COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL

June 15, 2021
1:30 P.M.
All Participants Appeared Via Zoom or Telephonically

APPEARANCES

Emily Beauregard
CHAIR

Miranda Brown
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TAC MEMBERS

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-1-
APPEARANCES
(Continued)

Veronica Cecil
Judy Theriot
Angie Parker
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Lee Guice
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(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 April minutes

3. Presumptive Eligibility:
   a. How many Kentuckians are currently covered by Presumptive Eligibility?
   b. What outreach is being done to people whose PE ends on June 30th?
   c. Are there any upcoming changes we should be aware of?

4. Maternal & Child Health:
   a. What is the status of the SPA change to extend postpartum coverage from 2 to 12 months? How many Kentuckians would this potentially effect?
   b. Has any progress been made on the option of amending the State Plan to lift the 5-year bar on covering legally-residing pregnant women?
   c. What other options are DMS considering to address maternal and child health?

5. Coverage Options for Immigrants:
   a. KEJC has created a flyer to educate immigrants about Emergency Medicaid. KVH drafted a letter to providers. What is the status of DMS’s review?

6. 1915(c)Waivers:
   a. What is the status of the EVV implementation, including the new app and payments from FMAs?
   b. How is DMS gathering input into how to use the American Rescue Plan Act (ARPA) enhanced match for HCBS?
   c. What is the definition of “emergency slots”?
   d. How many people are on the waiting lists for each waiver?
   e. What is the status of the RFI process with CMS?
   f. What is the status of the Medicaid Waiver Task Force?
   g. What other changes are being made/planned for 1915(c) waivers?
AGENDA
(Continued)

7. Hospital Direct Payment Program:
   a. What is the status of HB183 implementation and
evaluation? Please provide a review of the
pre-print mentioned at the April meeting.
b. When will stakeholders be able to participate
in the evaluation process and development of the
next pre-print?

8. Single PBM:
   a. What is the status of the single PBM
implementation?
b. What will change for consumers?
c. What information will consumers receive?
d. Who handles complaints and appeals? DMS,
MedImpact, or the MCO?

9. SUD Services and Reentry Supports:
   a. What is the status of the 1115 waiver for SUD
expansion? What education/communications are
being prepared for consumers?
b. Thank you for creating the MAP form for
Incarceration Status Correction!
   I. Who can complete this form and how much time
will it take to process?

10. New Business:
    a. Can the MAC and TAC recordings be available
on YouTube and linked to the appropriate
MAC/TAC web pages? This would improve access
to meetings for the general public and assist
members who had to miss a meeting or leave
early.

11. Recommendations for the July MAC Meeting

12. Meeting Schedule:
    a. Third Tuesdays at 1:30pm ET: Aug 17, Oct 19,
Dec 14
    b. MAC meetings at 10:00am ET: July 22, Sept 23,
Nov 18

13. Adjournment
MS. BEAUREGARD: We are still waiting for Arthur. And, Patty, if you can hear me, if you would be able to start your video so we can see you, that would be great.

MS. DEMPEY: I’m on.

MS. COLLINS: Emily, Arthur will not be here.

MS. BEAUREGARD: That’s right. I’m sorry. I knew that. He emailed last week. Thanks for the reminder.

So, it looks like we do have a quorum with Miranda and Patty and I’ll just back up and say welcome to everyone to our Consumer TAC meeting.

I’m Emily Beauregard. I’m the Consumer TAC Chair and the Director of Kentucky Voices for Health, and we’ll start with introductions.

(INTRODUCTIONS)

MS. BEAUREGARD: The next item on our agenda is approval of the April minutes. So, have you both had a chance to take a look at those? Any questions or concerns? Any corrections that we need to make?

MS. BROWN: They look fine to

-5-
MS. DEMPSEY: They look fine to me.

MS. BEAUREGARD: Great. Then, I will entertain a motion to approve the minutes.

MS. BROWN: I motion to approve the minutes.

MS. BEAUREGARD: Thank you, Miranda. And a second?

MS. DEMPSEY: I will second.

MS. BEAUREGARD: Thanks, Patty. All in favor say aye. Motion carries. The minutes are approved.

The next item on our agenda is Presumptive Eligibility. We’ve just been checking on the status of this and wanted to get an update on how many Kentuckians are currently covered by Presumptive Eligibility. Sharley, do you know who is going to be sharing that update with us?

MS. CECIL: This is Veronica Cecil with Medicaid, but, Lee, do you have the numbers because I didn’t pull up the numbers?

MS. GUICE: Right. The numbers are 134,000.

MS. BEAUREGARD: Okay. Thanks.
And can you tell us a little bit about the outreach that’s being done to the people specifically whose PE will be ending on June 30th? I know there’s been a letter sent out and some outreach by United Healthcare.

MS. CECIL: So, there was a letter that went out and then a subsequent postcard that conveyed, I think, pretty clearly that their coverage was ending, encouraging them to reach out, to file a complete application or reach out to the Health Exchange because now, as you all know, they have the ability through August to try to find coverage on the Exchange.

There are some targeted phone calls going on; and as you mentioned, United is also doing outreach directly with these individuals as well and encouraging them and helping them connect to file applications for traditional Medicaid.

MS. BEAUREGARD: Okay. Thanks.

MS. CECIL: Again, we would really greatly appreciate any help from our advocates, from our community organizations to try to make sure people are aware and getting access to the support they need.

MS. BEAUREGARD: Absolutely,
and I appreciate all of the outreach that you’ve done and the various methods of outreach. I think it’s really important for people to hear probably from more than one person, one agency.

One thing that we have gotten feedback on, we’ve actually heard people who are worried that Presumptive Eligibility is ending altogether and we’re trying to be very careful in communicating that it’s only for certain people, although it happens to be a number of people because of the way that the dates worked out with the enrollment at the beginning of the year.

So, that’s just one piece of feedback. Anything we can do to assure people that PE itself isn’t ending I think is important.

And, then, something we’d like to clarify and you’ve probably already gotten this question because we sent it – I think Miranda and I both asked the Kentucky Health Benefit Exchange – but we wanted to know if it was only people enrolled in January who are losing coverage in June or if people, for instance, who enrolled in April are also losing coverage on June 30th because they didn’t get like that second extension.

MS. CECIL: Right. So, I’m
glad you asked that question. There are some upcoming changes to PE, one of them being that we have to go back to the original time frame. You still get two PE periods per calendar year, but based on CMS guidance, we do have to go back the first month from the date of enrollment plus one month. Right now, you can get up to three months and it will go from date of application to the next month.

And, then, after July, we are not going to be allowed to automatically extend people. So, they will have to make that proactive choice to extend.

MS. BEAUREGARD: Okay. That’s really helpful to know.

MS. CECIL: And let me follow up. These are just very recent guidance from CMS. So, we do plan to start providing information and education about these changes. It will be, again, in notices but we are planning some communication around it.

Lee, do you have anything to add to that?

MS. GUICE: I do not. Let me answer Emily’s first question. Everyone who
enrolled after January, so, if they enrolled in January anytime, their two PE periods will end on 6/30. Anybody after that is going to have their regular PE period.

MS. BEAUREGARD: So, if somebody enrolled in February, for instance, they have one PE period they didn’t get auto-extended?

MS. GUICE: Say that again.

MS. BEAUREGARD: For someone who enrolled in February, March, April, May, they have one PE period. It wasn’t extended to two. So, they weren’t auto-enrolled in a second PE period?

MS. GUICE: They’re not going to be auto----

MS. BEAUREGARD: I’m sorry. I think you cut out, at least for me.

MS. CECIL: Me, too.

MS. BEAUREGARD: Veronica, what was the answer to that?

MS. CECIL: I think Lee has more up-to-date information than I do. My understanding was that if you were in February, obviously that would have meant April was the end of your first period and we automatically renewed you. My understanding is that after July 1st, if your PE
period ends after July 1st, your first one, you would not be automatically extended.

So, I apologize that Lee is having technical difficulties but we will clarify that and send you all some updated information.

MS. BEAUREGARD: Thanks. It sounds like if that’s the new policy, that we can expect anybody who was enrolled in April, for instance, which would have ended on June 30th, theirs has probably been auto-extended.

MS. CECIL: That’s correct.

MS. GUICE: I’m sorry, you all. My computer just died.

MS. CECIL: So, Lee, if somebody was enrolled in February for their first period, they were auto-renewed in April, correct?

MS. GUICE: Oh, yes, they were.

MS. CECIL: It’s just if somebody’s first PE period expires after July 1st, they will not be auto-enrolled.

MS. BEAUREGARD: Okay. So, if the first PE period expires after July 1st.

MS. CECIL: Yes. And, again, we’ll start to get this communicated out. It will be definitely in the notice that they receive about
what steps they have to take. And I can assure you that this is not a decision that we got to make. We’re just following CMS guidance.

MS. BEAUREGARD: I totally understand. Miranda, did you have a question?

MS. BROWN: Yes. So, I’m hearing that consumers who haven’t yet gotten the two PE periods in a year will still be able to proactively apply and enroll. So, will Connectors still be able to assist them with that process?

MS. CECIL: Absolutely, they should, yes.

MS. BROWN: Okay. Thank you.

MS. BEAUREGARD: And I think you already covered that last question about upcoming changes. Is there anything else that you wanted to share?

MS. CECIL: I think that gets it all.

MS. BEAUREGARD: Okay. Great. Thank you. Patty, do you have any questions before we move on?

MS. DEMPESEY: No.

MS. BEAUREGARD: Okay. Great. So, then, the next item on our agenda is maternal
and child health. We had previously asked about Medicaid’s plans to extend postpartum coverage from two months to twelve months which is a new opportunity through the American Rescue Plan. Is there any update on that?

DR. THERIOT: This is Dr. Theriot. Really no update. We’re planning on submitting a SPA next spring to get that done. It’s not going to affect that many people. When we looked at it, it may be about 1,700 women a year but still an important thing to get done. So, the time line for that would be next spring to submit the SPA. I’m looking at your agenda.

MS. BEAUREGARD: Is there any reason that you’re waiting until next spring?

DR. THERIOT: Honestly – and please correct me if I’m wrong, Deputy Commissioner – I think we could try and do an 1115 – no?

MS. CECIL: Well, we could but we felt like if we do it in the SPA, you know, an 1115 is pretty cumbersome. And because the American Rescue Act allows in April of 2022 for states to be able to expand under the State Plan, that to us is a much better policy than to try to do it in an 1115.

MS. BEAUREGARD: That makes -13-
sense. I think I had forgotten about the time line.

Thank you.

MS. CECIL: And it will give us no value to submit it prior to April, 2022. CMS has said they won’t review it because they don’t have the authority to approve it.

Our understanding is that some state legislators have already given legislative authority for a State Medicaid Agency to go out and seek that but CMS isn’t going to even entertain that until April, 2022.

MS. BEAUREGARD: Okay. Thank you.

Our next question is about progress made on the option of amending the State Plan to lift the five-year bar on covering legally residing pregnant women. I know that’s something that is being considered.

DR. THERIOT: It is being considered but I really don’t have an update on that at this time.

MS. BEAUREGARD: Okay. And, then, any other options to address maternal and child health? I think I understood that there was maybe a workgroup going on for various things.
DR. THERIOT: That’s correct, yes. We are working through the Perinatal Quality Collaborative to help increase the availability of long-acting contraceptives for women in the immediate postpartum period and is covered by MCOs but there is a disconnect just because the hospitals are not carrying the items.

And, so, we’re working through the PQC to help get those items available on the postpartum wards so if a woman would like a LARC, they could have it at that time and at least they’re covered because some women don’t go back for six to eight weeks postpartum, some women just never actually go back for that visit and, so, they kind of miss out on the option of having that type of birth control.

So, we’re working with that. We’re working on increasing attendance at postpartum visits. Again, we think that’s an important thing to do and not as many women attend those visits as we would like. And the importance of that visit is to get the moms back into routine care if they have chronic illnesses obviously and, then, we do a lot of screenings at those visits for substance use and for social determinants of health and, so, it’s a
very important visit to go to.

So, we’re looking into how to increase attendance at those visits. And, again, we’re working through the PQC and with the Department of Public Health to try and do that.

MS. BEAUREGARD: All right.

Thank you. Are there any questions related to those updates?

I’m just curious. Dr. Theriot, are there any other stakeholders on that workgroup?

DR. THERIOT: We have some MCOs that are actually on the workgroup and we have members from ACOG, the OB/GYN Association, and we have nurse midwives represented. We’re trying to get as many different folks as possible.

MS. BEAUREGARD: And did you mention hospitals, too?

DR. THERIOT: Yes.

MS. BEAUREGARD: Perfect.

Thanks. Questions before I move on or comments?

So, our next item is coverage options for immigrants. We have discussed this in the past, a flyer that KAJC put together that I think we’ve all agreed is great information. We
just would like to know if it’s something that could be shared at this point.

MS. CECIL: I’ll tell you what. Miranda, if you can send that to me and let me make sure that we get an answer for you.

MS. BROWN: I’ll resend it.

MS. CECIL: Thank you.

MS. BEAUREGARD: And just for anyone listening who is not aware of what the flyer includes, it’s about Emergency Medicaid and access to other care through federally-qualified health centers, hospital charity care programs, that sort of thing.

Anything else, Miranda, that you want to discuss there?

MS. BROWN: No.

MS. BEAUREGARD: Okay. So, the next item on the agenda is 1915(c) waivers. Our first question is just a status update on EVV implementation including the new app and payments from - I’m not even sure, Patty, if I remember what FMAs stand for.

MS. DEMPSEY: That’s Fiscal Management Agencies.

MS. BEAUREGARD: Thank you.
MS. DEMPSEY: What that was about was supposedly this is conversations like over the phone with some meetings and hearing from family members and advocates. There was some concern about the limitation of the EVV.

It’s going well, it seems to be. Some of their comments were that I guess on July 1, there will be - let me be sure I get this right - July 1, there’s to be a new company, a switch-over to a new company, a new company, I think maybe Tellus. Does anybody know that?

MS. GUICE: It’s not a new company. Tellus bought the old company.

MS. DEMPSEY: Okay. So, just some of the comments is why we mentioned it. Some of the comments with the new app or the new company, what-have-you, particularly in the rural areas where there’s lack of Internet services that they’ve been having some problems.

I don’t know if people are calling those in from throughout the state, but that was one of the concerns that for the Internet services in the rural areas, they’re still having problems. So, are you all hearing that?

MS. CECIL: Our apologies. Pam
Smith could not make the meeting today. So, I apologize that we don’t have a subject-matter expert on for this, but what I do know is, yes, we’re aware of connectivity issues across the state.

And the reason that EVV has been put a little bit on hold in terms of mandating certain parts of it is because that we’re trying to deal with some of those issues.

MS. DEMPSEY: Okay. And I don’t know if it’s like the Internet. The other comments that they – and that’s part of that same sentence, Emily, is some of the concern, too, that we heard that we thought we would mention and it could have been because of shutdowns and what-have-you but the payments also are slow. Some are like three or four days late.

So, that’s been a little bit of a problem as well. Have you all heard that, Veronica?

MS. CECIL: About payments being late?

MS. DEMPSEY: Yes.

MS. CECIL: I don’t recall that. At least it hasn’t bubbled up to the
conversations that I’ve been having, but I’m happy
to go back and check on that.

MS. DEMPSEY: And I assume
that’s like from the FMA’s. I guess this is
particularly like PDS, Participant-Directed or what-
have-you. Those payments, none of those are direct
deposit. So, everything is going out in the mail.
So, it just seems to like recently slowed down to
where they’re a little bit late or like sometimes
they say that people don’t get their payments for
the services or for the work that they’ve done that
they’re running as much as three or four days late.
Again, this is probably in rural areas as well.

MS. CECIL: Okay. I appreciate
you letting us know about that and I’ll take it
back.

MS. DEMPSEY: Okay. Thanks.

MS. BEAUREGARD: Thank you for
those updates.

Our next question is about how
DMS is gathering input, and I should have also
included gathering and using input into how the
American Rescue Plan Act - how to use the American
Rescue Plan Act enhanced match for the Home- and
Community-Based Services Waiver.
I know some surveys have gone out.

MS. CECIL: Yes. There has been some stakeholder input and we appreciate that, and I believe some folks even on this call have provided some of that input.

And, so, we’ve gathered that and now it’s just sort of being reviewed against what administratively we have the capability of implementing, what are implementation plans around those. So, if we’re coming up on the time frame to get that submitted, we hope to be making those final decisions very soon.

MS. BEAUREGARD: Now, the submission, was it extended to the middle of June or the middle of July?

MS. CECIL: I believe – I don’t have that date on the top of my head. I’m sorry. Let me see if I can try to find it. Let me see if I can find that and I will communicate it.

MS. BEAUREGARD: Okay. That sounds good.

And, then, another question I’m just curious to know is like how quickly CMS is going to be reviewing and approving that since it is
only for one year, that has really already begun.

    MS. CECIL: Well, actually, so,
the time doesn’t start running - I mean, we have, I
think, multiple years to be able to implement and
utilize the funds is my understanding.

    So, from the date that we
submit it, I believe that we have - and, again, I
apologize that we don’t have our expert on the call
today - I believe that we have maybe up to three
years to implement and utilize those funds.

    MS. GUICE: But it only runs
for - I think the confusion is that you can only get
the funds and use them for a one-year period but
that’s probably the planning part of it.

    MS. BEAUREGARD: Lee, do you
think that it can be used retroactively, I’m
assuming?

    MS. GUICE: No, I do not think
it can be used retroactively.

    MS. BEAUREGARD: Starting it
was April, wasn’t it. Like, (inaudible) 1st, 2021 to
March 31st, 2022?

    MS. GUICE: I don’t know that.
All I know is what I said. That was about it. I
don’t think it can go - certainly, it couldn’t go
any further beyond April backwards.

MS. BEAUREGARD: Oh, no. I just meant back to the beginning of the year that the enhanced match was meant for.

All right. Well, if there’s any information that you can share, Veronica or Lee, after you look at some of those details, that would be great.

So, another question, I think, of Patty’s was the definition of emergency slots. How does DMS define an emergency slot?

MS. CECIL: I very much regret this, that, again, we don’t have our subject-matter expert. She was going to be on today but something happened that she couldn’t be. So, I’m very, very sorry.

We can take these back and try to answer them. I know that doesn’t give us dialogue and I apologize for that.

MS. BEAUREGARD: If Pam can send us updates on these different questions that we have, I think that would be great.

MS. CECIL: Yes, we will do that.

MS. BEAUREGARD: Did you have

-23-
any other feedback that you wanted to add, Patty, or other questions that you wanted to include?

MS. DEMPSEY: On the emergency slots, that’s come up before and it still comes up, like, there seems to be a difference, like, on the definition. So, yes, basically we just wanted to bring it up again that it’s still an issue, that it’s still coming up in the conversations that we hear.

So, we just wanted to bring it to your attention, so, thank you. If we could get some feedback, that would be great.

MS. BEAUREGARD: Patty, are you saying that like it’s being defined inconsistently across waivers?

MS. DEMPSEY: No. It’s actually for emergency slots, it would be the SCL waiver, the Supports for Community Living Waiver.

MS. CECIL: I would guess that’s inconsistency among maybe case managers and what qualifies as an emergency.

MS. DEMPSEY: Okay. Thank you.

MS. COLLINS: Emily, this is Camille. May I make a comment on that, Patty?

MS. DEMPSEY: Okay. That would

-24-
be great.

MS. COLLINS: I think what Patty, just to kind of give some further feedback. We also get feedback at P&A with persons who apply for emergency through DDID and I’m familiar with the regulation. And a lot of times it seems pretty clear that you have to be at risk for homelessness, institutionalization.

There’s some additional language, and sometimes it’s not clear on why DDID makes a determination that they don’t meet that criteria when I think that people have felt the application clearly met that definition. We’ve kind of experienced that as well.

MS. BEAUREGARD: So, the question is not only what is the definition but how is it being operationalized?

MS. COLLINS: Yes.

MS. CECIL: Okay. Thank you, Camille. I appreciate that additional information.

MS. BEAUREGARD: Sorry, Veronica. I guess the other, you know, like, is there an appeal process or what happens if someone is denied, and obviously I’m showing my ignorance here because this is not an area that I’m very
familiar with, but any of that information, I think, would be really helpful to have.

MS. COLLINS: And actually I think there is a reg - I can’t remember if that meeting - it’s this week - but Reg Review at LRC is reviewing a reg for the ability to appeal being placed on the emergency wait list versus the futures list. So, that is something that is coming up. I don’t know if Veronica wants to add anything.

MS. CECIL: That’s correct. At Reg Review, we do have - and that was the result of I think a really good collaboration with Protection and Permanency and other stakeholders on creating that wait list.

MS. COLLINS: It’s Protection and Advocacy, not Protection and Permanency.

MS. CECIL: I’m sorry.

Protection and Advocacy. Sorry..

MS. DEMPSEY: I think some of the issue is - and, Camille, I think it’s when, like, a person that is not receiving services, a person with disabilities, and actually they leave their parents and they don’t have support but, then, they do have a family member.

Then, the process that they
have to go to to find out if they qualify for
emergency, yeah, it gets kind of muddled there. So,
I think that’s some of the situation that people are
running into.

MS. BEAUREGARD: Of clarifying
the process as well.

MS. DEMPSEY: Right. Right.

MS. BEAUREGARD: I appreciate
you bringing that issue to the TAC. And, Camille, I
appreciate you adding in some additional
information. So, we’ll make sure to put that on the
next agenda to revisit as well.

MS. DEMPSEY: Okay.

MS. BEAUREGARD: It sounds like
we should probably just skip over the rest of these
questions, wait for Pam’s answers and, then, revisit
on our next TAC agenda, if that’s okay with you,
Patty.

MS. DEMPSEY: Yeah, skip the
rest of those. Actually, did we have on there the
number of people that - oh, yeah, that’s okay
because you don’t have anybody there. That’s fine.

MS. CECIL: Thank you, Patty.

MS. DEMPSEY: Thank you. We
just wondered what the numbers were but I can get
those later. Thank you.

MS. BEAUREGARD: Our next item is the Hospital Direct Payment Program. Previously, we had made a recommendation that consumers and stakeholders be involved in the selection of the quality measures that would be used as part of this Payment Program with the incentive, and it sounded like we were too late for that for this first round, but we wanted to know what the status of the implementation is, the evaluation process.

We’ve heard about this pre-print but we haven’t seen it. So, if we could get the pre-print that was actually submitted and approved, that would be really helpful.

MS. PARKER: The pre-print hasn’t been approved yet.

MS. BEAUREGARD: Oh, it hasn’t been approved. Can we see it even though it hasn’t been approved or is that something we have to wait for?

MS. PARKER: You have to wait.

MS. BEAUREGARD: Okay. Well, do you have any idea when that will be approved?

MS. PARKER: That is with CMS. So, they have up to ninety days.
MS. BEAUREGARD: Okay. So, it’s been submitted but not approved.

And, then, the next question - well, is there any update on the implementation and evaluation?

MS. PARKER: The pre-print is for three years as long as CMS - if they approve it, we’ve asked for a three-year period.

MS. BEAUREGARD: I think in one of - I can’t remember if it was the Medicaid Oversight and Advisory Committee or if it was another committee meeting in which the Commissioner presented and shared an update, but I thought that she mentioned this already being in effect and that payments were already going to hospitals which I would assume means that it is being implemented now. Did I misunderstand that?

MS. PARKER: I don’t know because I wasn’t at that meeting. I don’t know if Steve or Amy, if they’re on the line but we can certainly look at that; but as mentioned, the body in the pre-print, the quality measures have been established and were sent to CMS and that we’ve looked at a three-year period for that. And once we are able to share, we will share.
MS. BEAUREGARD: Okay. Is Steve on? I can’t see all the participants on my screen.

MS. PARKER: I imagine if he was, he would have gotten on.

MS. BEAUREGARD: I’m not seeing Steve on the list of participants right now. Veronica, do you know if payments have been going out?

MS. CECIL: I don’t have any update for you.

MS. BEAUREGARD: Okay. And, then, my last question is just about when stakeholders will be able to participate in the process and the evaluation and developing the next pre-print.

I know Angie just mentioned that the request has been made to approve this initial pre-print for three years but we kind of got in too late this first time in asking for some opportunity to participate. We’re wondering what the time line looks like for moving forward, getting stakeholder involvement.

MS. CECIL: Again, that’s part of implementation. So, I think until we figure out
what’s going to be approved and how we’re going to implement, then, we’ll definitely be sharing that information.

MS. BEAUREGARD: Okay. Well, I’ll include this on the next agenda to see if approval has been granted yet.

Our next item is the single PBM. Can you give us a status update on implementation? Is it July 1st?

MS. CECIL: Yes. So, this I know about. July 1st is a go. We are going live.

Implementation is going well. We’re having four to five meetings a day. We’re doing daily meetings around testing of the system, making sure the benefit plan is correct, prior authorizations, transfers of PA’s from the Managed Care Organizations to MedImpact. And, so, it’s going very well.

We are doing our best to communicate. In fact, at 1:00 today was a provider webinar. And, so, we’re just trying to make sure the word is out there and we’re giving an opportunity for providers, pharmacy and prescribers to ask questions. The next one is on June 25th from 3:00 to 4:00 p.m.
There was a letter that went out to all the members the first of June to make them aware of the change, but what we’re really hoping is that all this is behind the scenes and they don’t really notice any changes.

And, in fact, if anything, we believe it’s really an expansion of availability of the pharmacies that are involved because it’s all enrolled Medicaid pharmacies that are now available. There are no networks specific to an MCO.

We are aligning the benefit with fee-for-service in terms of coverage. We’ve evaluated and I believe expanded the over-the-counter benefit, and we will be posting a lot of that information here very soon.

We’re trying to do gap analysis between the MCOs and the single PBM coverage and for the non-PDL drugs to make sure that if there are members that are impacted, that there’s outreach to those members to make sure they understand the changes and also that there is a ninety-day grandfather.

So, come July 1, if a member walks in to a pharmacy and there is a non-PDL change or OTC change, that - I’m sorry - just the non-PDL
change, that that member has access to that drug and that gets identified and within the ninety days that something, outreach to the provider to make sure that it’s a drug that’s needed but there will be the grandfather period.

So, I feel we’ve got a lot of tools in place so that there’s no disruption come July 1st for these members.

MS. BEAUREGARD: That’s helpful. The information that’s going to be posted soon, will that be posted on like the consumer page of DMS’ website?

MS. CECIL: It’s going to be on the Pharmacy Policy page but you make a very good point. I think it’s going to be on our main Medicaid page and, then, on the Pharmacy Policy page, but certainly I think you make a good point that maybe we should also post it on the consumer page, on the member page.

MS. BEAUREGARD: My hope is that this will be a great thing for consumers as it is meant to be in that they won’t really notice anything other than maybe an improvement.

My question is when you say you’re doing this gap analysis with MCOs, are you
looking specifically for the consumers who will be
impacted because the medicine that they’re currently
on will no longer be on the Formulary? Is that what
you’re talking about?

MS. CECIL: Yes. It’s
primarily, let’s say that an MCO - and I think Dr.
Fatima Ali is on, so, Fatima, if I’m saying anything
wrong, please step in - but it’s primarily if the
MCO required a - a lot of times, it’s going to be if
the MCO required a prior authorization and now we
don’t because it’s on the non-PDL - I’m sorry - it’s
on the PDL.

Fatima, if you think of a
better scenario.

DR. ALI: So, if an MCO
currently covers a non-PDL drug with a prior
authorization and, then, on the fee-for-service side
it doesn’t require a prior authorization, then,
that’s a positive change for members. So, they will
no longer have to go through that prior
authorization process.

If, for instance, an MCO
covers a drug without PA and, then, on the fee-for-
service side, we’re covering it with a prior
authorization, that’s where the grandfathering will
kick in and members will be grandfathered for that ninety-day period.

The pharmacy will get a message at point of sale letting them know that the member is being grandfathered for ninety days and after the ninety-day period, they will require a prior authorization.

So, they will be able to make that intervention very early on and ensure that the member gets the medication with the appropriate prior authorization after that ninety-day grandfathering period.

And speaking of grandfathering, I do want to mention that the prenatal vitamins will be grandfathered for one year and that’s the only exception to the ninety days.

MS. BEAUREGARD: I have a clarifying question for you about the ninety days. Is it ninety days from July 1st or from when the prescription needs to be refilled because I assume some prescriptions are already being refilled on a ninety-day cycle?

DR. ALI: Right. So, it’s from July 1st.

MS. BEAUREGARD: Okay. So, for
some people, they might not realize until they have
like no days left or a few days left of that
grandfather period.

DR. ALI: So, we will be
working on sending a notice out sixty days prior to
when the ninety-day grandfathering period is over.
So, that letter will be sent out well in advance.
So, any changes that need to be made will be
addressed.

MS. BEAUREGARD: Will that be
targeted to the individuals who will have a non-PDL?

DR. ALI: Right. It will be
targeted to the impacted members.

MS. BEAUREGARD: Okay. Thank
you.

And, then, the other question
I had that I think will really affect consumers or
could is who handles complaints and appeals? Now
that we have this single PBM, what is DMS’ role,
what is MedImpact’s role, and what is the MCO’s role
in addressing any issues that someone may have?

MS. CECIL: For any pharmacy-
related claims where MedImpact adjudicated or
covered the prescription, those will absolutely go
through MedImpact. So, they are standing in the
shoes of the MCO. So, they will be sending out the letter. They send out the appeal letter on any denial in whole or in part and that letter will let them know how to go through MedImpact’s appeal process.

MS. BEAUREGARD: Okay. Is there any step above MedImpact with DMS?

MS. CECIL: Well, it’s the exact same process where they will have the right to a hearing if they’re a member; if they’re a provider, they have a right to third-party review. All of those steps are the same.

MS. BEAUREGARD: Thank you. Miranda or Patty, do you have any questions?

MS. DEMPSEY: No.

MS. BROWN: I had one question. The letter that will be going out to impacted individuals, is that going to list the specific medications that are impacted or will it be a general letter?

DR. ALI: So, since we are in the process of creating that, we can certainly take that feedback and customize that letter.

MS. BROWN: I think it would be helpful if it’s possible.
MS. BEAUREGARD: I think that’s a great suggestion, Miranda.

So, I think we can move on now to the next item on our agenda which is SUD Services and Reentry Supports.

DR. ALI: Can I just add one additional thing about MedImpact?

I did want to point out that the over-the-counter drug list has been finalized. So, MedImpact is beginning distribution for that over-the-counter drug list. So, that should be coming to pharmacies and prescribers soon.

MS. BEAUREGARD: And will that information and the formulary obviously be provided to consumers in the mailings or will it only be online? Where will people get that information?

DR. ALI: The over-the-counter drug list will be mailed to members as well and it will also be posted online. And while MedImpact’s website is being created and put on the Web on 7/1, as Veronica mentioned, we’re posting the provider notices as well as over-the-counter drug lists on the CHFS Pharmacy Policy page. So, it will be in both places.

MS. BEAUREGARD: All right.
Thank you.

So, with SUD Services and Reentry Supports, what is the status of the 1115 waiver for SUD expansion?

MS. CECIL: It is still pending with CMS. We have monthly meetings with CMS on the current 1115 SUD and we added it to the agenda every month but CMS has not provided us any update. So, we’re just still waiting for their review.

MS. BEAUREGARD: Okay. Thanks. We had heard — and, again, I don’t remember which meeting this was at, which committee meeting — but I think we had heard that education materials and some communications were being prepared for consumers. Is that happening now?

MS. CECIL: I’m not aware that that’s the case.

MS. BEAUREGARD: I know sometimes things are prepared in advance of approval because you’re preparing for implementation even as you’re waiting for CMS to approve. And I think maybe meetings with AOC—

MS. CECIL: Well, so, I will tell you actually separate from the 1115, and I think at the urging or at least at the
identification by advocates that there’s a concern that this would push people into incarceration, we have started outreach and working with AOC on trying to educate the judicial community about supports and the benefit for SUD that’s already available to Medicaid recipients.

So, we are being extremely proactive and will be participating in AOC meetings to educate that community around we don’t have to put somebody in incarceration. We do have a very robust benefit. We have community providers available and just making them aware of what that benefit is and how you connect people to those providers.

So, that’s definitely going on. It’s a great partnership and we plan to continue that even with implementation of 1115. So, we’re hoping that our judges and our prosecutors understand that there are other avenues for people to seek treatment.

MS. BEAUREGARD: That’s very good to hear because that has been a concern. Are there any materials that are going out to these judges and others?

MS. CECIL: We’ve just
finalized some communications with the AOC on a Powerpoint. Those are just going to start getting underway in about a month or so. So, nothing that has been finalized but happy to share that.

MS. BEAUREGARD: Okay. That would be great.

And, then, I wanted to say thank you. I think you kind of mentioned this MAP form in terms of addressing - oh, maybe you haven’t talked about that yet - I’m sorry, I’m reading ahead of my notes - the MAP form for incarceration status and correcting that so that people who are clearly no longer incarcerated out in the community going to see a provider but they are suspended in the system who now have that suspension lifted by filling out this form. I think it’s really good progress to have that form as a tool in the community.

I’m wondering who can complete the form and how much time it will take to process because I was a little bit unclear in the guidance that was provided.

MS. GUICE: Veronica, do you want me to talk about this?

MS. CECIL: Yes, please.

MS. GUICE: Okay. So, the form
should be completed by the member or their authorized representative. They have to sign it. Anybody else can complete it but the member or their authorized representative have to sign it. They’re the ones that are attesting to the fact that they weren’t incarcerated.

MS. BEAUREGARD: Okay. That’s good to know, which means that anybody could assist but it has to ultimately be signed by an authorized rep or the member and, then, submitted, I would assume, all the ways that you normally can submit things, uploading it or faxing it?

MS. GUICE: Right. We put a fax number on there so that we can go in. The fax number is not to DCBS. It’s to us for a while.

The other good thing to know is that we haven’t had it yet for much time, like two weeks, but our incarceration interface is turned on.

So, we’re hoping that in six months, this nightmare will be behind us for the most part. I say six months to give us time to work through it, see how well it works. We’re still going to have a few years’ backlog of questions and answers, but we’re hoping that this part of it will
go away pretty quickly.

MS. BEAUREGARD: Okay. That’s
good to hear – six months.

So, when you say incarceration
interface, do you mean with Bylink?

MS. GUICE: Appriss.
MS. BEAUREGARD: Appriss.
MS. GUICE: Appriss is the
compny that owns it. They built Bylink, right.

So, we have a contract with them. The State has had
a contract with them for some time. And, so, we’ve
been working to build an interface to set watches on
certain people and consume their release and
incarceration dates.

MS. BEAUREGARD: That’s
helpful. And, then, did I understand in the
guidance that people can also upload this to Kynect
or does it need to be mailed or faxed?

MS. CECIL: So, right now, this
is something that Medicaid is just trying to do, and
a lot of this was borne out of conversations with
providers who say if somebody has walked in to my
office, they’re obviously not incarcerated. We want
to be able to do something about that.

So, it’s kind of outside that
process right now and I think we wanted to see how, you know, does it work, is it utilized and, then, we can kind of take it and see about incorporating it into Kynect.

MS. GUICE: Because a member can always call and ask to have their demographics changed or upload their release documents or whatever.

MS. BEAUREGARD: If someone were to call, could they make this as a verbal request? Would they actually have to provide release documents? I don’t see any documentation requested by that form.

MS. GUICE: There’s no documentation requested by the form. That is true. That is absolutely true, okay?

It just kind of depends on how long they have been incarcerated, what program, if they had more programs than Medicaid. We’re not that much of a stickler about release documents, however, some other programs are and require them. I’m not an expert on those other programs. However, they exist in Kynect with us.

MS. BEAUREGARD: I see. Okay. Thanks. Miranda, do you have any questions? Is
this something you’ve had experience with?

MS. BROWN: I haven’t yet. So, if I’m assisting a consumer as their Connector in their case on Kynect, I shouldn’t upload this form. It would be better to fax it or call with them is what I’m hearing.

MS. GUICE: Yes, that’s what I think.

MS. BROWN: Okay.

MS. GUICE: This is mostly going to be useful for the situation where a member is in a provider’s office or facility and they are showing on Health.net as incarcerated so that it can be completed and filled out and faxed in so that (a) the provider knows they’re going to be paid, so, they’re more willing to provide services and (b) then, the no-longer incarcerated individual member has the appropriate record in our system and can get services anywhere.

MS. BEAUREGARD: That’s very helpful. Can you just tell me how long it takes to process once you get that faxed?

MS. GUICE: Well, okay. We’re hoping to have a three- to five-day turnaround on them; but if somebody were to fax in three hundred
of them one day, we might not quite make that but that’s our hope.

MS. BEAUREGARD: Well, we’ll try to gather some feedback between this meeting and the next to see how the form is working on the ground, and it would be great to hear how it’s working from your end of things, too.

MS. GUICE: Okay.

MS. BEAUREGARD: Anything else before we move on to the next item which is New Business?

So, I had had a separate communication with Sharley about this, but I’m wondering because these meetings are recorded and sometimes a MAC or TAC member has to miss such as Arthur today, can we make these recordings available on YouTube and then linked to the appropriate MAC or TAC page?

Even though we get minutes and sometimes transcripts, that is delayed because there’s time in preparing that, and, then, on top of that, it’s not necessarily the best way to kind of get a feel for what was presented at the meeting and the transcripts are also very, very long.

So, I think that it would be a
more accessible way to share the meeting with individuals. I’m wondering where DMS stands there.

MS. CECIL: Emily, we have taken that back. I know that was a MAC recommendation. And, so, we’re taking a look at that. We’ve reached out to our Legal Services just to check on a few things and, then, we’re also looking at the technology aspect to that, posting things on YouTube.

So, it is under consideration, and we do plan to respond to that recommendation.

MS. BEAUREGARD: Okay. That’s good to know. I didn’t realize it was a formal recommendation from the MAC.

So, the YouTube piece to me, I know that there is a YouTube page which is why that was what I was kind of suggesting. I don’t think that that’s necessarily the only platform to use but just know that it’s already being used by both the Cabinet and by LRC. And, so, it’s a place a lot of people go to find that kind of information.

Any other New Business, Miranda or Patty? I know we’ve covered a lot already.

-47-
So, then, our next item which is the recommendations for the July MAC meeting. And I was going to make a recommendation about the YouTube channel but I don’t think I will if there’s already been one put forward by the MAC.

Miranda or Patty, do you have recommendations that you’d like to put forward?

MS. DEMPSEY: I don’t.

MS. BROWN: I feel like we’ve mentioned a couple in the course of the meeting. I don’t know if we need to formalize them, but one that I mentioned was that the letter being sent to impacted individuals regarding the PBM and their prior authorizations, that it include specific medications that are impacted.

MS. BEAUREGARD: Yes, I think that’s a good recommendation. So, I’m trying to get this down.

The recommendation would be that DMS customize a PBM letter targeted to impacted Medicaid beneficiaries that includes the names of impacted medications. Should we say the names of medications that will now require a prior authorization?

MS. BROWN: Yes. That’s
better.

MS. BEAUREGARD: Okay. So, I’ll read that again and then I’ll ask you all to vote; that DMS customize a PBM letter targeted to impacted Medicaid beneficiaries that includes the names of medications that will now require a prior authorization. Can I get a motion?

MS. BROWN: I motion.

MS. BEAUREGARD: Thank you. A second?

MS. DEMPSEY: I will second.

MS. BEAUREGARD: Thanks, Patty. All in favor say aye. Any opposed? All right. Motion carries.

Was there another one, Miranda, that you feel like came out of our discussion?

MS. BROWN: I feel like earlier on you made a recommendation and I’m trying to look back on my notes.

MS. BEAUREGARD: Was it about the definition of emergency slots? I don’t know. Is that what you’re thinking of, and more than just definition but what the process is?

MS. CECIL: Right, but we just
planned to send responses to those questions.

    MS. BEAUREGARD: Yes. I would wait until we have that information before making a recommendation. I’m just trying to figure out if that was what Miranda was thinking of.

    MS. BROWN: I think it was something different.

    MS. DEMPSEY: On that one, there’s supposed to be feedback from that one.

    MS. BROWN: I’m not finding it. It came across as a suggestion but I didn’t write it down as such.

    MS. BEAUREGARD: I’m sure we’ll think of it after the meeting but I can’t think of anything else right now either.

    I think the other suggestion that I had in mind or recommendation that I had in mind was to just formally recommend that DMS submit a SPA for expanding or extending postpartum coverage to twelve months, but Dr. Theriot already said that that’s in the works. So, I don’t feel like we need to necessarily do that.

    So, we’ve got the one recommendation for now and we’ll get some updates via email, I think, between this meeting and the
next on some of the items that we’ve already
discussed.

If there are no other recommendations, then, the next meeting will be
August 17th. And at this meeting, I wanted to make
sure everyone remembers that we will have new TAC
members joining us. This will be the first meeting
in which House Bill 53 that was passed during the
2021 General Assembly will be in effect.

So, we should have three new TAC members. I actually am still working with the
new organizations that are appointing these members
to get the names of everyone who will be joining us.
but hope to have three new people on board in
August. So, that’s very exciting.

Our next MAC meeting will be
July 22nd at 10:00.

Something else I wanted to bring up. Sharley had sent us an email I believe it
was yesterday about continuing these meetings fully
remote or having meetings in person with a remote
option.

I think for now I’m comfortable with the remote meetings but I do want
to at least reserve the option for having in-person
meetings and continuing to use Zoom for people who can’t join in person.

I want to know, Miranda, what you and Patty, how you feel about that.

MS. BROWN: I agree that it will be really important to maintain the distance option for people to connect to the meeting via Zoom or some other platform even if we are meeting in person.

I don’t have a strong opinion on meeting in person versus continuing online but I do agree that we need to maintain an online option.

MS. DEMPSEY: I agree. I think it’s a good option, yes.

MS. BEAUREGARD: Since we do have new members starting in August, I’m wondering if we should try to schedule one or two of our meetings in person because it’s so much easier to get to know people in person.

As much as these Zoom calls I think have been very helpful and certainly better than not having the option for meeting during the pandemic, you can’t always see everybody on the screen when you’re talking. You just miss something.
So, now that I’m saying that, I think we might want to have an in-person meeting in August and, then, still have the option for anyone who can’t come to participate by Zoom, but for the new members, I think that may be a better way for them to sort of get established and get to know everyone.

MS. HUGHES: Emily, this is Sharley. I’m sorry. I was late. Commissioner Lee brought up something this morning as far as the equipment.

We do not have speakers to be able to - if we have an in-person meeting and Zoom, we don’t have the capability of necessarily everybody being able to hear everyone well.

So, we may want to wait and give us a little time to work on how DMS will be able to pull this off before you schedule a first meeting in person.

MS. BEAUREGARD: I see.

MS. HUGHES: I’ve got a projector but a projector is not going to help to be able to - if I’m sitting on one side of the room with a laptop showing you all, it’s not going to help your voices to come across on Zoom well, where
right now we’re sitting right up by the computer. So, everybody can hear what we’re saying.

So, we may want to wait and not do August in person just to give us some time to work through how we will do that.

MS. BEAUREGARD: That’s good to know. We can revisit that option, Sharley. If you can figure out some AV for having an in-person meeting in which we can hear people who are participating by Zoom, I think that would be helpful moving forward.

I believe Camille and I talked about this probably two years ago now. I think P&A has a setup that we thought would work that we could maybe test out again.

MS. COLLINS: Yes. I can certainly look. Of course, I haven’t even used our equipment but I believe that we have some capability of doing that at our building.

So, I can explore that.

Sharley, just let me know if you all want me to explore our options, but I do think it would be great for Medicaid in general just to have that availability for not just TAC meetings but for other purposes as well.
MS. HUGHES: Camille, do you all have room for twenty-five to thirty people in your conference room?

MS. COLLINS: Yes. If it’s available, I have to, of course, go through the scheduling folks, but we have the capability for over a hundred people.

MS. HUGHES: All right. I’ve never been over there, so, I didn’t have a clue as to what facilities you had. Thank you.

MS. BEAUREGARD: Sharley, I saw it. Again, it was like two years ago but I’m sure nothing has really changed and I thought the room was pretty spacious.

MS. HUGHES: That’s fine. Our cafeteria conference room is small, but this TAC, right now we’ve got twenty-five people on, so, I just wanted to make sure if we had it there, that there was sufficient room if everyone decided to come in person.

MS. BEAUREGARD: Judging by the people that we’ve had at in-person meetings in the past and the size of the P&A room, I think it would be fine.

So, we’ll continue to explore
those options. For now we can plan on having our
August meeting on Zoom but we may have the
opportunity to do both, kind of have a hybrid.

So, our next item is just
adjournment. Can I get a motion?

MS. DEMPSEY: Emily, can I ask
you a question real quick first? Do you know who
the new members are? Who are the new groups?

MS. BEAUREGARD: We have three
organizations that are appointing someone.
(Inaudible) Kentucky has appointed a member, and,
then, I’m waiting on the Kentucky Association of
Community Health Workers and the FRYSCKy
Association.

MS. DEMPSEY: What was that
one?

MS. BEAUREGARD: FRYSCKy, the
Family Resource Centers.

MS. DEMPSEY: Thank you.

MS. BEAUREGARD: A motion to
adjourn.

MS. BROWN: I second.

MS. BEAUREGARD: All in favor,
say aye. Any opposed. Motion carries.

MEETING ADJOURNED

-56-