IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL

April 19, 2022
1:30 P.M.
All Participants Appeared Via Zoom or Telephonically

APPEARANCES
Emily Beauregard
CHAIR
Miranda Brown
Arthur Campbell
Christine Jackson
TAC MEMBERS PRESENT
APPEARANCES
(Continued)

Veronica Cecil
Judy Theriot
Angie Parker
Lee Guice
Fatima Ali
Erin Bickers
Pam Smith
Jonathan Scott
DEPARTMENT FOR MEDICAID SERVICES

(Court Reporter’s Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)
AGENDA

1. Welcome & Introductions

2. Approval of February minutes

3. Medicaid Enrollment & Recertification
   a. Old Business
      i. What is the status of system issues reported by kynectors?
         - Emergency Medicaid cases pending review
         - Name changes that are overridden
         - Medicaid discontinuances for people who did not move, pass away, or request it
      ii. What is the status of reviewing the document explaining the difference between Presumptive Eligibility and Emergency Time-Limited Medicaid?
      iii. What is the status of the diagram DMS is drafting for Medicaid/KCHIP eligibility?
      iv. What is the status of adding monthly reports on kids’ enrollment in Medicaid/KCHIP to the statistics’ page?
      v. What is the status of a fiscal study related to lifting the 5-year bar on covering legally residing pregnant women?
      vi. What is the status of developing a network adequacy one-pager/decision tree that breaks down the steps to take with an MCO vs with DMS?
      vii. What is the status of the Health Disparity and Equity TAC?
      viii. When will the stakeholder meetings begin to plan for the end of the Public Health Emergency?
   b. New Business
      i. How many Kentuckians are currently covered under traditional/expanded Medicaid? How many are currently covered under Presumptive Eligibility (PE)?
      ii. How many Kentuckians were covered under PE Medicaid in February 2020? And/or on average per month in 2019?
      iii. How many current PE enrollments resulted from applications that were submitted via 1) the public-facing portal; 2) providers; and 3) DCBS?
AGENDA
(Continued)

4. 1915(c) Waivers
   a. Old Business
      i. What is the status of reimbursement for transportation assistance?
      ii. What is the status of implementing the enhanced HCBS funding plan?
      iii. What is the status of the HCBS rate study workgroup? Have waiver participants been included?
      iv. When will feedback sessions be scheduled and for which stakeholder groups?

   b. New Business

5. COVID Tests and Vaccines
   a. How many Medicaid members (by MCO and FFS) have taken advantage of free over-the-counter COVID tests?
   b. How many Medicaid members (by MCO and FFS) have received an COVID vaccine? Of those, how many are up-to-date/fully vaccinated?

6. Other New Business
   a. Medicaid reimbursement for licensed Certified Professional Midwives

7. Recommendations for the May MAC Meeting

8. 2022 Meeting Schedule - TAC Chair
   a. Upcoming TAC meetings: June 21, Aug 16, Oct 18, Dec 20 at 1:30pm ET
   b. 2022 MAC meeting dates: May 26, July 28, Sept 22, Nov 17

9. Adjournment
MS. BEAUREGARD: We don’t have a quorum at the moment which is why I was waiting to see if someone else was going to join us.

What we could do since we do have a pretty packed agenda is go ahead and skip approval of the February minutes and go down to one of the New Business discussion items about Certified Professional Midwives and then we can revisit the minutes after that and I don’t want to forget doing introductions.

(INTRODUCTIONS)

MS. BEAUREGARD: I believe we do have a quorum and we’ll be able to go ahead and approve the minutes.

So, we do have a quorum and why don’t we go ahead and take a look at the February minutes and let me know if there’s any changes that we need to make before I motion for approval.

MS. BROWN: I did not see any necessary changes.

MS. BEAUREGARD: Okay. Thank you, Miranda. And I guess I should say take a motion for approval.

MS. BROWN: I can make a
motion. I motion to approve the February minutes.

MS. JACKSON: I second it.

MS. BEAUREGARD: Thank you, Christine. All in favor, say aye. All right. Motion carries. Thanks very much.

So, we are going to skip some of these top agenda items and go down to Item No. 6 under New Business.

We have a guest with us today. Mary Kathryn DeLodder is here to talk with us about Certified Professional Midwives and specifically making sure that these CPM’s, Certified Professional Midwives, are Medicaid reimbursable.

So, Mary Kathryn, if you wouldn’t mind giving us just a little bit of background and, then, we can open it up for questions at that point.

MS. DeLODDER: Thank you very much for the time to speak to everybody today.

I represent a group called the Kentucky Birth Coalition. It’s a grassroots consumer advocacy organization that started in around the year 2012 working to make the type of midwives called Certified Professional Midwives, if eligible, to be licensed in Kentucky.
Midwives are a type of provider that attend births. So, they provide prenatal care similar to the way that an obstetrician would for someone who is pregnant but they provide a little bit different style of care and midwives only work with people who have no complications in their pregnancy who are healthy.

There are different types of midwives. We have another type of midwife also in Kentucky - Certified Nurse Midwives which are APRN’s and mostly practice in hospital settings. So, you might see them in the same places you would see obstetricians.

And we also have this type of midwife that our group works on getting licensed which is Certified Professional Midwives and they are not nurses. So, they are just midwives and they typically work not in hospitals.

So, this would be home birth, people that want to have their babies at home or also in birth centers that are not part of a hospital which we don’t have any of those currently in Kentucky. So, basically we’re talking about people that have their babies somewhere not in a hospital.
There have always been people that have had home births and there have always been midwives attending those births. And the profession of midwifery has changed over time and Certified Professional Midwives is sort of the standard credential for those midwives that attend births outside of hospitals.

MS. BICKERS: I apologize. May I interrupt you for just a second. If you’re not speaking, can you please mute. We’re getting a lot of really loud feedback. And, so, that way, the court reporter can make sure to capture what’s being said, please. It sounds like there’s a drill in the background somewhere.

MS. BEAUREGARD: Thanks, Erin. It may be possible for you to mute people if you’re the host. Sometimes that works in Zoom and sometimes it doesn’t.

MS. BICKERS: I have a Mute All button. So, I’m still trying to figure out how to mute individual people but I just wanted to because I can hardly hear her. So, I just want to make sure the court reporter can get everything she is saying. Thanks, guys.
MS. DeLODDER: Let me make sure it’s not coming from my end as well. Has it changed or has it gotten better or is it different?

MS. BICKERS: There’s not as much feedback now. So, I was hearing a lot of background noise. So, we should be good. Thank you. And I didn’t mean to interrupt. I apologize.

MS. DeLODDER: No. Thank you for saying something because I can’t hear it on my end. I also have a toddler here with me. She likes to join me on meetings sometimes.

Sorry about that. So, from 2012 to 2019, we worked on getting these providers licensed and the end result was that we got a law passed in 2019 to license CPM’s, Certified Professional Midwives.

There are currently now thirty licensed in Kentucky. Their licenses are issued through the Board of Nursing even though they’re not nurses. That’s just the organization where the Legislature put them for administrative purposes.

And since that time, since the licenses have been issued in 2019, starting in 2020 really – it took a little bit of time before we got everything set up to issue the licenses – we have
been talking with the Department of Medicaid Services about trying to get CPM’s to be able to be eligible Medicaid providers.

MR. BAIRD: Hi. This is Jason. Let me try to help Mary Kathryn. I will not be able to do as well as what she can because she knows these issues better than anyone, but we did pass a law in 2019 for licensure for Certified Professional Midwives.

The Board of Nursing started licensing midwives I believe in 2020 and we have been working on Medicaid providing – okay. Mary Kathryn is back now but I just wanted to fill in a little bit, Mary Kathryn, there for you, trying to help.

MS. DeLODDER: Thank you, Jason. Nothing worse than an upset toddler in the background.

So, now that CPM’s are licensed, we’ve got a lot of consumers who would like to be able to have them as their provider for their pregnancy and for their birth and they’re not able to accept Medicaid.

And, so, we’ve got people who have chosen who wanted to have that type of a care
provider and they didn’t choose to have a CPM because they weren’t covered by Medicaid, or we have people who went ahead and did have a home birth but paid out of pocket even though it wasn’t covered by Medicaid.

And we’ve heard from tons of people who have been in all of those various scenarios. And now that these providers are licensed in Kentucky, the consumers – it was really a consumer-driven effort to get them licensed because it was the consumers who wanted more availability for this type of provider.

And recently the Nursing TAC actually discussed this same topic because it’s sort of not clear where this would fit as far as what TAC might bring this topic up.

And, so, someone that was newly appointed to the Nursing TAC talked about it because, as I mentioned, the Board of Nursing ended up being the administrative body that is regulating CPM’s even though they aren’t nurses.

And, then, also the Consumer TAC came up since this is a very consumer-driven effort and there are consumers that wish to have the services covered.

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So, that’s kind of it in a nutshell. I can answer any questions about what CPM’s are or what they do or the type of services they provide but it’s essentially about people wanting to have choices in where and how they have their children and this is a very safe, effective choice and we want people to have these options because we think that more options improves all outcomes when you have more options.

MS. BEAUREGARD: Thank you very much, Mary Kathryn. I’m glad you brought this issue to the Consumer TAC because when there are consumers out there requesting these types of services, it’s something that we should know about and I think certainly something that we want to make sure that Medicaid is aware of.

And, so, I’m just curious to know. I know you’ve had conversations with staff at DMS and I’m just curious to know what the status is of those conversations.

And this is something maybe you can tell us some of the steps that you’ve taken and conversations you’ve had but I’d also like to hear from DMS staff as far as sort of where this is in the process of being approved for Medicaid.
reimbursement.

MS. DeLODDER: Jason specifically started communicating with different staff members even before the bill was passed to license the CPM’s about trying to be proactive in finding out what would be the next steps once that bill did get passed and didn’t get a whole lot of input about what that would be.

And after the bill passed, we started having conversations with Dr. Judy Theriot and Veronica Judy-Cecil and they were very gracious to meet with us. We had and still are having ongoing meetings with them - it happens sort of like every ninety days - and really we’ve kind of educated them about as to what CPM’s were, kind of very similar to what I just shared with everyone and they kind of said, well, we’ll think about it.

And, then, as we kept following up, it was that this would be part of an overall, broader maternal health review that DMS was taking part in. And we have not been able to really get a lot of information as to what exactly all is encompassed in this broader maternal health review.

One large piece of that we have ascertained is a Postpartum Affinity Group that
Kentucky was selected to participate in from CMS, and I know that there seemed to be a lot of excitement within DMS about being selected for that. And that is really the only thing I have heard about.

However, that group, while it is very wonderful and the work that it’s doing is important, it is specific to postpartum mothers who have active substance use disorder and that would be outside of the scope for a Certified Professional Midwife.

So, I have tried to ask several times about what else is part of this maternal health review. Is there anything beyond this Postpartum Affinity Group because if it is just that group, that does not include CPM’s. So, I’m still hoping to get answers.

I know Dr. Theriot is going to be doing a maternal health presentation at the May MAC meeting. So, hopefully we’ll find out more about what is involved in that maternal health review.

Other times it has just been said this is not a priority. Commissioner Lee has used those exact words. It’s just not a priority.
So, we’re hoping that by having TAC’s make recommendations, maybe that will help at least elevate it a little bit to be at least a small priority.

MS. BEAUREGARD: I appreciate that. Thanks for the background.

It looks like Dr. Theriot and Deputy Commissioner Cecil are on. Would either of you be able to give us some updates from DMS?

MS. CECIL: I think Mary Kathryn did a good job of sort of describing how the interaction has been, and we certainly have appreciated the information that they have brought to us.

Medicaid generally, when it comes to covering a new service or a new provider type or anything new, it takes time. We have to ensure that we’re - you know, there’s a lot to it. There’s the provider, the member, the system, regulations, State Plan Amendments. There’s just so much to it.

And this is fairly new, newly covered by states. Not all states cover it. So, we’re learning. We’re kind of in this learning process. Dr. Theriot does have it on her radar as
part of kind of overall maternal health improvements that we want to make to the Medicaid Program.

So, we are limited on resources and COVID certainly pushed everything back. All of the things that we had to do to implement COVID did have to kind of push a lot of things on the back burner that we would certainly like to be front and center and work on on a regular basis.

So, that’s kind of where we are. We do have now unwinding ahead of us. We have unwinding of the Public Health Emergency. We have just, as Mary Kathryn, I think, alluded to, priorities that we have to try to determine what can we implement and when can we implement it.

We do cover nurse midwives. So, anybody that has the nursing degree we already cover, but, again, I mean, this would be an expansion of coverage. It’s not that we don’t see any merit in it but we’re just trying to make sure that we’re being thoughtful and intentional about how we would cover this type of service.

MS. BEAUREGARD: Thank you for that. I guess I have two questions.

Is there a time line with the
maternal health review and what recommendations or next steps are going to come out of that?

And, then, you mentioned looking at what some other states are doing that are already reimbursing CPM’s. Are there particular states that you’re looking at?

MS. CECIL: Dr. Theriot, do you know?

DR. THERIOT: I believe Oregon is one and I think Mary Kathryn basically can direct me. Oregon and Washington, I believe, are two states that have been covering it for a while, as well as doula services.

MS. BEAUREGARD: As well as, what was the last one?

DR. THERIOT: Doula services.

MS. BEAUREGARD: Oh, they also cover doula services. Thanks.

MS. CECIL: And in terms of time line on the maternal health, again, unfortunately, we can’t do things as quickly as we’d like. The deep dive that Dr. Theriot is doing, it is a comprehensive maternal health. So, it’s both pre- and postpartum.

So, I don’t know, Dr. Theriot,
if you have kind of an end in sight for what’s going
to come out of that review and the recommendations
and implementation of those.

DR. THERIOT: We are looking
kind of at the whole picture. I know it started
with the Affinity Group, so, looking at postpartum
care. And as you dive into those things, it just
gets bigger and bigger and bigger.

We don’t want to just focus on
postpartum care and substance use disorder. We want
to take more of a holistic approach and look at all
of maternal health. And, so, it’s just made it like
a snowball going downhill. And the more we look
into it, the more, you know, it’s like, oh, there’s
one more thing, there’s one more thing.

And, so, we do want to have an
overall comprehensive program moving forward. And, so, that’s part of the reason things are taking a
little bit longer and Certified Professional
Midwives are incorporated.

MS. CECIL: We don’t want to
take a piecemeal approach either because like I said, this would require a State Plan Amendment and
regulation change. And I know it sounds easy but
it’s really intense. It’s intense for resources and
time. And when you open up a regulation, you
certainly want to try to be as inclusive as possible
of the changes that we want to make.

And, again, we know that there
will be changes that will come out of what Dr.
Theriot is doing. And, so, we just have to continue
to ask for patience and understanding as we work
through that.

MS. BEAUREGARD: So, are you
anticipating like a number of changes occurring at
once so that you’re opening regs one time and doing
one SPA that incorporates a number of these changes?

MS. CECIL: Yes, I think that’s
(inaudible).

MS. BEAUREGARD: Okay. Well,
that’s helpful. Are there questions from our TAC
members or comments?

Mary Kathryn, one other
question I had for you. I think, at least for me
and probably for many people, the difference between
a Certified Nurse Midwife and a Certified
Professional Midwife, it’s not always clear, and I
even like stumble over things - Certified
Professional Midwives because I want to say nurse.

So, can you give us a little
bit of a comparison, how they are similar and how they are different?

MS. DeLODDER: So, a Certified Nurse Midwife is a nurse who then goes on to get further education in midwifery. So, they are trained in the two distinct professions of nursing and midwifery.

A CPM, a Certified Professional Midwife, is someone who did not go through the nursing pathway first. They entered directly into midwifery as their profession. So, they are only a midwife.

The nurse midwife is licensed as an APRN in Kentucky. So, they have all the privileges that come with the scope of practice of being an APRN such as being able to write prescriptions and whatnot.

The nurse midwife has a broader scope in that they care for someone basically from the age of puberty through the end of life really. So, from the beginning of their reproductive cycle all the way on, they would potentially be able to care for someone sort of as a primary care provider, although they typically focus on the child-bearing years and that midwifery part.
For a CPM, a Certified Professional Midwife, their scope is much more narrow and it focuses really just on that child-bearing cycle. So, from the prenatal care through about usually six weeks postpartum is when they are actively caring for the mother/baby.

They might provide some preconception counseling but it’s really focused on that child-bearing cycle, whereas the nurse midwife would care for people potentially for a broader scope of time.

The Certified Professional Midwife, the non-nurses, they do not have prescriptive authority. That is they don’t write prescriptions. So, they’re not someone who kind of acts as a primary care provider. They would just be that perinatal care provider, so, around the whole process of pregnancy and birth.

MS. BEAUREGARD: Thank you. That’s helpful. And am I right that the nurse midwives don’t actually provide births in homes?

MS. DeLODDER: They can. In Kentucky they can. It’s not generally their wheelhouse. They don’t do their clinical training typically in a home birth setting. They usually get
their clinical training in a hospital. So, that is where they are most comfortable oftentimes.

Some of them will go out and seek additional experience working in the home setting because it is different. It’s a different resource setting. You have to prepare it a different way, whereas, if you’re in the hospital, all of the equipment is there for you. If you go into a home birth, the midwife comes in bringing all the equipment with them.

So, we have maybe currently about one hundred licensed nurse midwives. About six of them in Kentucky right now attend home births and it’s a lot of reasons why a lot of them just choose not to, some of it being just because, like I said, they’re not comfortable. They haven’t gone out and sought additional training to feel comfortable doing births in the home setting, whereas the CPM’s, they do their clinical training in the out-of-hospital setting. So, that is more of their wheelhouse and where they are comfortable.

Of those six nurse midwives who currently do see clients in the home birth setting in Kentucky, I believe there’s two that are currently participating as Medicaid providers.
They, of course, can choose to enroll and do that. So, for various reasons, only two of the six, and they’re I think both in kind of the Central and Northern Kentucky area. So, there’s a lot of people that even though nurse midwives are covered, they don’t have access to that care in an out-of-hospital setting.

MS. BEAUREGARD: Thanks.

That’s what I was wondering, what is the status of the access to these services and the choices that people have. So, thank you.

Any other questions? We can discuss later a recommendation around making CPM’s Medicaid-eligible providers, but if there are no other questions, we can also move on in our agenda.

Thank you again, Mary Kathryn and Jason, for joining us. You’re welcome to stay, of course, for the entire meeting but I know that you may have some other things that you need to do.

I had also gotten a message that the Pharmacy Director has another commitment and needs to jump off early.

So, I think we’re just going to be kind of going backward on our agenda. So, up to Item 5 now to talk about COVID tests and
Dr. Ali, are you with us?

DR. ALI: Yes, I’m on. Can you hear me?

MS. BEAUREGARD: Yes. So, we know that Medicaid is covering COVID tests and, of course, vaccines. That’s been the case for a while, but the information about covering over-the-counter COVID tests specifically, that was relatively new.

We wanted to know how many Medicaid members are taking advantage of these free tests and if there’s any other information that we need to be helping kind of get out there because I think that that’s a really important benefit that people should know about.

DR. ALI: Yes. So, I’ll start with the members. For the MCO population, we have 15,637 unique members who have taken advantage of the COVID tests and that’s from the time that we made it available, January 15th, to present day. And, then, fee-for-service is 219 unique members.

In terms of getting the word out there, I think we’ve done a good job of communicating, and I think groups like this one have also gotten the word out there to our members and...
it’s been successful. We certainly want our members to take advantage of the COVID tests and test themselves appropriately to avoid any sickness and going out into the workforce and likewise.

So, I think we’re on the right track with COVID. I know some others can speak more to the vaccination rates but I know that some of the MCOs are looking at strategies and incentives for pharmacies specifically to give more vaccinations; but from a testing perspective, I think our intent has been met.

MS. BEAUREGARD: Thank you for those numbers. Just kind of doing the rough math, is that like 1% of the Medicaid membership? I’m actually surprised that the number is this low but I realize we’re also kind of in a downward trend at the moment, although it’s about to tick upwards again.

I’m just wondering if there are some - well, it would be nice to know, I guess, what ways people have gotten the information and if there are any other strategies that either DMS has kind of in mind or MCOs specifically.

DR. ALI: And one thing that I want to allude to is that this is the number of
unique members that have taken advantage of this, not so much the number of claims. So, these members could have gone back and gotten additional tests a month or two later.

In terms of the communications that have gone out, our MCO partners have reached out to members themselves letting them know that these tests are available. The pharmacies know they have the responsibility of letting the members know and we’ve gotten a lot of pharmacies reaching out to us asking questions and trying to get these tests out to members.

One thing I will say is that a lot of members might be getting tested at a doctor’s office or in urgent care because they feel that their symptoms are to the point where an OTC test might not cover the viral load that they have and just the efficacy around the over-the-counter test to begin with.

So, there are other options that members can take advantage of. So, that might be contributing to the lower numbers that we’re seeing.

MS. BEAUREGARD: Sure. That makes sense.
That’s what I was going to emphasize is keep in mind that I think testing has become so accessible in various ways — at employers, at schools, again, as Dr. Ali mentioned, at doctors’ offices.

And, so, people generally are still accessing those through various ways. The federal government offered free ship-to-your-house test kits.

So, I know it sounds low, but, honestly, I really feel like people in need are accessing them and have them available.

Can we always do a better job of communicating and outreach and education? Sure. I think we all acknowledge that, and we appreciate our advocates and our community organizations continually helping us with getting the message out.

We don’t want people to forget that it is there even with, in the United States and in Kentucky, with COVID, we were seeing less and less cases, it’s still here. We still have to be focused on it and keep people safe and covered.

So, we certainly welcome all efforts to continue to keep that education out there.
MS. BEAUREGARD: I think that’s particularly true, Veronica, because we know that the Medicaid population has a lower level of vaccination than the general population.

And with the surge that we see coming that other states are starting to experience, I do expect that there will be the need for more testing in Kentucky soon.

And, so, just hoping that we can help to kind of keep getting the word out there, remind people. Sometimes it’s easy to forget; but now that there isn’t free testing by the federal government anymore at really convenient locations which I don’t know about other folks but regardless of whether you have Medicaid or commercial insurance, those like Kroger locations and other - UK had a lot of free testing sites, those were the most convenient for a lot of us.

So, I think going to the doctor’s office is sometimes something that people kind of avoid or put off because it isn’t that convenient.

So, having these free tests in people’s hands I think is going to be more important moving forward now that those testing locations
aren’t necessarily going to be operating anymore.

MS. CECIL: And keep in mind, each person can get up to eight test kits a month. And, so, people in the household may be using them. So, 25,000 unique people means that you’ve got more tests out there because they have access to eight per month.

So, as Dr. Ali emphasized, that’s not the number of claims. It’s just the number of unique members that have accessed it.

MS. BEAUREGARD: Thanks.

MS. VICTORIA JUDE: And to speak on to what Veronica and Dr. Ali were saying, in addition to those efforts of building the awareness and supporting our members with the free over-the-counter COVID tests, Anthem has actually also worked with our homeless shelters and has distributed 5,000 COVID-19 testing kits to them as well to make sure that they’re easily accessible for those that can’t seek those services elsewhere maybe due to transportation and stuff.

MS. BEAUREGARD: Thanks, Victoria. Are those numbers included in what we just heard?

MS. JUDE: No. That’s just our
individual outreach efforts as an MCO.

    MS. BEAUREGARD: Thank you.

Five thousand you said?

    MS. JUDE: Yes.

    MS. BEAUREGARD: Thanks. All right. Do any other MCOs want to talk about any of their outreach or communication efforts?

The other question that we had here was just related to the COVID vaccine and how many Medicaid members have now received a vaccine and how many are actually up to date which would be the two vaccines and the booster or for some maybe two boosters at this point.

    MS. CECIL: Does someone else have that information?

    MS. PARKER: The numbers?

    MS. CECIL: Yes.

    MS. PARKER: We’re still calculating them weekly and I think we’re seeing not a significant increase. It’s around 40% for the Medicaid MCO population.

    MS. BEAUREGARD: You said that was for the MCOs, not for fee-for-service.

    MS. PARKER: Fee-for-service is around 65%. I’m going to find the exact email here.
in a minute, but I will get those specific numbers before this is over.

MS. BEAUREGARD: And that’s fully vaccinated, is that right, up to date?

MS. PARKER: Yes.

MS. BEAUREGARD: Are the outreach efforts still ongoing as far as MCOs offering incentives and during various events and things?

MS. PARKER: Yes. I mean, they’re still doing that. They still have the incentives that they’re providing to get the vaccinations.

MS. BEAUREGARD: Thank you for that update. Any questions from TAC members?

We’ll jump back up to the top, well, it’s Item 3, Medicaid Enrollment and Recertification and cover some of the topics that we have raised at past meetings.

The first is the status of system issues that have been reported by kynectors. There were a few things specifically related to Emergency Medicaid and I know that Miranda has been really communicating I think directly with DMS on that; name changes that have been overwritten and
some of those may have been resolved. I’m just wondering if there have been any system issues and whether they have been able to be changed kind of at a system level, and, then, Medicaid discontinuances for people who did not move, didn’t pass away or request to be discontinued.

MS. GUICE: On the issues that all kynectors have brought to us, we worked those cases one at a time. We found one issue with kind of more of a systemic issue as opposed to a bug here or there and fixed that. It had to do with notices going out talking about the eligibility for QHP as if your Medicaid was going to end but, of course, it did not.

So, that was corrected and I think that we managed all of those calls that came in on that pretty well.

Otherwise, as far as how I think that it’s happening, I don’t think anybody is getting discontinued who did not move, pass away or request. And if that happens, I need to know about it so we can check and see.

MS. BEAUREGARD: When we do open records’ requests that come through the Kentucky Center for Economic Policy, but----
MS. GUICE: Right. Okay.

There’s a report, right? Correct. That’s a report that comes out of the system. It’s a CAND (sic) report. The people who do the open records’ requests, they ask for that report and now it’s sitting there and they run it.

Okay. Those are the people who would be disenrolled and terminated, and those are the reasons that they would be terminated for were it not for the Public Health Emergency.

MS. BEAUREGARD: So, those aren’t discontinuances. Those are suspended discontinuances. Is that basically what you’re saying?

MS. GUICE: Yes.

MS. BEAUREGARD: Okay, because there is also - it includes discontinuances for death, moving, etc. So, that’s a little confusing.

And I was also going to mention Christine, one of our TAC members, was discontinued, and I know you assisted with that case.

MS. GUICE: Well, but she wasn’t really discontinued. She got a notification that she was discontinued and then she was
1 discontinued whenever people started to talk about
2 the case. Okay? That was a communication error.
3 That notice that she got was in error.
4 That’s the notice I talked
5 about when I first said we had some issues with a
6 notice going out talking about people being eligible
7 for QHP and that their Medicaid was going to end
8 because of that.
9 We fixed that and the reality
10 was that Christine was never discontinued until -
11 somebody misunderstood somewhere. I do not know,
12 and I know Christine told me that she was there when
13 her Assister spoke to the caseworker, okay, and the
14 Assister never said anything about discontinuing,
15 but somebody on the inside heard that and put it in
16 the case record that she asked to have her case
17 discontinued and that’s why it was.
18 MS. BEAUREGARD: So, you don’t
19 think that a similar issue could be happening for
20 other people who call in for various reasons to
21 report whether it’s an update that they moved from
22 one county to another or changed jobs and have a
23 different income? Could that not be happening in
24 other cases?
25 MS. CECIL: Let’s recognize
that nothing is 100%. There’s human error. There’s system error. And what’s most important is that if this happens to somebody, that they reach out, that it’s brought to our attention so that we can make sure that it’s fixed.

Again, as far as we know, the system is working to not discontinue somebody if they haven’t done one of those three things - moved out of the state, passed away or have requested it specifically, but we’re all going to acknowledge that nothing is 100%.

We do our best to get to there but we definitely need people to report. I mean, we try not to talk about specific cases, but if somebody gets a notice and they’re concerned, certainly they should reach out so that we could clarify that that’s an error and, no, you weren’t going to get discontinued and we apologize for the notice.

We’re definitely concerned. I’ll go ahead and take this opportunity to say that with any unwinding that comes with the Public Health Emergency, we don’t want people to panic. We don’t want people to increase their anxiety or fear that they’re going to lose their coverage because what we
do know is that most people will be able to be
passively renewed and we really should only be
focusing our efforts on those people that we can’t
do that.

And, so, we’re going to all
need to work together and try to work through all of
the one-offs and issues that are going to come with
that and focus on those.

MS. BEAUREGARD: I think you’re
absolutely right, that we want to make sure that
we’re focusing on people who do need to actively
recertify and getting out good information.

My concern has just been that
people wouldn’t necessarily know that they were
incorrectly discontinued when they get that message
and know to even reach out.

So, when we hear from whether
it’s one or two or three people, you wonder how many
other people may have gotten a similar notice and
not known.

Because it was kind of wrapped
into what was going on with open enrollment and
Qualified Health Plans, I wondered if there could
have been a few other people who were in a similar
situation.
MS. GUICE: Usually - oh, I’m sorry. I thought you were done.

MS. BEAUREGARD: I was just going to say if Miranda or Christine have anything more to add. It may be that you’re right, this was just a fluke and hopefully that’s the case.

MS. GUICE: What I was going to add is that usually folks find out about the status of their Medicaid when they try to access services.

And, so, they’ll go to a provider or they’ll go to a pharmacy and either at the pharmacy, they have that point-of-sale check and, then, the provider will also check usually on eligibility status.

So, there is a process for that. It’s called the dire needs process. I know that some of you have probably heard about that but it’s a process that we have inside. It’s an internal Medicaid process. Providers will call us. Members will call us. The Call Center knows about the dire needs’ process so that we can correct things like that, and we have people who do that all day long.

And, so, there are people that have the wrong eligibility status showing, as there
has always been, and hopefully we’re able to address
that when they go to access services because that’s
where the people really need to know that they’re
eligible.

MS. JACKSON: I just want to
say that I do appreciate, Lee, that you worked
through the initial problem, and I’m just using me
as an example that might be going on with others.

So, now that that’s been
corrected, there’s been several documents that show
it but the dates on the documents aren’t in sync.
And, so, I’m not able to get a reimbursement for
having paid the Qualified Health Plan, but I will
work with – Priscilla in Emily’s office is now my
kynector.

So, I will work with her to
work through that, but thank you, though, for
pushing it along. I appreciate it.

MS. GUICE: I’m sorry you’re
still having issues. And if you continue to do so,
I don’t know very much about the Qualified Health
Plan, but if Priscilla has an issue getting through,
you just contact us and we’ll find somebody for you
to talk to.

MS. JACKSON: Great. Thank

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you.

MS. BEAUREGARD: Miranda, do
you have anything that you want to add related to
the Emergency Medicaid cases that have been pending
review? Have those been resolved?

MS. BROWN: The one that you
know, Lee Guice, about was resolved, and prior ones
are - so, I do have another one pop up and that’s
the one I emailed Lee about but I got it resolved
over the phone.

So, I don’t - I mean, as far
as I know, it’s still happening but I haven’t had
another one since that one.

MS. CECIL: Again, let me
reiterate. It’s never going to be 100%, and it’s
unfortunate, and trust me, if we could do something
to make sure that nothing ever, ever happens, an
error never happens, I would do it in a heartbeat.

What I think is great is that
you guys reach out and let us know. And if it’s
systemic, we definitely have to do something to the
system to correct it. If it’s individual, those are
going to happen. They will always happen and it’s
just the communication that we have with our
kynectors and with you all is what we need to have

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as the process for as those pop up to try to help
those members out.

    MS. BEAUREGARD: Yeah. Thank
you. I’m wondering if the Emergency Medicaid cases
are somewhat systemic, if that is an issue that is
happening more widely, but just would appreciate any
digging that you all can do since Miranda has had a
few of those.

    MS. CECIL: And Lee could talk
about this probably a little better. Emergency
Medicaid is so individual case-specific, that that
probably complicates it. But, Lee, do you know
anything systemic-wise or system-wise that is
creating that?

    MS. GUICE: Not that I’m aware
of, no, no. One of the things that continues to
happen, I think, overall is every once in a while,
some notices will get through. They will get
printed and sent out while we’re doing - part of the
- let me back up a little bit.

    Part of the process for the
maintenance-of-effort requirement is manual in
nature. And, so, every month, there’s some manual
updates that have to be done. And some of those - I
would say that Emergency Medicaid is one of those
audiences because of the size of it. And, so, you will be happy to know that I’ve moved them way out now.

So, we shouldn’t have any month to month or every two months or every three months, but every once in a while, the notices would print before the manual portion of the renewal got done.

And I think that nobody should have been terminated and nobody actually was. More often than not, it was the notice that went out in error due to the manual part of that process.

MS. BEAUREGARD: That makes sense. So, it’s particularly the notice that people would receive whenever you do that manual renewal.

MS. BROWN: Thank you for addressing that, Lee. Yeah, I think that was really difficult when people kept getting those notices every couple of months. So, having that further out is better.

The issue that I had seen that we brought up before at the last meeting, and I don’t remember if you were there, Veronica, was sometimes, often when I enter in a case on KyNect that is for Emergency Medicaid, the result screen
just says it’s pending review for thirty days; and
if I call DCBS about it, they’re like, oh, we don’t
see that there’s an application actually. And, so,
it’s like it’s not really under any kind of review
for thirty days unless we call about it.

And, so, it seems like the
screen isn’t really accurate and that was what I was
talking about when I said I emailed Lee a case that
I was able to resolve over the phone and I was just
notifying Lee that I had another one but I haven’t
had one since but I do worry about that issue.

MS. GUICE: Well, I was hoping
that that was a one-off because nobody - I checked
and nobody seemed to think that that was an ongoing
problem.

MS. CECIL: Right, that we
don’t have just Emergency Medicaid applications
sitting out there and nobody working them. We’re
not aware that that’s a problem.

MS. BROWN: It’s definitely
something I’m going to keep an eye on. I just
haven’t had another one lately, but it had happened
a couple of times in the fall which is what made me
think that it was an ongoing issue.

And one of the things that I
flagged as potentially being related is that I think a lot of kynectors do not know that they can initiate Emergency Medicaid applications through Kynect.

Like, it’s not something that’s been incorporated into the training or anything. It’s just something that I need to look for because I work with that population a lot, but I think that more education for kynectors and for consumers about Emergency Medicaid will potentially increase the number of applications that are submitted through Kynect for Emergency Medicaid which would also help us determine if this is a bigger issue or not.

MS. BEAUREGARD: I was going to say I feel like the majority of those applications are coming from hospitals and not from kynectors like Miranda. And, so, that’s probably why you haven’t heard of it more, but I would guess that there may be some pending applications out there.

I think we can probably move on. Miranda is shaking her head.

The next item that we have here was the status of reviewing documents explaining the difference between Presumptive
Eligibility and Emergency Time-Limited Medicaid.
That was the flyer that Kentucky Equal Justice
Center had put together.

And I believe it was approved by Medicaid, but what we didn’t know was how it was going to be used and when.

MS. CECIL: I don’t recall this but I don’t know if we’ve had that further discussion. Certainly, you know, I think it was anticipated that you all could utilize that in your outreach and education, but I don’t know, and, Lee, certainly chime in, if we had come up with an actual plan on how we were going to communicate that.

MS. GUICE: No, I don’t think I have anything to chime in on that.

MS. CECIL: Okay. Well, we’ll take that back.

MS. BEAUREGARD: We’ve been told in past meetings that it’s under review. So, that’s why we keep it on the agenda.

MS. CECIL: Okay. I thought under review probably meant the actual review of the document.

MS. BEAUREGARD: That’s okay. I’m trying to think, too, back on our other previous
conversations. Miranda, do you recall what we thought the status was?

MS. BROWN: The brochure that we had drafted that explains Emergency Medicaid and hospital charity care programs and FQHC’s, like, my understanding was that you were okay to use it but that we hadn’t heard anything about you all putting it out, and that’s something that we were really hoping you all would be willing to do, DMS would be willing to do is put out that information because it’s really needed.

The more agencies putting it out, the better; but I was actually thinking that that brochure that we worked on doesn’t necessarily - I was trying to pull it up to look at it. I was trying to remember if it actually includes PE or if that was something else we were requesting separately.

MS. BEAUREGARD: I think that it did, but, yeah, we can go back and revisit that, Miranda, after this meeting.

But, yes, I would just echo that having DMS send it out at least to providers would be very helpful because it is providers who need to be educated on this. I mean, obviously the
community members as well, but providers, especially in hospital systems, are the ones basically initiating one of these two applications on someone’s behalf.

Most people in the community aren’t initiating them on their own, especially now that Presumptive Eligibility will only be possible at hospitals or Federally Qualified Health Centers. So, just making sure that people are going through the right application to begin with I think would be helpful.

MS. BROWN: I was just going to say, providers and kynectors I think need this information.

MS. BEAUREGARD: I agree. The next item that we have here is the status of the diagram that DMS has been working on for Medicaid and KCHIP eligibility.

MS. GUICE: Erin, can you let me share my screen, please?

MS. BICKERS: Yes. Give me one second.

MS. GUICE: I don’t have it yet. There we go. Yes, I’ve got it. Thank you. Can you see?
MS. BEAUREGARD: I don’t see a document or anything.

MS. GUICE: Okay. Let me try this one. Oh, I know what I did wrong. Hold on a second.

MS. BEAUREGARD: It looks like it’s working now.

MS. GUICE: Okay. Good. I think we finally got this finished and I want you to take a look at it to see if this is more what you were looking for.

MS. BEAUREGARD: On first glance, I really like the way that you have organized this and I like the colors. That is a much more organized and a simplified way of looking at eligibility than we have seen.

Christine, this was your recommendation. So, I’d be curious to hear what you think, too, and, of course, we’d love to get a copy of it.

MS. GUICE: It’s hot off the press. So, yes, I will give you a copy of it.

MS. JACKSON: The color coding. Yes, at first glance, it’s easy on the eyes.

MS. BICKERS: Lee, if you can
send that to me, I can email it out to them.

MS. GUICE: Right.

MS. JACKSON: It looks pretty comprehensive, too.

MS. GUICE: I think so. I had one of our eligibility experts actually work on it and she came up with some very nice information on here, I believe.

MS. BEAUREGARD: It would be helpful - the only thing that comes to mind immediately would be to just link to the current Federal Poverty Level or even put the table maybe at the bottom, like a separate table at the very bottom of this document just so that people can reference that pretty quickly, but, other than that, we’ll take a closer look, of course, when we get it in an email but it looks really nice and I appreciate all the work you did on it.

MS. GUICE: The thing about the FPL is the amount is dependent upon your family size, your household size. And, so, if we were to put an actual amount in here, we would have to say this is for a single person. And, so, a link to the----

MS. BEAUREGARD: That table is
what I have in my mind.

MS. GUICE: Okay.

MR. RANDALL: This is Jeremy from Anthem. I was wondering if the MCOs could get a copy as well?

MS. GUICE: Well, once we get it to the TAC, it’s public.

MR. RANDALL: Okay. There you go. Okay. Thank you.

MS. GUICE: I would imagine that we might post this on the website, too, but thank you for asking, and, yes, we will.

Now I’m going to stop sharing my screen. Okay.

MS. BEAUREGARD: All right, Thanks, Lee.

The next item we have here is the status of adding those monthly reports on kids’ enrollment which I did go back and look at whenever I finalized this agenda. So, it might have happened between like last week and this week but it still looks like it was October when I checked.

MS. GUICE: And there were no other reports up there, just that one?

MS. BEAUREGARD: Yeah, about a
week ago.

MS. GUICE: I don’t know.

We’ve had a complete failure of communication. That’s not something I thought to go out and check but I know that the reports are being run. I’ll just have to take another run at it. I apologize for that.

MS. BEAUREGARD: Well, and it may be that they’re up there now. I can check here in a minute. I knew that that was the plan. I just wasn’t sure when they would go up and I’ve just been looking every once in a while.

So, I will check and then send you a message.

The next item we have here is the status of a fiscal study related to lifting the five-year ban on covering legally residing pregnant women.

Of course, this is something we’ve talked about a lot and made recommendations around, but the last recommendation, I think the response from DMS was that you all were conducting a fiscal study. So, I just wanted to know if any progress has been made there.

MS. GUICE: I can say that we
are very close to coming to a decision about this.

MS. BEAUREGARD: Okay. Would the decision be about doing a fiscal study or lifting the bar?

MS. GUICE: Lifting the bar.

MS. BEAUREGARD: Okay. Thank you. And is it based on a fiscal study or information that you can share?

MS. GUICE: A fiscal impact is always done when we make any change, period. We don’t base our policy decisions only on fiscal impacts but it has to be part of it because we have to pay for it. It has to be paid for if we increase the level of services for anybody.

MS. BEAUREGARD: Right.

MS. GUICE: And that would be an increase in level of services that would impact adding additional enrollment. So, we’re very close to that.

MS. BEAUREGARD: Okay. So, Lee, while we were talking, I did look at the web page and it is still October, 2021. It’s not on the Medicaid’s statistics page at all. It’s under that right-hand menu.

MS. GUICE: Yeah, I know where
it is. I’ll find it.

MS. BEAUREGARD: Okay. Well, we’ll look forward to getting more information about that five-year bar.

The next item we have here is the status of developing a network adequacy one-pager or a decision tree of some sort that breaks down the steps that a person with Medicaid coverage could take when they’re working with an MCO versus when they need to go through DMS.

MS. PARKER: I’ve talked to three out of the six so far regarding their current process and how this is working and I should have that complete with the other three as far as what their processes looks like to make sure that we are addressing the network adequacy needs of our membership.

I should have something hopefully by the next TAC that you can review and go from there.

MS. BEAUREGARD: Great. Thanks. That’s great.

Our next item is the status of the Health Disparity and Equity TAC. I know that you all were waiting on a member, I think.
MS. CECIL: We are. So, we have ten of the eleven recommended applicants and that’s being sent over to the Governor through the regular process for appointment. We are still hoping to get – we’re still searching for a member with lived experience and hope to have an applicant for that very soon.

MS. BEAUREGARD: Okay. I know I’ve already offered that, but if there’s any way that we can help you identify a person, we would be happy to.

MS. CECIL: Thank you.

MS. BEAUREGARD: The next item we have here is related to the Public Health Emergency. I believe that you’ve mentioned having some stakeholder meetings to plan for communication and just what that recertification process looks like with the unwinding that we talk about. Any updates there?

MS. CECIL: We are currently working on our operations plan that we need to submit to CMS, not for approval but they’re asking states to submit an operations plan for review and we’re trying to create and finalize that project, implementation plan.
We this past week identified the stakeholders from Managed Care Organizations to community advocates. So, some of you all will likely hear from us soon.

And we’re probably going to be in maybe about two weeks start kind of reaching out because, again, it’s about us trying to get our ducks in a row and make sure that we know what decisions need to be made and what those decisions are and then to bring in everybody to make sure we’re covering everything.

What we understand is that you have to have a communications plan and that communication has to be the members and providers. It has to do with training for kynectors and for DCBS staff.

We also have lots of system changes and those have been kind of looked at over the past month.

All of the changes made at the beginning of the pandemic, we have to unwind. And, so, we’re going back and looking through all those change orders and seeing what needs to be pulled back.

And, then, the other bucket is
the flexibilities that have been afforded through
the Public Health Emergency and what needs to
continue on, that will be permitted to continue on
through a State Plan Amendment or another waiver or
that were tied specifically to COVID and we can’t
extend those.

We understand that
communicating all that is going to be just very
important. We’re going to need everybody, all hands
on deck and making sure that everybody is staying on
message and clear, understandable information.

So, again, probably in a
couple of weeks we’ll start working on that. May
15th is sort of the 60-day time deadline for CMS if
they’re going to unwind after this current Public
Health Emergency extension. So, we’ll all be
closely watching as that approaches to see what
happens.

MS. BEAUREGARD: Right. That’s
when CMS would notify states if they don’t plan on
continuing or extending the Public Health Emergency
again.

And, so, are you all feeling
like - well, I guess it’s not good to speculate.

MS. CECIL: I’d rather not.
MS. BEAUREGARD: All right. Well, that’s good to know that you’ll be reaching out to stakeholders soon. We appreciate that.

Any questions before we move on to New Business?

So, this is something we always ask which is how many Kentuckians are currently covered under the traditional and expanded Medicaid, as well as Presumptive Eligibility.

MS. GUICE: The number of expansion members is 601,637. So, those are all, of course, adults, 601,637. Total members, 1,634,241.

MS. BEAUREGARD: Okay. And do you have PE?

MS. GUICE: Yeah. Hold on one quick second. I’m sorry. I thought I had the figure in my head; and then when I started to actually think about saying it, no number came to my mind. So, give me just one second. It’s opening. It’s trying to open. I think we’re in the neighborhood of 900.

MS. BEAUREGARD: About 900?

MS. GUICE: It’s up this week. I guess I haven’t looked at this one. Fifteen hundred.
Ms. Beauregard: All right.

Thanks. I think Miranda had a question last time about the number of Kentuckians covered under PE Medicaid in February, 2020 or the average per month in 2019. Did I get that right, Miranda?

Ms. Brown: It does look strange. What I was trying to ask about was what was the PE coverage before----

Ms. Beauregard: Before the pandemic.

Ms. Brown: Well, before - yeah, exactly, before the pandemic.

Ms. Guice: It seems to me I have a memory of asking that question on a data request. Can you skip that question right now and let me look a little bit?

Ms. Beauregard: Sure. We’ll move on.

I don’t think this is related to that question. Just how many current PE enrollments were the result of applications submitted from the public-facing portal from providers or from DCBS? We can skip that one, too.

The next item that we have on the agenda is our 1915(c) waivers. Pam, are you on
still?

MS. SMITH: Yes, I’m still here.

MS. BEAUREGARD: Okay.

Fantastic. So, we have a few things from our previous meeting that we just wanted to touch base on - the status of reimbursement for transportation assistance.

MS. SMITH: So, we have included or transportation is part of the rate study for the look at formally expanding it to all of the waivers.

Until then, we have verified that transportation can be provided as part of, for example, at the attendant care service or some of those types of - there’s a corresponding service in each waiver that would cover that transportation could be provided under until we are able to expand it to all of the waivers.

Right now it’s only a participant-directed option. So, we’re looking at what the best way is to implement it because, honestly, we have not had very many people in SCL use it.

MS. BEAUREGARD: That’s what I
was going to ask next. I’m wondering if it’s because people don’t know that they can use it or how to go about getting it approved. What does that process look like?

MS. SMITH: So, that’s part of it, I think, is that people just don’t understand maybe the service or how to use it.

So, obviously, there will have to be regulation changes long term for us to, depending on as we review the services and look at what the rate will be, there will be changes to regulations and to the waivers.

Until then, we can do some just education just out to the providers to explain and remind them that it is covered under the services in the waivers right now, that they can use that until we’re able to make the changes to expand that service.

MS. BEAUREGARD: I think that would be helpful. Did waiver participants also get a communication? I feel like you---

MS. SMITH: We can make sure that they get a copy of that or that they get something about that. I’ll follow up with Kelly, too. We’ve done so many. Honestly, we’ve released

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so many things recently, I just need to go back and follow up to see if it was covered; and if not, I’ll make sure we get something out.

MS. BEAUREGARD: Okay. Arthur, do you have any questions or any feedback you want to share related to that?

I’ll move on to the status of implementing the enhanced----

MR. CAMPBELL (By Interpreter:)

I have no questions.

MS. BEAUREGARD: No questions.

All right. Thanks.

MR. CAMPBELL (By Interpreter:)

I have a document.

MS. BEAUREGARD: Arthur, your assistant I’m having a hard time hearing. Would you mind speaking up?

INTERPRETER: He said he has got a document from----

MR. CAMPBELL (By Interpreter:)

ARC?

MR. CAMPBELL: Yeah.

MR. CAMPBELL (By Interpreter:)

About what is going to happen with Medicaid when COVID-19 is over with.
MS. BEAUREGARD: What is going to change when the pandemic is over.

MR. CAMPBELL (By Interpreter:)
It goes into detail on what is supposed to happen.
So, you have a document from the ARC and the document goes into detail about what will happen after COVID with Medicaid. Do you want me to send it to you?

MS. BEAUREGARD: Arthur, do you have questions about that document and what’s going to change when the pandemic is over?

MR. CAMPBELL (By Interpreter:)
He said he thinks everyone should read it. May I send it to you and you can send it out to everyone?

MS. BEAUREGARD: Yeah. I think it would be helpful for us to take a look at that. And if there’s anything specific that you have a concern or a question about, if you could just maybe give us some bullet points of what the issue is, we could ask Pam to weigh in on that.

MS. SMITH: So, let me make sure that I get that because I’m not sure what the ARC may have sent out because all of the flexibility that we have from the 1915(c) waivers, they run up to six months after the federal Public Health Emergency
is declared over.

So, with it just getting extended to mid-July, those will go into place for the remainder of this year through next January.

As time gets closer to that and we know for sure that it’s going to be declared over, we’ll send out more communications, but I’m not aware of what the ARC sent out.

So, if Arthur will share that with you and you get it to me, I’ll look at it.

MS. BEAUREGARD: We can definitely do some email communication about that. And if we need to, we’ll put it on the agenda for our next meeting, too.

MR. CAMPBELL: Thank you.


So, in terms of the enhanced HCBS funding plan, are things going kind of into place now?

MS. SMITH: So, we had been moving kind of full steam ahead with kicking off all of the other work streams; but with the passage of the budget and the direction in there for us to reach out to CMS to obtain approval to use that
enhanced money for increases to provider rates, everything has been paused with the exception of the rate study and we are having to rewrite a spending plan, and we’ll be putting that out for - it will go out for a short public comment period before we submit it.

But basically everything is paused right now except the rate study while we are rewriting our spending plan and sending that to CMS for review and approval.

And, then, we’ll have to evaluate after that what can continue or what will, if anything, we will have funding for.

MS. BEAUREGARD: Thank you for letting us know. I haven’t heard that. So, you said there will be a short public comment period?

MS. SMITH: Yes. We are going to put it out for a - because timing is so - you know, typically, we put out it’s typically thirty days we do for public comment; but because the timing of this is so critical in that we only have until March of 2024 to spend the money.

So, we probably will do a more abbreviated, like a two-week plan for everybody to try to get to review it. We’ll send out kind of
some of those quick reference guide type things that we do that really points out here's the changes to facilitate review, but I don’t believe it’s prudent for us to hold it out for the full thirty days just because our timing is so critical with this and the time line but we do want there to at least be an abbreviated public comment period for people to be able to review and ask questions.

MS. BEAUREGARD: We appreciate that.

MR. CAMPBELL (By Interpreter:)

I have a question. Are the rates----

MS. BEAUREGARD: The rate study workgroup?

MR. CAMPBELL (By Interpreter:)

What did you say?

MS. SMITH: About the rate study, Arthur? Is that your question?

MR. CAMPBELL (By Interpreter:)

Are they still meeting?

MS. SMITH: Yes. So, the rate study workgroup is still continuing because we have such a disparity amongst the rates between the different waiver populations, and we know based on the work that was done in a prior rate study that
did not get implemented is that there are rates that
need to come up, that there are rates that are below
what they should be, and that’s even without this
10% increase in year one and 10% in year two.

There were some rates that
were over that amount that needed to be raised for
them to be equitable and for them to pay for a
quality employee.

So, we are continuing with the
rate study. Our next meeting is going to be on
Monday, and right now we have an abbreviated - it’s
a wage rate survey that is out to the providers
right now. We did training on that on the 13th.

So, it’s been out for about a
week and we’re working with the providers on any
questions that they have and to get that out, but
that’s a critical part, that we are encouraging all
providers to participate in that so that we can
understand how COVID has impacted them, what they
did in response to COVID and, then, truly what the
costs are for employment and the training and all of
those needed things so that we get this right as we
do this rate study.

MR. CAMPBELL (By Interpreter:)

May I ask? Is P&A supposed to---
MS. BEAUREGARD: Participate in the rate study?

MR. CAMPBELL: Yeah.

MS. SMITH: So, P&A is part of the rate study workgroup, as well as we have someone from CCDD. There’s a couple of other advocates that are for brain injury on there.

And, then, Emily, I believe you or someone that you have voted or volunteered in your place are also able to participate on that.

And, then, we have been posting all of the videos to the YouTube channel, as well as the presentations so that anybody can go back and watch them.

MS. BEAUREGARD: Pam. I really appreciate that you’ve been posting those videos. And, yes, I was invited to participate I assume as a representative of the Consumer TAC, but Steve Shannon is also participating, just FYI, Arthur.

MS. SMITH: We wanted to make sure that we had equal representations to advocate for members as well.

We will, Arthur, as we get a little bit further down the road, we’ll start - right now, it is very technical. It has really been
in the composition of the survey and teaching the
providers, explaining exactly what to do; but when
we get to a point that we start looking at the rates
and start looking at the survey responses, we will
hold some participant and just some general public
kind of information-sharing sessions when we have
the information to do that.

MR. CAMPBELL: Thank you.

MS. BEAUREGARD: Thank you, Pam.

The last question we had was
about feedback sessions to be scheduled for various
stakeholder groups.

I put that on the agenda. I
don’t know if that was specific to the rate study or
just the enhanced----

MS. SMITH: So, we will be
having some as soon as we - now that we kind of
stopped and we’re going to regroup and do the new
plan but we will have - there have been sessions
actually planned for this week and maybe last week,
but we did have to - we paused those while we were
kind of waiting to hear about, you know, and for the
budget to be finalized.

And, so, we will resume those
and we will have those as soon as we have enough
information to share.

MS. BEAUREGARD: Okay. Thanks.

MS. BICKERS: And Lee had to
hop off for another call but she sent me some
numbers that I just shared with you guys. Can you
see them?

MS. BEAUREGARD: Yes. I see
these. Thank you. So, this is - actually, I’m not
exactly sure what I’m looking at.

MS. JACKSON: It looks like
last year’s numbers.

MS. BEAUREGARD: Oh, where it
says regular QE users. Is that PE? So, Assisters,
that’s how many Assisters enrolled - the contact
center enrolled PE users enrolled themselves? I’m
not exactly sure what the headers mean.

MS. BICKERS: I’ll get
clarification from Lee and I’ll email you guys, and
I will send this out to you guys via email as well.

MS. BEAUREGARD: That would be
great information to have. Thank you.

And where it says worker,
contact center and worker, I’m guessing contact
center would be the DCBS call center and worker, I’m
not exactly sure how that would differentiate, but
any clarification would be great.

Miranda, anything you want to add?

MS. BROWN: No. This is awesome but the clarification would help. Thank you so much.

MS. BEAUREGARD: And that does look like it’s pandemic time frame. So, we’re hoping we’ll get pre-pandemic, too.

MS. BROWN: Exactly. Yes, and this is one of the questions, and, then, the other question was about pre-pandemic PE enrollment in general.

MS. BEAUREGARD: Thanks very much.

MR. CAMPBELL (By Interpreter:)

My aide is about to leave.

MS. BEAUREGARD: Okay. Arthur, your aide is about to leave. So, would you be able to stay for enough time to do a recommendation or as many recommendations as we decide we want to put forward?

MR. CAMPBELL (By Interpreter:)
How long?
MS. BEAUREGARD: We can skip to that now.

MR. CAMPBELL: Okay. All right.

MS. BEAUREGARD: I have one recommendation in mind just based on a discussion that we had about Certified Professional Midwives. Are there any other recommendations that our TAC members would like to put forward?

Okay. So, my recommendation would simply be that DMS make Certified Professional Midwives eligible Medicaid providers.

Any questions, concerns, discussion that we need to have before voting?

MR. CAMPBELL (By Interpreter:)

(Inaudible)

MS. BEAUREGARD: You make a motion, Arthur?

MS. CAMPBELL (By Interpreter:)

Someone has to make a motion.

MS. BEAUREGARD: Well, Arthur, if you don’t mind turning on your camera because I do believe we need to see you for a vote, but if you want to make a motion, that would be fantastic and, then, I’ll take a second.
MR. CAMPBELL (By Interpreter:)

I make the motion that Medicaid pay for midwives’ service.

MS. BEAUREGARD: Great.

Thanks, Arthur. A second?

MS. BROWN: I second.

MS. BEAUREGARD: Thank you, Miranda. All in favor, say aye. Any opposed? All right. Motion carries.

Any other recommendations?

That was the only one that I had.

MS. BROWN: In the past, I believe we had already made a motion that DMS share the brochure on Emergency Time-Limited Medicaid with providers and kynectors, and I don’t know if we should make a motion again for that.

MS. BEAUREGARD: I don’t think it would hurt.

MS. BROWN: So, I guess the motion is that DMS distribute the brochure on Emergency Time-Limited Medicaid to providers and kynectors and have it publicly accessible.

MS. JACKSON: I’ll second it.

MS. BEAUREGARD: So, Miranda, I’m going to say that you made a motion. Are you
good with that? Christine seconded. Thank you.
Christine. All in favor----

MR. CAMPBELL: (Inaudible)

MS. BEAUREGARD: Did you have a
question, Arthur?

MR. CAMPBELL (By Interpreter:)
Did everyone vote on the midwives’ motion?

MS. BEAUREGARD: We did. I’m
sorry if I skipped you, Arthur. Did you want to vote
for that or against that? Well, you made a motion.
So, you made a motion. Miranda seconded it and the
motion carried unless I misunderstood people’s
votes.

MR. CAMPBELL (By Interpreter:)
I didn’t vote but I vote yes.

MS. BEAUREGARD: Okay. Thank
you. Gotcha now. I’m sorry about that.

So, then, the next vote we
have is the recommendation is DMS distribute the
brochure on Emergency Time-Limited Medicaid to
providers and kynectors and make it publicly
accessible on the website.

Miranda made the motion.
Christine seconded it. So, all in favor, say aye.
Any opposed? The motion carries.
All right. One more call for recommendations. I think we’re good there.

And we’ve bounced around a lot on the agenda but we’re almost done. We really covered everything that I think you all see on your agenda.

I added something under Other New Business right before this call because I got an email from someone who is doing key informant interviews as part of the Kentucky Medicaid Quality Strategy. So, this is specifically about quality of services provided to Medicaid members and they have to have a quality strategy plan.

And, so, they have been interviewing various stakeholders; and whenever they interviewed me, I asked if they had talked to any consumers and they said, no, they hadn’t.

And, so, I offered, well, I chair the Consumer TAC and we could probably find some people who would be interested in talking to you.

So, they’ve asked for us to help find three to five people that would be willing to talk to someone about Medicaid and related to quality of services.
So, I’m wondering if people would be interested in helping me find some of these consumers. And, of course, Arthur and Christine, if you want to participate yourselves, I think you would both be great voices for them to hear.

So, I can actually send that as just a follow-up email, too. I don’t want to put anybody on the spot but just wanted to make sure that I took this opportunity to let everybody know that that’s something that we’ve been asked.

Any more questions, Christine?

MS. JACKSON: No. I wouldn’t mind participating as long as it wasn’t super time-consuming.

MS. BEAUREGARD: I think my interview was less than an hour.

MS. PARKER: And if you don’t mind if I add a little bit to that.

MS. BEAUREGARD: No. Please do. Please do, Angie.

MS. PARKER: Northern Kentucky University is helping Medicaid with our Medicaid Managed Care Quality Strategy. It’s to be reviewed and updated at least every three years.

We’re working with MCOs on the
language as well. Right now, it has five goals, and basically the interview would not be more than an hour. They ask your opinion about certain things of what the current Quality Strategy, how that’s working and that sort of thing.

So, if you’re willing, if you want to share to Emily your information or to me, for that matter, I can send that to them to set up a time to talk to you.

MR. CAMPBELL (By Interpreter:)
Anytime you want me, just let me know, please, two or three days ahead of time.

MS. PARKER: We’ll probably send out an email to you for a particular date and time to get your feedback on when it would be a good time for you to meet.

So, it wouldn’t be more than, you know, we wouldn’t tell them the information today and try to set it up tomorrow. It would be up to you.

MS. BEAUREGARD: I’ll make sure that all TAC members get additional information and then connect with Angie and is it Gary, Angie?

MS. PARKER: Gary, yes.

MS. BEAUREGARD: So, you all
just watch for that and thank you for your interest.

Unless I missed something because we bounced around, I think we’ve covered everything. Anybody see something that we missed or any other New Business that someone wants to bring up?

So, our next meeting will be June 21st at 1:30, and I believe we’ll still be meeting remotely. Is that changing any time soon, Erin? I know with the MAC, it may change.

MS. BICKERS: I am using the new system now, as you can tell. I’m all by my lonesome. So, I have worked out a few kinks. So, if you want to put on your agenda for next time to vote on coming back in person.

I found a few kinks here and there but I think I’ve gotten most of those kind of figured out.

I think the only hiccup we may have won’t really pertain to your all TAC’s because we have some that are really large just like the MAC. So, you would be a little smaller in your numbers, so, I don’t think we’ll have an issue getting everyone on that side of the table. I may have to sit over in the corner and take notes
somewhere.

So, if we can vote on that next meeting, we should be good. And you still have the option if people would rather call in. I don’t know if some of you guys have to travel and would prefer not to do that. So, we’ll still have the Zoom link. I just hope we might have some company with me in this big ole room.

MS. BEAUREGARD: That’s what I’m going to ask next. These can be hybrid ongoing, right?

MS. BICKERS: Yes.

MS. BEAUREGARD: The accessibility of having a virtual option, I think, is really helpful. So, I appreciate you all getting the equipment that will allow that to happen.

So, I will make a note on the agenda that we can vote on this on June 21st to come back or at least to have a hybrid option.

MS. BICKERS: I don’t know about you, but if you didn’t have to drive, I wouldn’t want to. If I could just log in.

MS. BEAUREGARD: There’s a lot of convenience in having the Zoom and I have appreciated how it has worked to bring people from
all corners of Kentucky together for a lot of
meetings.

Our next MAC meeting is May 26th and I’ll give the report there but I just
always want people to know that that is happening.
And, of course, just like Pam was saying that
recordings are going up about the DMS rate study,
these TAC meetings are being recorded and shared on
the YouTube page as well as MAC meetings if you ever
want to check those out, especially if you want to
going back to a particular section or if you missed a
meeting, it’s a good way to catch up.

So, that’s all we have, and I
will take a motion to adjourn.

MS. BROWN: I motion to
adjourn.

MS. BEAUREGARD: Thank you. I
never remember if we actually do that. We probably
shouldn’t make a motion to adjourn but we’ll just go
ahead with it.

MR. CAMPBELL: I second.

MS. BEAUREGARD: All in favor,
say aye. Any opposed? Motion carries. Thank you
all.

MEETING ADJOURNED

-78-
TAC members in attendance via Zoom: Emily Beauregard, Miranda Brown, Arthur Campbell and Christine Jackson.

Medicaid staff in attendance via Zoom or telephonically: Veronica Cecil, Judy Theriot, Angie Parker, Lee Guice, Fatima Ali, Erin Bickers, Pam Smith and Jonathan Scott.

Managed Care Organization (MCO) representatives in attendance: At the request of DMS, MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

1. Welcome & Introductions: Ms. Beauregard welcomed everyone to the meeting and introductions were made. A quorum was present.

2. Approval of February, 2022 minutes: The February 15, 2022 minutes were approved.

3. Medicaid Enrollment & Recertification
   a. Old Business
      i. What is the status of system issues reported by kynectors?
         - Emergency Medicaid cases pending review
         - Name changes that are overridden
         - Medicaid discontinuances for people who did not move, pass away, or request it
         Ms. Guice reported that DMS has worked cases one at a time that kynectors have reported and there was one systemic issue that was fixed having to do with notices going out about eligibility for QHP as if Medicaid coverage was going to end but it did not end. She stated she did not think anyone has been discontinued who did not move, pass away or request it; but if it happens, she needs to know about it.
      ii. What is the status of reviewing the document explaining the difference between Presumptive Eligibility and Emergency Time-Limited Medicaid? Ms. Cecil stated that she was not sure that DMS had come up with an actual plan on how to utilize this document prepared by the Kentucky Equal Justice Center but that it was anticipated that advocacy groups could utilize this in their outreach and education. Ms. Beauregard noted that it would be very helpful if DMS could send this out to providers since it is the providers who need to be educated on this subject matter.
      iii. What is the status of the diagram DMS is drafting for Medicaid/KCHIP eligibility? Ms. Guice shared with the TAC a diagram of a more simplified and organized way of looking at Medicaid/KCHIP eligibility, and the TAC members were very complimentary of it. Ms. Beauregard suggested putting the Federal Poverty Level table at the bottom of the diagram, and Ms. Bickers will email the diagram to the TAC.
      iv. What is the status of adding monthly reports on kids’ enrollment in Medicaid/KCHIP to the statistics page? Ms. Beauregard noted that the last report was in October of 2021, and Ms. Guice stated that the reports are being run but she will have to check the status and take another run at it.
      v. What is the status of a fiscal study related to lifting the 5-year bar on covering legally residing pregnant women? Ms. Guice stated that DMS is very close to a decision about lifting the five-year bar on covering legally residing pregnant women.
      vi. What is the status of developing a network adequacy one-pager/decision tree that breaks down the steps to take with an MCO vs with DMS? Ms. Parker has spoken with three of the six MCOs regarding the current process and how this is working and she will be in touch with the other three MCOs to see what their processes look like to make sure that network adequacy is being addressed. She will report back at the next TAC meeting.
      vii. What is the status of the Health Disparity and Equity TAC? Ms. Cecil noted that there are ten of the eleven recommended applicants whose names have been sent to the Governor’s Office for appointment. DMS hopes to have an applicant with lived experience soon, and Ms. Beauregard has offered assistance from the TAC.
viii. When will the stakeholder meetings begin to plan for the end of the Public Health Emergency? Ms. Cecil stated that DMS is working on their operations plan that needs to be submitted to CMS for review. This past week, stakeholders were been identified, and in about two weeks, DMS will begin reaching out to these stakeholders. She noted that May 15th is the 60-day deadline for CMS if they are going to unwind after the current Public Health Emergency extension.

b. New Business:
   i. How many Kentuckians are currently covered under traditional/expanded Medicaid? How many are currently covered under Presumptive Eligibility (PE)? Ms. Guice stated that the number of adult expansion members is 601,637 and total members are 1,634,241. Presumptive Eligibility is 1,500.
   ii. How many Kentuckians were covered under PE Medicaid in February 2020? And/or on average per month in 2019? Ms. Brown clarified that she was trying to ask what the PE coverage was before the pandemic. Ms. Guice asked if this question could be skipped and she would try and look for the numbers. (Ms. Bickers later posted these numbers in the Chat box but there was some confusion on how to read the numbers, and Ms. Bickers will seek clarification from Ms. Guice.)
   iii. How many current PE enrollments resulted from applications that were submitted via 1) the public-facing portal; 2) providers; and 3) DCBS? Ms. Beauregard stated that this question could be skipped as well.

4. 1915(c) Waivers:
   a. Old Business
      i. What is the status of reimbursement for transportation assistance? Ms. Smith noted that transportation is part of the rate study for formally expanding it to all waivers. Until then, there is a corresponding service in each waiver that would cover transportation. She noted that there will need to be regulation changes long-term as services are reviewed and looking at what the rate will be. Until then, education will be given to providers to remind them that transportation is covered under these services in the waivers right now.
      ii. What is the status of implementing the enhanced HCBS funding plan? Ms. Smith noted that everything has been paused with the exception of the rate study because of the passage of the budget and the direction in there for DMS to reach out to CMS to obtain approval to use the enhanced money for increases to provider rates. A spending plan will need to be rewritten and this will go out for a short public comment period before it is submitted.
      iii. What is the status of the HCBS rate study workgroup? Have waiver participants been included? Ms. Smith stated that the rate study workgroup is still continuing because there is such a disparity amongst the rates between the different waiver populations.
      iv. When will feedback sessions be scheduled and for which stakeholder groups? Ms. Smith noted that feedback sessions had been paused while the budget was being finalized but these will be resumed as soon as there is enough information to share.
   b. New Business: There was no New Business.

5. COVID Tests and Vaccines
   a. How many Medicaid members (by MCO and FFS) have taken advantage of free over-the-counter COVID tests? Dr. Ali stated that for the MCO population, there are 15,637 unique members who have taken advantage of the COVID tests and that’s from the time of availability, January 15th to the present day. Fee-for-service is 219 unique members. Dr. Ali stated that DMS and advocacy groups have done a good job of communicating on getting the word out.
   b. How many Medicaid members (by MCO and FFS) have received a COVID vaccine? Of those, how many are up-to-date/fully vaccinated? Ms. Parker stated that DMS calculates the numbers weekly and it is around 40% for the Medicaid MCO population and 65% for fee-for-service.

6. Other New Business
   a. Medicaid reimbursement for licensed Certified Professional Midwives: Mary Kathryn DeLodder from the Kentucky Birth Coalition gave a brief presentation about CPM’s. She stated that in 2019, CPM’s were fully licensed and recognized legally as Kentucky providers; and since 2020, discussions have been ongoing with DMS to get CPM’s to become Medicaid-eligible providers. Ms. DeLodder noted that DMS stated that this topic of CPM’s will be part of an overall, broader maternal health review that DMS is taking part in with the Postpartum Affinity Group. Ms. DeLodder noted that this group is specific to
postpartum mothers who have active substance use disorder which is outside the scope for a CPM. Ms. Cecil stated that covering a new service or a new provider type takes time and that DMS is in the learning process. Dr. Theriot noted that Oregon and Washington are states that are reimbursing CPM’s as well as doula services. She also noted that DMS is taking a holistic approach and will look at all of maternal health, not just pre- and postpartum care.

Ms. Beauregard asked Ms. DeLodder to explain the difference between a Certified Nurse Midwife and a Certified Professional Midwife, and Ms. DeLodder explained that a Certified Nurse Midwife is an APRN who has prescriptive authority and a wider scope of practice and they can work in hospitals or in the home setting. A CPM has a more limited scope of practice focusing on the child-bearing cycle, so pregnancy through about six weeks postpartum, and a CPM does not have prescriptive authority.

7. Recommendations for the May MAC Meeting:
   (1) A motion was made, seconded and unanimously approved that DMS make Certified Professional Midwives eligible Medicaid providers.
   (2) A motion was made, seconded and unanimously approved that DMS distribute the Kentucky Equal Justice Center brochure to providers and kynectors on Emergency Time-Limited Medicaid and have it publicly accessible.

8. 2022 Meeting Schedule
   a. Upcoming TAC meetings: June 21, August 16, October 18 and December 20 at 1:30pm E.S.T.
   b. 2022 MAC meeting dates: May 26, July 28, September 22 and November 17

9. Adjournment. The meeting was adjourned.

(Minutes were recorded and transcribed by Terri Pelosi, court reporter, on June 13th, 2022.)