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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
CHILDREN'S HEALTH
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
April 10, 2024
Commencing at 2:00 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Donna Grigsby, MD

Alicia Whatley

Mandy Heacock (not present)

Dr. Amanda Ashley (not present)

Courtney Smith, PhD

Cherie Dimar

1 P R O C E E D I N G S

2 CHAIR GRIGSBY: Guys, it's 2:00.
3 Should we go ahead and get started?

4 MS. BICKERS: I was just unmuting
5 to let you know that the waiting room is
6 clear. I only have the three of you logged
7 in unless I'm -- excuse me, unless I missed
8 somebody. I don't think I did. So if you
9 would like to go ahead and start, you do not
10 currently have a quorum. But I can let you
11 know if someone joins.

12 CHAIR GRIGSBY: Is four a quorum
13 for us?

14 MS. BICKERS: Yes, ma'am.

15 CHAIR GRIGSBY: Okay. That's what
16 I thought. And we did not have a quorum last
17 meeting, or we did? Were we able to do the
18 minutes from January? I'm sorry. From
19 last --

20 MS. BICKERS: Give me just a
21 moment, and I will tell you.

22 CHAIR GRIGSBY: Thank you.

23 MS. BICKERS: You're welcome. Look
24 through my binders here.

25 Kelli, did you, by chance, handle the

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February meeting? I don't have notes.

MS. SHEETS: Yeah. I'm trying to find them. If you'll give me just a second, I'll probably be able to get them.

CHAIR GRIGSBY: Yeah. It was the January meeting.

MS. BICKERS: Oh, January. My apologies.

CHAIR GRIGSBY: That's okay.

MS. BICKERS: I'm looking in the wrong month. That could be why I can't find it.

CHAIR GRIGSBY: So it would have been --

MS. SHEETS: Yeah. It looks like you did not have a quorum.

CHAIR GRIGSBY: Okay. So when we do have a quorum, we will have to -- we'll have to vote on approval of the minutes from November '23 and January '24; correct?

MS. BICKERS: Yes, ma'am.

CHAIR GRIGSBY: All right. Well, thank you all for being here. We will -- we do not have a quorum, so we will move on through the agenda. If any of the other TAC

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members join, we will go back and look at the minutes for the November meeting and the January meeting.

MS. SHEETS: Excuse me. Excuse me. This is Kelli again. I'm so sorry to interrupt. You did not have a quorum at the beginning of the meeting but then you had a quorum later. So those minutes did get approved.

CHAIR GRIGSBY: Okay. Thank you. Okay.

So if we have someone join, we will just have to go through and approve the January minutes. Okay. Let's go to old business. We have a report on school-based services.

MS. BICKERS: And I believe we have someone on --

MS. NEWSOME: Hi.

MS. BICKERS: Oh, my apologies. Go ahead.

MS. NEWSOME: I'm so sorry about that. Let me see if I can manage to share my screen here. Okay. So it's saying that I can't share my screen, so I will go ahead and get started on that.

1 MS. BICKERS: Try again, Annette.

2 MS. NEWSOME: Okay.

3 MS. BICKERS: I had made you a
4 cohost when you came in. But sometimes it
5 jumps, and so there may be a random person in
6 the meeting that's a cohost.

7 MS. NEWSOME: Oh, okay. Gotcha.
8 Okay. Can you see the screen? Okay. Good.

9 All right. What I've done is I have
10 compiled some numbers for you. Let's see.
11 So I think I may have said this last time,
12 but school districts, we have 171, but only
13 168 participate in school-based services.
14 And 58 is in expanded access.

15 So with that being said, in the school
16 districts, under the no free care, only 165
17 school districts billed, and that's out of
18 171. And only 49 billed, and that was out of
19 a total of 58.

20 Also, here are some of the numbers. I
21 particularly like this graph because you can
22 actually see the numbers and, you know, how
23 it's ranked and stuff. If you notice at the
24 top, it's broken down into quarters. So you
25 can see how each one of them -- like, mental

1 health, speech-language-audiology,
2 occupational therapy. I do notice that --
3 you know, that the speech and language is,
4 you know, quite a bit through the January.
5 The numbers really, you know, kind of
6 surprised me when looking at these. We had
7 no -- nothing in medical and a few in
8 interpreters so...

9 But you will be -- you'll have access to
10 all of this. Let's see. And then here is
11 the free care (expanded access). So you can
12 see that the nursing services -- it's also
13 broken down into quarters as well. And you
14 can see that the nursing services are, you
15 know, quite a bit through the year so...

16 DR. SMITH: Annette, can I ask the
17 difference between the behavioral health
18 column and the therapy column, just the plain
19 therapy?

20 MS. NEWSOME: Well, that's how it
21 was broken down. It just said therapy. What
22 I was assuming -- and, you know, I shouldn't
23 assume. But therapies is -- what I thought
24 about was physical therapy. Because they had
25 occupational therapy, but they didn't have

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physical therapy.

DR. SMITH: Yeah. I wondered if that's what that meant, and they just had not put the word. Okay.

MS. NEWSOME: Yeah. I will look into that, though. Let me just make a note of that.

All right. So -- and then you can see that, you know, transportation, assistive technology, and interpreter. It kind of puzzled me on -- as to why, you know, none of those were used, but that's free care.

Because if they have to have a certain -- you know, a certain type of transportation or technology or something, then, you know, they would be on the no free care so...

Let's see. So the billed quantities for no free care was 2,461,490; whereas, you can see expanded access was only 48,022.

And that kind of gives a rundown on that for -- on my part. I do know that my branch manager asked me to speak on the parental consent and -- however, it can't be combined because this is a special education document that was approved by special education and

1 the legal team that's mandated by the federal
2 level department of education. So those
3 can't be condensed into one or combined.

4 Now -- and then, too -- let me see here,
5 if I can figure this out again, if I can
6 change the screens here. Just be a little
7 patient with me here. Okay.

8 CHAIR GRIGSBY: While you're doing
9 that, can I ask a quick question?

10 MS. NEWSOME: Please.

11 CHAIR GRIGSBY: I assume that the
12 free care, based on some of the things I saw,
13 are children with special health care needs;
14 is that correct?

15 MS. NEWSOME: Which one now? I'm
16 sorry.

17 CHAIR GRIGSBY: The free care, is
18 that -- there was one where you didn't have
19 any medical, and that, I think, was the free
20 care; is that right?

21 MS. NEWSOME: Wait just one moment,
22 and let me see if I can go back here.

23 MS. BICKERS: And, Donna, while
24 she's looking, I wanted to let you know
25 Alicia has joined us. You now have a quorum.

1 CHAIR GRIGSBY: Okay. Thank you.

2 MS. NEWSOME: That is no free care.

3 CHAIR GRIGSBY: Okay.

4 MS. NEWSOME: Yes, ma'am.

5 I was trying to see if this will work.
6 I'm trying to change this here. And this --
7 the one I was getting ready to do was the one
8 for our survey. Well, shoot. Okay. I
9 apologize for this.

10 MS. JONES: Annette, this is Erica.
11 I'm on. I don't mind to cover it.

12 MS. NEWSOME: Oh, okay. I just hit
13 it. I'm sorry. Do you want me to take it
14 off for you?

15 MS. JONES: No. That's fine, if
16 you'll just leave that up.

17 MS. NEWSOME: Sure.

18 MS. JONES: So we sent a survey out
19 to all of our school districts. We did not
20 get the response we had anticipated. We
21 think that's due to several other
22 organizations also sending out similar-themed
23 surveys at the same time. But we did get
24 enough responses to give us some guidance of
25 what our next steps should be.

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One of the first things we asked was what their role was within their -- within their school district, and we had several options listed of what we had intended to be our respondents.

But once we sent out the survey, there were a lot of just individual providers that we found wanted to participate. And that wasn't one of the roles we had listed, so we're not really sure where they may have chosen what their role was. We would assume under the Medicaid administrative staff.

And if you will go to the next question, Annette.

MS. NEWSOME: Sure.

MS. JONES: And so when we asked them if their district was enrolled in expanded access, one-third of them indicated that they didn't know. So that lets us know right at the beginning that we need to put more education out on what expanded access is so that school districts are aware of all of the benefits of offering that within their district.

And if you want to keep going, Annette.

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MS. NEWSOME: There you go.

MS. JONES: We did ask them if they offered certain nursing services. And if they did not offer those services, if they were interested in learning more.

And the one that had the highest response rate was for immunizations, that districts did ask to -- to hear more information about that. And we think that's because so many children maybe are not starting the school year completely up to date on their immunizations and if there's a way for us to assist them in -- in getting those immunizations to the children.

So we will definitely provide more guidance on that as well. And, oftentimes, those are going to be interest in after-hours school clinics or weekend clinics, and that is something we're discussing internally, too, how those could be covered under school-based services.

We did ask, if they were contracting any of the services with other providers, to let us know what those provider types are. And we were able to find that there isn't a

1 straightforward way or a dominant way
2 services are being delivered in Kentucky
3 schools. Some schools are hiring all of the
4 staff and then billing for the services those
5 staff do. Some are contracting with the
6 staff and allowing those contracted providers
7 to do the billing and then others are
8 contracting with other providers and then
9 paying them a certain amount, but the schools
10 are still doing the billing.

11 So there's different ways, and we have
12 identified that we need to provide more
13 guidance for the school districts on the
14 different options that they have for
15 delivering services. And that way, they can
16 decide which is the best method of delivering
17 those services for their school district.

18 And you can keep going, Annette. I
19 think there was one more point I wanted to
20 highlight. Keep going through that one. You
21 can keep going. I think it's going to be --
22 we did include -- just keep going, and you
23 can go through that one. I think it's the
24 one on the competencies, self-assessment.

25 MS. NEWSOME: Oh.

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MS. JONES: Okay. So here is where we -- sorry, Annette. Go back up just a little bit.

MS. NEWSOME: I'm sorry.

MS. JONES: Right here.

So we did do a competency self-assessment. We asked them how -- where they would grade themselves as far as their knowledge and skill for different issues. We have -- our federal and state regulations are in there, also how to document student medical records.

But one thing that we -- that stood out for all of these was the covered services under expanded access. That was the one that had the lowest rating of respondents feeling comfortable with that information. So, again, we know that we need to provide more information on what -- expanded access, what that is and all of the different services that are covered under that.

The other was the cost reimbursement and cost settlement. That is something that can be -- I won't say it's confusing. It's a lot of information to take in because we do the

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reimbursement differently for school-based services than how it is for most other provider types. We allow them to do interim claims. So we give them some funding to help them maintain throughout the school year. And then at the end of the school year, we do the cost settlement.

We try to make sure that those interim claims are sufficient enough that, at the end of the school year during cost settlement, schools will not have to be -- would not have to pay a significant amount if they were overpaid and, also, so that they're not paid a significant amount over.

If they had been underpaid throughout the school year, we want to make sure that they have that cash flow basically to sustain them throughout the school year. But it is a different process, so we will make sure that that is explained a bit more to our school districts as well.

If you want to keep scrolling now, I'm not sure if there is much more highlights or not.

MS. NEWSOME: Keep on going?

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MS. JONES: Yeah. Keep on going. And then we did ask a couple of questions. If they were already participating in expanded access, we asked them if they had experienced any barriers. And you see that staff turnover is the high one, and we anticipated that, and also provider shortage.

But for staff turnover, knowing that, we know that we need to get more training out there, and that training has to be something that's easily digestible because, you know, if they are going to have a new administrative person to take over, you know, doing their billing, we don't want it to be something that's going to be super intensive that's going to take them, you know, months and months to learn or to pick up because that's just going to contribute to more staff turnover if it's such a tedious job to take on.

So all of our training materials we're reviewing to make sure that they are, again, easily understood, easily digestible, and can help facilitate implementing expanded access rather than being a burden themselves.

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And if you could go to the next question. I think this is the last.

And if they hadn't enrolled in expanded access, we asked them why they had not, and you see there's various reasons there. And one of the those -- again, the highest on there was unfamiliarity with expanded access. So we do know that we need to get a lot more training materials out that explain what it is and how beneficial it is because it's not just covering, you know, medical services. It's also those very important behavioral health services as well.

And that is the end of that needs assessment survey that went out in February. We gave them 30 days to complete that. And, again, we -- we didn't get the response -- the number of responses we had anticipated, but we did have over 40 different school districts give us complete survey results.

CHAIR GRIGSBY: Okay. Thank you. And perhaps I'm the only one that doesn't understand this fully, but could you explain a little bit more -- and if everyone else knows this and then I'll just get the

1 information offline. But can you explain a
2 little bit more about the expanded services
3 that you're kind of referring to --

4 MS. JONES: Sure.

5 CHAIR GRIGSBY: -- and kind of, you
6 know, what children that involves and things
7 like that?

8 MS. JONES: Sure. Certainly. So
9 when school-based Medicaid services first
10 began, it was just for those students that
11 had an individualized education plan, the
12 IEP. And so those students -- schools could
13 bill for any medically necessary service that
14 was offered to those students, but they --
15 that caveat was they had to have an IEP. It
16 had to be listed in their IEP.

17 In 2014, CMS reversed a decision that
18 they had. So it became -- I guess the
19 moniker was free care, but we call it
20 expanded access. And it was expanding the
21 access to anyone -- any child that was
22 enrolled in Medicaid. So any medically
23 necessary service that was offered to a child
24 in the school could be covered, and that was
25 the expanded access. So schools can bill

1 Medicaid for nursing services, behavioral
2 health services, speech therapy, occupational
3 therapy, physical therapy for any child that
4 has Medicaid. And they don't have to have an
5 IEP, so that's what separates it. So there's
6 the IEP services where they're documented
7 that the child has that medical need and then
8 there's the expanded access. And this is for
9 any child that has Medicaid regardless of
10 having an IEP or not.

11 As well, in order to be covered under
12 the expanded access, those services have to
13 be offered to the entire student body at no
14 cost. So schools aren't able to say they're
15 going to offer this service just for those
16 children that have Medicaid knowing that
17 they'll be reimbursed. They have to offer
18 that service to all of the students.

19 And so implementing expanded access in
20 schools benefits the entire student body as a
21 whole as well. It's making sure that those
22 services are offered to all students
23 regardless of payor source. I hope that
24 explains it.

25 CHAIR GRIGSBY: Yes, yes. Thank

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you very much. That was very helpful.

MS. JONES: You're welcome.

CHAIR GRIGSBY: Does anyone have any other questions about the presentation?

MS. WHATLEY: I have one question. I joined just a couple of minutes late, so I apologize if this maybe was covered at the very beginning. But when I was looking at the service categories that you had outlined from some of the data that you showed, one category I didn't notice on there was anything related to oral health. Is that not a reimbursable service, or is it just not something you're tracking?

MS. JONES: I believe it may be captured -- it is something that we cover. We cover dental screenings and fluoride varnish. It may be covered under nursing services because that's generally where it is -- where it is categorized. But we can pull that data separately. If you wanted to see just the oral health numbers, we can do that.

MS. WHATLEY: Okay. Thank you for that. I was just curious.

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MS. JONES: You're welcome.

CHAIR GRIGSBY: Any other questions or comments?

(No response.)

CHAIR GRIGSBY: Thank you again. That was helpful. And, Alicia, thank you for asking the question about oral health. It occurred to me when I was looking at it and then, when it came to the end, I forgot to ask about it. So thank you for bringing that up.

Since we do now have a quorum, I would like to go back to the approval of the minutes from the January 2024 meeting. Do I have a motion to approve the minutes?

DR. SMITH: I motion it.

CHAIR GRIGSBY: And do I have a second?

MS. WHATLEY: I'll second.

CHAIR GRIGSBY: Thank you. And all in favor?

(Aye.)

CHAIR GRIGSBY: Okay. All right. Thank you for that.

Now we'll go back to old business. We

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are asking for a report on obesity prevention treatment and services for our next meeting in July, and we're asking for information from DMS and the MCOs.

So, guys, are you still okay with presenting that in July?

MS. BICKERS: We can send that request out to all the MCOs after this meeting. Would someone be able to give me a little more specifics in writing exactly what data it is, or is there anything in particular you want to see? Is there a time frame, those types of things?

CHAIR GRIGSBY: Okay. Yeah. And maybe we can -- you know, certainly, I would like to see kind of what kind of services, what data the MCOs are tracking in terms of BMIs or -- you know, in the different age groups. And what services -- are they, you know, providing nutritional services or any reimbursement for physical activity devices or aids or things like that?

MS. BICKERS: Okay. I will send out a request to all the MCOs and have them do a five-minute presentation in July and

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then we'll also follow up with DMS on our side. Thank you.

CHAIR GRIGSBY: Any of the other TAC members have any additional information that you're interested in regarding obesity prevention, treatment?

(No response.)

CHAIR GRIGSBY: Okay. Under new business, oral health emergency care/OR delays. I feel like that someone brought this up as an issue last time, but I don't recall --

MS. WHATLEY: Yeah. I had just mentioned that I had outreach from a pediatrician about some issues that were happening with this. So I think we were maybe considering slating it for a future meeting as a topic. I'm not sure if there's anything we need to do with that today, but yeah.

CHAIR GRIGSBY: And maybe that's something that makes sense for our October meeting. That would give us a while to collect data, and hopefully we could reach out to our colleague. I think we have a

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representative from the dental society.

MS. BICKERS: You do, one of your Amandas. You have two Amandas. One of them is a dental representative.

CHAIR GRIGSBY: So perhaps maybe we can reach out --

MS. WHATLEY: Yeah. That makes sense.

CHAIR GRIGSBY: -- to her as well.

Okay. We are flying through this agenda. So please feel free to -- if anyone has any comments or questions as we move through.

Again, looking at future topics, perhaps the oral health issues can be our -- one of our topics for September. We also talked about juvenile justice and bullying kinds of issues. I don't know if that's something -- I know we are -- I think we have a new commissioner of juvenile justice; is that correct? Was someone just recently named?

(No response.)

CHAIR GRIGSBY: I was just making that up, could be. Okay. I can certainly reach out and check on that, and maybe that's

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a topic of future -- for future meetings.

Are there any other topics that the TAC members feel are important to address at either the next meeting or the meeting in September?

(No response.)

CHAIR GRIGSBY: Any topics that the MCOs or DMS think might be important for us to know, any changes, any -- anything that will be changing that you feel like might be important for us to know from your standpoint?

MR. OWEN: This is Stuart Owen with WellCare. Nothing changing but immunizations, immunizations, immunizations. We're all -- all the MCOs are trying to drive that, really improve those. It's kind of like all hands on deck for Kentucky, so just a reminder, I guess.

CHAIR GRIGSBY: Okay. Well, and maybe, you know -- maybe that's a topic to look at, what barriers and what potential solutions you guys are working through, what kind of barriers you're seeing, what kind of, you know, possible interventions.

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I know at UK, with our mobile clinic, I know some of the MCOs have reached out about is this a -- would this be a mechanism for getting vaccinations or immunizations into areas where that may be problematic for patients and families.

MR. OWEN: Yeah. And, I mean, I know all the MCOs, we're trying and trying and trying. And, you know, just to be candid, COVID vaccine hesitancy has spilled over, and I think it's even happening nationally. Like, we're seeing measles outbreaks.

There's just -- and we've definitely seen, like, younger female parents in particular, just that hesitancy to get their child vaccinated, but that's actually become a thing now. And I think it's directly tied to the COVID-19 vax, you know, whatever misinformation or whatever you want to call it. That's a huge challenge for all of us.

CHAIR GRIGSBY: Adam, you have your hand up. Would you like to --

DR. RICH: Hey, yeah. This is Dr. Adam Rich at UHC. I just want to say --

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you were asking: What are the MCOs doing?
In addition to -- I don't want to belittle
the vaccine thing at all because that's
critical, and we're all facing our challenges
with that. And I think you guys were right
on point.

But we're also all under an oral
health -- children's oral health performance
improvement project, so all the MCOs will be
working to get more access to preventive
services for kids and new -- you know, we're
trying to be creative and find ways to get
more members in to be seen earlier. So it's
based on sealants and fluoride varnish, which
we know can be provided by physicians,
clinics, health departments, as well as
school-based clinics, and dental offices.

So we're just looking at all the avenues
we can do to try to improve access in
pediatric preventive services. Thanks.

CHAIR GRIGSBY: Thank you.

DR. RICH: And so, you know, that
may tie in in September because, at that
point, a lot of people will have their plans
submitted and be -- we should all be rolling

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along with a program at that time.

CHAIR GRIGSBY: Okay. Any other comments, questions?

MS. BICKERS: We have a couple of hands raised. I see Anthem and one other.

CHAIR GRIGSBY: Yes.

DR. BROSHEARS: Hi. Danielle Broshears, Anthem. I just wanted to throw our support behind that. Yes. We're all working on the vaccines as well as, just in general, preventative visits.

I will say that DMS and some, like, of the MCOs helped work on a survey, vaccine survey that just went out. So you mentioned the barriers. I know Dr. Theriot has that information currently, and she's combing through it. So that might be interesting to kind of bring here and discuss those barriers.

We surveyed as many vaccinators across the state who are willing to complete the survey. And I've seen some preliminary results, and it's pretty interesting and eye-opening, some of the vaccine hesitancy amongst the pediatricians and other

1 vaccinators in the state. So I think working
2 on that would be a great thing for this
3 group.

4 CHAIR GRIGSBY: Okay. So perhaps
5 that may be a topic for a future meeting,
6 either as a second topic in July or a second
7 topic in September.

8 DR. BROSHEARS: Yeah. I think that
9 would be terrific.

10 CHAIR GRIGSBY: What do you guys
11 think in terms of getting data together?

12 DR. BROSHEARS: I know Dr. Theriot
13 is going through it right now, and I think
14 she's going to have it soon and was going to
15 do another presentation to those of us who
16 worked on that survey. So it should be soon,
17 I think, that they'll have that information
18 available.

19 CHAIR GRIGSBY: Okay. So perhaps a
20 second topic for July might be to be able to
21 review that immunization survey and then
22 perhaps a follow-up to that --

23 DR. BROSHEARS: Yeah. I can --

24 CHAIR GRIGSBY: -- at the September
25 meeting.

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DR. BROSHEARS: Yeah. Sorry. I didn't mean to cut you off. Yeah. I can mention that to Dr. Theriot, that that would be an interest for this group.

CHAIR GRIGSBY: Okay.

MS. BICKERS: We can also send that in our follow-up email.

CHAIR GRIGSBY: Okay. Thank you.

MS. BICKERS: Heather has her hand raised.

CHAIR GRIGSBY: I think -- yes.

MS. BICKERS: Sorry, Donna.

CHAIR GRIGSBY: No. That's okay. I just saw it --

MS. HAYHOE: Hello.

CHAIR GRIGSBY: -- at the same time you did. Yeah.

MS. HAYHOE: This is Heather Hayhoe with WellCare. I would like to piggyback off on the preventative health related to adolescents, so looking at that age group between 12 and 21, so that difficult getting those annual wellness visits, in particular, the teenage to 20. You know, they're really challenging.

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And with the -- you know, the VBP that the MCOs are faced with this year and next year, we're really focused on the pediatric, and how can we improve and increase the members that are just not getting those annual wellness visits so that -- finding ways where we can strategize that amongst the -- how can we improve that.

So I think that's a struggle that all of us face, all of the MCOs face, and that age group can be very challenging. So I think that would also be an interest.

CHAIR GRIGSBY: Okay. Thank you. Perhaps that will be another topic, or that's a topic that we can tie in or a secondary topic maybe for the July -- I'm sorry, the September meeting.

Any other thoughts? I'm looking for hands, and I don't see any other hands raised.

(No response.)

CHAIR GRIGSBY: Okay. Under recommendations, any of the members feel like anything we've heard today should contain a recommendation for the MAC?

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MS. WHATLEY: I'm not sure that we specifically talked about this today, but it's related to the Medicaid in schools, the services that are provided. And maybe somebody from DMS could clarify if this is still a barrier.

But I have previously heard of some concerns that there was a restriction on -- services were only Medicaid billable in schools if they were happening during school hours. And so if schools were offering, like, for instance, an event where they had vaccines after school or, like, during an event outside of school hours, that those were not reimbursable.

Is that still a barrier? And if so, is that something that could be part of a recommendation, to allow for those services to be billed outside school hours? Does anyone from DMS know if that's still happening?

MS. NEWSOME: It is. That is something that we are discussing internally. But as of right now, we have to do it within school hours.

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CHAIR GRIGSBY: Would it be helpful if we made a recommendation to the MAC that that be kind of re-evaluated? Or it sounds like you guys are already evaluating it.

MS. NEWSOME: Yes, ma'am.

CHAIR GRIGSBY: Are there federal guidelines that need to -- that are causing this, or is this really a state issue?

MS. NEWSOME: At this moment, I am not a hundred percent sure because I am relatively new to this position. So what I have been taught is that -- is we stay within the school hours. So I'm still trying to learn about it, and that's also one of the reasons that we're looking into it.

MR. DEARINGER: Hi. This is Justin Dearing. I just -- I wanted to speak on it, on that real quick. That is a topic that we are researching currently. We have some time scheduled with federal Medicaid CMS just to make sure that we are -- have everything that we need to have in place.

There's a lot of moving parts on that particular request, so we have to -- there's a lot of research that's being done

1 currently, a lot of research that has been
2 done and a lot of research that we're doing
3 currently to kind of come up with a solution
4 to that issue and see what we can kind of
5 come up with. So we are currently actively
6 working on that project. Again, like I said,
7 there's a lot of moving parts, but we're
8 currently working on that.

9 CHAIR GRIGSBY: Okay. Good. Thank
10 you.

11 So maybe a follow-up when we meet next
12 just to see if there's any update on movement
13 with that issue.

14 MS. WHATLEY: Yep. That sounds
15 good.

16 MR. DEARINGER: Yep. We would love
17 to -- we would love to come on next meeting
18 and give you updates on that project.

19 CHAIR GRIGSBY: Okay. Thank you.

20 MS. WHATLEY: So yeah. Probably,
21 then, not a formal recommendation is needed
22 if they're already working on it. But I
23 appreciate the update on that, and we look
24 forward to hearing from you all. Thanks.

25 CHAIR GRIGSBY: Okay. All right.

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Any other comments, questions, needed clarifications?

(No response.)

CHAIR GRIGSBY: MAC meeting representation. When is the MAC meeting?

MS. BICKERS: May 23rd.

CHAIR GRIGSBY: Okay. And that is still on a Thursday?

MS. BICKERS: Yes. But it now starts at 9:30.

CHAIR GRIGSBY: All right. Our next meeting is July the 10th from 2:00 to 4:00. And if folks -- if our TAC members will stay on the call, we can work on July the 10th's agenda.

Any other comments, questions from any of the MCOs before we move to adjourn? This might be a world record short meeting, so you all are getting the gift of time, I believe, today.

Thank you all for being here. If anyone has anything else, please feel free to speak up or put it in the chat. But otherwise, I will -- oh, during HEDIS season, that's definitely a gift. Yes. I think during any

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season, I have to be honest.

But thank you all for being here, and if the TAC members will stay. And, Erin, if you will stay, we will --

MS. O'BRIEN: Okay.

CHAIR GRIGSBY: Yes?

MS. O'BRIEN: Thank you. We were just going to say thank you.

CHAIR GRIGSBY: Oh, okay. Thank you all, and we will see you in July.

MR. OWEN: Thank you.

(Meeting concluded at 2:42 p.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime Reporter and Registered Professional
Reporter, do hereby certify that the foregoing
typewritten pages are a true and accurate transcript
of the proceedings to the best of my ability.

I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome of
this action.

Dated this 22nd day of April, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR