer suggestions in that process?

COMMISSIONER LEE: Oh, absolutely, Dr. Partin. The one service that we have had the most input on, of course, is telehealth. So, that's some of the possibilities that we want to try to make permanent. We think that that has assisted in cutting down on some of the no-show visits. We know it's not perfect for everyone. You can't, for example, give an immunization through telehealth, but we are definitely looking at telehealth flexibilities.

We also believe that the presumptive eligibility process that we have in place that allows the Cabinet to be the entity to grant presumptive eligibility is something that we also want to explore.

But I think that this committee is probably the best one to give us some suggestions

and recommendations on what they would like to see, what flexibilities have been granted during this state of emergency and what you would like to see as permanent as we go forward because our goal, of course, is to start drafting and submitting some of those State Plan Amendments right now so that when the state of emergency is lifted, our provider community and our members won't see a big drastic change in the services.

DR. PARTIN: One of the things along those lines that I've been thinking about, or two things - one, that RHCs and FQHCs continue to be included in that. I knew there had to be a special rule to include those entities in the telehealth and, then, also the platforms that can be used.

In my area of the state, and I understand it's typical in other areas, but particularly in rural areas, we don't have good Internet access, and, also, people can't access things on the Internet easily.

At my clinic, we've been using Facebook Messenger and Facetime and people are pretty familiar with those who do have a Smartphone. I have a lot of patients who don't have Smartphones or who don't have Internet that we've been doing the phone

visits with, and I would hope that that would also be taken into consideration to be able to at least intermittently use the telephone as a reimbursable visit but also to be able to use those other platforms that people are familiar with rather than having to sign in and join an app and all that kind of thing to do the telehealth.

COMMISSIONER LEE: Those are the types of things that we are definitely considering. Again, we have no idea how long we will be under the state of emergency; but even after we emerge from it, again, our goal is to look at the health care delivery service for our members pre-COVID, what happened during COVID and how can we build the health care system back better after we emerge.

And I think that this committee is one that should definitely have a voice in that, and it's the committee that has, you know, you have your eyes and ears on the ground out in the communities.

And, so, we definitely look forward to working with you and the new members to move the needle on our health care.

I think when I first came back on board, I talked a little bit about how I want to

use data and information to start guiding our health care policy in the state, and I would look to this committee to request some reports, what you would like to see.

I know that we could definitely give you information on expenditures by category of service. We could give you top diagnosis codes, top procedure codes that we see with the Medicaid population and all of our data and we could look at that in aggregate and maybe start looking at regional differences and try to see what we can do to, like I said, move the health care needle forward.

So, again, we'll look to this committee to help draft some of that information and data requests that we need to look at to see how we can do that and what areas do we want to focus on. Is it going to be different for children and adults, those sorts of things.

So, I think if we put our thinking caps on and if we had a wish list, what do we want to change in Kentucky. We know we have a high prevalence of diabetes, asthma, heart disease. How do we start moving that needle and what information do we need to look at to help us with those decisions.

So, I look forward to working with you and sharing data and information and ideas as we move forward.

DR. PARTIN: Thank you. So, to members of the MAC and also members of the TACs, if you have any suggestions, be thinking about those and we will discuss those at the next meeting. I'll put this on the agenda for the next meeting so that we'll have an opportunity to bring any suggestions we have forward to the Commissioner.

Anybody have any other comments on that? Okay. Thank you, everybody.

Because we're doing this by Zoom meeting, we can't add new things to the agenda. So, at this point, if you have anything else that to would like to add on items that we have had on the agenda today, please speak up. Otherwise, I'll entertain a motion to adjourn.

MS. HUGHES: Dr. Partin, before you adjourn, just one thing. The November meeting is not the fourth Thursday as normal. It is the third which will be November 19th because the fourth Thursday is Thanksgiving.

And also, typically, in July, the MAC does have nominations and vote for new Chair,

Vice-Chair and Secretary. So, we'll try to do that at the next meeting. If anybody is interested in volunteering to be in any of those positions, you can let myself and Beth know and we'll put together a little poll of some sort to allow you all to vote for your Chair and Vice-Chair and Secretary.

DR. PARTIN: Thank you, Sharley. Yes, that's right. That had been on my mind because we didn't do it this year. So, we'll put that on the agenda for next time.

Anything else? Would somebody like to make a motion to adjourn?

DR. ROBERTS: This is Roberts. Motion to adjourn.

DR. HANNA: Cathy Hanna. Second.

DR. PARTIN: All in favor. Thank you.

MEETING ADJOURNED