

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

IN RE: CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

May 8, 2019
2:00 P.M.
Health Services Building
Conference Room C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Lisa Powell
CHAIR

Mahak Kalra
Pat Glass
TAC MEMBERS PRESENT

Stephanie Bates
Judy Theriot
Sharley Hughes
Jonathan Scott
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APPEARANCES
(Continued)

LeAnn Magre
WELLCARE

Felicia Wheeler
Cathy Stephens
Martha Campbell
HUMANA-CARESOURCE

Mendy Pridemore
AETNA BETTER HEALTH

Jean O'Brien
ANTHEM

Jessica Beal
PASSPORT

Whitney Allen
UNITED HEALTHCARE

Chris Heldman
MOLINA

AGENDA

1. Welcome and Introductions
2. Establish Quorum
3. Approval of March Minutes
4. NEW BUSINESS
 - * DMS updates and reports on relevant bills, including SB 110 regarding credentialing
 - * DMS update on Integrated Care for Kids grant
 - * Followup/continued discussion around psychopharmacological prescribing for KY children
 - Review of recommendations presented to MAC
 - Updates from MCOs regarding psychotropic medications
 - * Roundtable updates/concerns from each member/professional organization
 - * Discuss topics for future/possible speakers - July, Sept. and Nov. meetings
 - Possible topics
 - >Evaluation/intervention services for children with autism
 - >Evaluation/intervention services for children in foster care; impacting of decoupling
 - >Continuation/more depth regarding past topics (obesity, social determinants of health, psychopharmacology) vs. new topics
5. OLD BUSINESS:
 - * HPV vaccines - next steps to monitor and improve rates
 - >HEDIS data UTD report - available 3/20/19 for 2018
 - >Update re immunization collaborative from DMS
 - * Obesity
 - >Other next steps suggested: CHOPT for Medicaid, Lisa Powell RE: H/B codes payment, regional meetings, dieticians as provider type to MAC, ideas from DMS about further actions we can take to address pediatric obesity treatment
 - * School-based services and Free-Care Rule and Collaborative

AGENDA
(Continued)

6. MCO updates/questions or data request reporting
7. General governance issues
8. Other Business
9. Action Items
10. Adjourn

1 DR. POWELL: We will get
2 started. Let's start and do introductions.

3 (INTRODUCTIONS)

4 DR. POWELL: Clearly, I don't
5 think we have a quorum since we're missing quite a
6 few members today. So, we are not going to be able
7 to approve the minutes but were there any corrections
8 that anyone saw?

9 MS. KALRA: I didn't see any.

10 DR. POWELL: I didn't see any
11 either. So, we will hold that until next time until
12 we have a quorum.

13 First, I had emailed to ask
14 about some updates in terms of relevant bills. I
15 know we had some questions about Senate Bill 110 and
16 Integrated Care for Kids Grant. So, if we can get
17 some updates.

18 MS. HUGHES: And Jonathan is
19 our legislative person.

20 MR. SCOTT: Sure. I can do a
21 full legislative update on everything that passed
22 impacting DMS. Would you like to do that?

23 MS. KALRA: Are there specific
24 bills that impact this TAC, the Children's Health
25 TAC? I know credentialing obviously is one that

1 we're definitely interested in, but if there's any
2 that you could see that will go into effect in July
3 that impact children's health.

4 MR. SCOTT: Probably we would
5 just be talking about 110, potentially Senate Bill
6 149 which is the external, independent third-party
7 review process that eventually we will work something
8 out about that that could impact you all. It would
9 just depend what happens with the prior authorization
10 bill.

11 MS. KALRA: Yes, I think that
12 would be great.

13 MR. SCOTT: So, speaking about
14 Senate Bill 54, we are going to work towards an
15 electronic prior authorization process within the
16 Department and MCOs. We may amend some regs as a
17 result of this bill. Going forward, we're still
18 working on the implementation piece of that.

19 One ten, that clarifies
20 operations and cleanup of 2018's House Bill 69. We
21 clarify what makes a clean application. We have more
22 clearly separated credentialing from enrollment.

23 So, DMS will continue to
24 implement and work towards Partner Portal and you get
25 a federal match for that and some other important

1 things on our list. We have kind of clarified that
2 there will be a pause due to delays caused by
3 external entities. We have to do a lot of
4 interfacing with federal databases and stuff and a
5 lot of times that will toll the process longer than
6 the provider anticipates or we anticipate.

7 We also more clearly clarified
8 what makes a clean application and we will attempt to
9 enroll providers within sixty days of receiving a
10 clean application.

11 MS. KALRA: In the statute
12 language, does it say what a clean application is or
13 is that going to be in regs?

14 MR. SCOTT: It's in the bill.
15 I can send you a link to it. I didn't bring a copy.
16 I apologize for that. I have my card I can give you.

17 And, then, 149, that will allow
18 a provider to appeal multiple claims in a single
19 external review. We're still going to work that bill
20 out, work that implementation out and I think that's
21 about all I've got.

22 MS. BATES: And that's it.

23 MR. SCOTT: If you have any
24 questions, I'd be glad to answer them.

25 MS. KALRA: Pat, do you have

1 any questions?

2 MS. GLASS: No, I don't. Thank
3 you.

4 DR. POWELL: Thank you. Do we
5 have an update from somebody on the Integrated Care
6 for Kids Grant?

7 MS. BATES: Medicaid, along
8 with the Secretary's Office, has decided not to
9 pursue that grant. We're going to still most likely
10 work with a provider group to do something like that
11 which would be an alternative payment model.

12 We don't know what that looks
13 like or anything yet but we didn't feel that we had a
14 comprehensive enough approach to put in a good
15 application. They were only going to choose eight.
16 And so, if we decide to do it down the road if they
17 do it again, we will, but right now we just decided
18 that we didn't have the bandwidth to pursue it.

19 DR. POWELL: Okay. Any other
20 questions for updates on bills?

21 MS. KALRA: Just from DMS.

22 MS. BATES: Do you want me to
23 give an update?

24 MS. KALRA: Go for it.

25 MS. BATES: So, I'm sure you

1 heard Dr. Liu no longer works with us. We wish him
2 well. He has been great for us, but now we have--
3 I'll let you introduce yourself and kind of just say
4 what you did before. I'm sure a lot of people know
5 Dr. Theriot.

6 DR. THERIOT: I'm a
7 pediatrician based in Louisville and I have been
8 there for about 25 years and I was in charge of one
9 of the special needs clinics that we have there for
10 years and, then, I went to the Commission for
11 Children with Special Health Care Needs where I was
12 for six years and, then, I just moved here this week.
13 That's about it.

14 MS. BATES: So, we're really
15 happy to have her and it was a really quick, believe
16 it or not, a quick replacement. Those things usually
17 take forever. If you have any questions of me, just
18 let me know.

19 MS. KALRA: Thank you and
20 welcome. We hope you could be a regular at this TAC,
21 especially with your expertise.

22 DR. POWELL: So, do you want to
23 give us an update on the MAC?

24 MS. KALRA: Yes. So, the MAC
25 met on March 28th. A lot of the early conversations

1 of the MAC - and I know several of you all were there
2 - were regarding the new TAC guidelines. And, so, I
3 believe there is a subcommittee that was formed from
4 the MAC members that came up with some sort of
5 solution regarding TAC guidelines.

6 A couple of the solutions were
7 they will provide notices about the agenda to MAC
8 members in two weeks. No court reporter was another
9 one for all TACs. So, it's TACs taking their own
10 minutes.

11 MS. HUGHES: Just to clarify,
12 those were recommendations. Those were not
13 necessarily implemented because, as you can see, we
14 have our court reporter and we will continue to have
15 a court reporter.

16 MS. KALRA: Yes. I was just
17 sharing what we heard during that meeting. There
18 were several things that were announced at that
19 meeting. I would love to hear what the outcome and
20 the next steps are which we could talk about in a
21 second.

22 Also, as you know, most of the
23 time, every TAC presents their recommendations. At
24 the last meeting, we did have a quorum. So, I was
25 lucky enough to present the guidelines that we

1 mentioned around the psychotropic meds. We had four
2 recommendations. I haven't heard back on whether
3 anything was----

4 MS. HUGHES: Those should come
5 out later this week. I've got to get them printed to
6 give to the Commissioner. Your all's is going to be
7 a pretty long one because we've got information
8 coming back from each of the MCOs that they have
9 provided us. And, then, Doug Oiler----

10 MS. BATES: You'll get your
11 answers back.

12 MS. KALRA: That's great, and
13 that will be a good conversation to add on to the
14 next meeting if we need to dig more deeper into our
15 recommendations and guidelines that we've set
16 regarding psychotropic meds but a reminder of the
17 conversation.

18 A lot of it was around ensuring
19 that there's some sort of other steps that are
20 necessary before prescribing psychotropic meds,
21 whether that's OT or other sort of therapies that are
22 available and being reimbursable as well.

23 So, those are the
24 recommendations we had. I presented them. And,
25 then, there's really nothing else. As you all

1 probably have heard, the 1115 Waiver was halted
2 again. So, that's really all major updates from the
3 MAC.

4 MS. BATES: It was a pretty
5 short one.

6 MS. KALRA: It was fast.

7 DR. POWELL: So, the next one
8 on the agenda is that we did want to follow up and
9 have some more continued discussion around the
10 recommendations and on prescribing practices for
11 children. We may need to actually hold that a little
12 bit until we have the feedback from the MAC.

13 So, we will probably want to do
14 that next time as well, but the recommendations that
15 we wrote were attached in the email that I sent with
16 the agenda. So, I don't know if anybody had
17 questions or feedback on that. I guess you didn't
18 get that email yet, did you, or did you get it?

19 MS. HUGHES: I sent them.

20 MS. GLASS: Yes.

21 DR. POWELL: Okay. So, we'll
22 hold that a little bit until we get the feedback next
23 time but I did want to give--I don't know if any of
24 the MCOs, if you all wanted to give any update. I
25 know we had talked about just sort of what were some

1 of the initiatives and how some of the MCOs I know
2 were trying to address that situation, if anybody had
3 an update or wanted to give any more information.

4 MS. CAMPBELL: This is not a
5 formal update. If at some point you need some data
6 and more specifics, we're happy to do that but this
7 is just a very generic as it relates specifically to
8 the foster care population.

9 The foster care coordinators
10 conduct reviews ever 120 to 180 days on all foster
11 care members - all - and those reviews include
12 medication claims, utilization management.

13 And specifically when there is
14 any kind of alert or claims information or
15 information coming from pharmacy, DCBS, any other
16 source related to suspicion or identification of
17 concern over medications, then, that member, those
18 members receive targeted outreach to look into any
19 issues surrounding polypharmacy.

20 And, then, we do also internal
21 reviews on an ongoing basis of foster care members
22 when polypharmacy issues are suspected or identified.

23 The care coordinators outreach
24 to pharmacies, providers, DCBS, foster parents,
25 etcetera to clarify uses, identify supporting

1 diagnoses present, inquire and assess behaviors that
2 may justify the need or lack thereof for the
3 medications prescribed.

4 And Humana-CareSource on an
5 ongoing basis will continue to collaborate with Dr.
6 Lohr. In 2019, Dr. Lohr identified two members
7 insured by Humana-CareSource.

8 So, Humana-CareSource worked
9 with him on both of those members identified to do
10 extensive research about the care they were
11 receiving, whether it was being coordinated, looking
12 specifically at the medications prescribed, and
13 apparently that was a really great process.

14 So, if he continues that
15 process, Humana-CareSource is delighted because it is
16 a really fruitful process.

17 Now, that's just a very
18 simplistic view; but also with EPSDT, our
19 coordinators who do telephonic outreach, we are
20 informing and asking questions and we review claims
21 before we make those calls.

22 So, we get our own alert from
23 the claims review process we do before we contact the
24 members for various things, things that might lead to
25 a referral to a licensed clinical social worker based

1 on claims that we may see coming through that looks
2 suspicious or are very clear on possible abuse,
3 claims that indicate that the child is seeing
4 multiple providers, one being behavioral health, and
5 more appointments with that provider than a primary
6 care provider and clearly there is no coordination
7 going on, and those serve as a trigger for a referral
8 to case management immediately and that is a daily
9 process, an ongoing process and I think it's a really
10 good one because we, of course, are looking at all
11 ages, birth to 21.

12 When we go in to make an EPSDT
13 outreach, we have that foster care flag alert. So,
14 all those are going to go directly to the foster care
15 team. And in the meantime, we may suspect that
16 they're in foster care because of the information we
17 get, the demographic information. And until we
18 confirm or deny that with the help of foster care, we
19 hold off on that outreach call for fear that we might
20 be contacting a birth parent who is no longer
21 involved in their care.

22 DR. POWELL: Great. Thank you.
23 Would that be true for kids who were living with
24 biological parents as well? I know you were speaking
25 of the protocol for kids in foster care.

1 MS. CAMPBELL: Yes, but when I
2 speak of EPSDT, we're doing outreach for Medicaid-
3 insured members birth to 21 who qualify for EPSDT
4 preventative and special services and that's what we
5 do.

6 Those who are with birth
7 parents or in kinship or have been adopted or
8 whatever, we do outreach and we educate on all
9 components of EPSDT - physical, behavioral health,
10 developmental, dental, vision, hearing,
11 immunizations, etcetera - and we are looking at the
12 claims to give us a story in case that will help us
13 during the call to maybe address some of the barriers
14 that are going on in the home.

15 DR. POWELL: Thank you.
16 Anybody else have an update or just some general
17 information to follow up?

18 MS. MAGRE: I know WellCare and
19 all of us have provided and I think that will come
20 with the recommendations that you will get when those
21 do come out, but we have two different focuses that
22 we have.

23 We have one specifically for
24 foster kids, of course, and we have one care manager
25 who is specifically assigned to outreach all of the

1 kids that are prescribed two or more psychotropic
2 medications and we focus on the youngest first. So,
3 we start with our youngest members and work our way
4 up the list.

5 We also have a pharmacy review
6 committee that is corporate and overall. So, that
7 committee looks at all children, not just kids in
8 care, around the polypharmacy issue. So, they are
9 looking at and reviewing claims and medication issues
10 and then outreach is planned from there.

11 DR. POWELL: Anyone else?

12 MS. BEAL: I think you'll find
13 that most of us are fairly similar and we all have
14 some sort of pharmacy oversight that looks at
15 polypharmacy or failure to fill a script or other
16 things that outreaches both the provider and the
17 member. We all have specialty care, MCM, for foster
18 that also addresses any concerns or red flags that
19 pop up around medication.

20 I'm sure you guys also have a
21 prior authorization for antipsychotics for children
22 under the age of six just like we do and, then, I
23 also send along the caregiver brochure that we
24 created that give the caregivers a checklist of what
25 to ask, especially if they're going to a PCP, around

1 prescribing so that we feel like they're really
2 informed and they can advocate for best practices for
3 their child.

4 MS. KALRA: Will that be a part
5 of the MAC response back to us?

6 MS. BEAL: I sent it in a PDF.
7 I brought you copies.

8 MS. HUGHES: Yes. All the
9 stuff that the MCOs sent to me will be included.

10 MS. KALRA: Okay. I just
11 wanted to make sure because that's awesome and that's
12 something that is needed.

13 MS. BEAL: And I brought
14 copies.

15 DR. POWELL: Thank you.
16 Anybody else? So, I look forward to getting that
17 update from you next time and it will cover that.

18 MS. KALRA: Going back to
19 another piece that was raised was data requests and
20 how we--I guess we need to be all on the same page of
21 how that works as TAC members and MCO.

22 So, can someone explain that
23 process to us because I think that's where we're--we
24 don't want MCOs to feel like they are supposed to be
25 providing us reports if we haven't--we just need to

1 lay out a process for everyone to understand.

2 MS. HUGHES: I know Martha
3 talked to you beforehand. Unless you all
4 specifically request that we have an MCO make a
5 presentation, an MCO is not required to be prepared
6 to necessarily address anything at the TAC.

7 The agenda was posted last week
8 at least or maybe the week before. All the MCOs are
9 to look at that; and if they want to have something,
10 they can, but they are not required to have anything
11 here necessarily to speak on unless you all
12 specifically - and if you specifically say to me, we
13 want a presentation from each of the MCOs, our MCO
14 folks will reach out to the MCO and specifically
15 request and tell them what we need from them to
16 present.

17 MS. KALRA: Okay, and what is
18 that time frame?

19 MS. BATES: Everybody hold on.
20 So, on the data requests which I think is what you
21 are asking about, any data request for data that has
22 to do with Medicaid needs to go through open records
23 like everything else does.

24 MS. KALRA: Okay, because we
25 heard something different at the last meeting. The

1 last meeting was go ahead and reach out to Sharley if
2 we need any data from the MCOs.

3 MS. BATES: Well, I don't know
4 about that. I don't want us to talk over each other.
5 I just want to say that if you need data, that you
6 just need to go through the regular open records'
7 process so that way it's all documented the way it
8 needs to be and that it can go to the MCOs that way.
9 That just protects everybody.

10 MS. KALRA: So, even the
11 quarterly data that we typically ask for that we have
12 been asking since 2014?

13 MS. BATES: I did the
14 Children's Health TAC for a while and I wasn't
15 getting you quarterly data.

16 MS. HUGHES: And I haven't
17 been.

18 MS. KALRA: I know you haven't
19 been because we haven't received any data for a long
20 time. It's been a while.

21 MS. BATES: Right. So, if you
22 want data, you need to go through the open records'
23 process; and, then, if we need to send it to the
24 MCOs, they can do that.

25 MS. KALRA: Well, that also

1 takes a while.

2 MS. BATES: But if you do that
3 well in advance, then, you should be able to have it
4 for this meeting.

5 DR. POWELL: You think if we
6 make a request after one meeting, we should have it
7 by the next meeting?

8 MS. BATES: I don't see why
9 not.

10 MS. KALRA: That would be
11 great.

12 MS. BATES: Because we have
13 certain time limits that we have to follow through
14 the open records' process.

15 MS. KALRA: I would love to see
16 that.

17 MS. HUGHES: And what I was
18 talking about was not data actually.

19 MS. BATES: Right. She was
20 asking about data.

21 MS. HUGHES: Right, but I knew
22 Martha had talked to her and last time she was
23 concerned that they weren't getting the agendas from
24 DMS.

25 MS. BATES: No. We aren't

1 inviting MCOs anymore.

2 MS. CAMPBELL: I understand.

3 MS. BATES: So, that means
4 everybody needs to follow the same process and look
5 online when they are posted.

6 MS. CAMPBELL: Now they are
7 posted. Sometimes they were not. So, that's great.
8 We saw it last week.

9 DR. POWELL: Is there anything
10 else you want to update us on because it seems like
11 there's some new processes. We have new people. I'm
12 new. Sharley is new. Is there anything else in
13 terms of processes that we need to know?

14 MS. BATES: Probably but I
15 can't think of anything right now. I don't want to
16 say no because I'm sure there's something.

17 MS. KALRA: So, with the new
18 recommendations from the MAC Chair or members,
19 however you want to classify them, what came out of
20 that? What is the next step?

21 MS. BATES: Are you talking
22 about the processes for the TAC?

23 MS. KALRA: Yes.

24 MS. HUGHES: We're still
25 working on those.

1 MS. BATES: We're still working
2 on our response.

3 MS. KALRA: So, will we get the
4 answer to that?

5 MS. BATES: It will go to the
6 MAC and I'm sure they will disseminate that.

7 MS. KALRA: Okay.

8 DR. POWELL: Any other
9 questions you have?

10 MS. KALRA: No.

11 DR. POWELL: So, the next thing
12 that we have on the agenda is to talk about from
13 members, although we're missing quite a few but I'm
14 going to throw this out t here and then we'll kind of
15 revisit it next time as well.

16 One of the things that we
17 talked about and an idea was to be having a little
18 bit of a roundtable when we're here from the members
19 of their associations to bring anything to the TAC
20 that is of concern to that particular association so
21 that we can be aware of what are some of the concerns
22 of your members.

23 So, we can think about that. I
24 don't know if you have anything off the top of your
25 head but we'll get that in the minutes so that we can

1 hopefully have a little bit of an update.

2 I have spoken before in terms
3 of Kentucky Psych Association. Most of the questions
4 that are swirling around and I mentioned this last
5 time is just really about the new psych testing codes
6 which are a big change for all of us, but I know
7 there has been some communication more on the
8 national level from American Psych Association and
9 CMS about the codes that had to do with being able to
10 bill out on codes on separate days and things like
11 that. So, I think that's still something that is the
12 most important thing for us.

13 I don't know if you have
14 anything else that you want to add?

15 MS. GLASS: The school nurses
16 are having their annual meeting in July. So, when we
17 have our Board meeting, a lot of things will be
18 discussed then.

19 DR. POWELL: Great. So, you
20 may be able to throw that out and bring something
21 back next time.

22 MS. KALRA: That's awesome.
23 And I think for us and our perspective, hearing about
24 the children in the foster care system, that's
25 something that we are always looking at, if there's

1 ways that we could intersect with the TAC and ensure
2 that policies are established or either
3 interventions. Whatever that might include, that
4 would be huge.

5 And, then, as the Family First
6 Act is being implemented, is that something the TAC's
7 role is in helping monitor or any way that we
8 could help in whatever way, shape or form. I think
9 those are a couple of things that I could just
10 immediately think of.

11 DR. POWELL: Okay.

12 MS. HUGHES: Could I ask Pat a
13 question? You mentioned your all's nurses
14 association. On a call we had the other day
15 regarding the school health SPA that we submitted,
16 Lee Guice----

17 MS. KALRA: The State Plan
18 Amendment?

19 MS. HUGHES: Yes, the State
20 Plan Amendment for their free care, Lee Guice had
21 mentioned about possibly your nurses association
22 maybe doing a presentation. Could we contact you?

23 MS. GLASS: Yes.

24 DR. POWELL: Okay. So, along
25 those same lines, I know you mentioned Family First

1 and foster care which is obviously an ongoing concern
2 that we have, but we need to think about what other
3 topics that we might want to look at over the next
4 three or four meetings.

5 We're going to continue to talk
6 about psychotropic medication. We're going to
7 continue that next time. So, part of the discussion
8 is do we stick with that and go much deeper and stay
9 with that for a while or are there other topics and
10 things that we want to have presenters on and to
11 really think about whether the TAC wants to make any
12 recommendations to the MAC on.

13 So, you can see there, we have
14 sort of generated some ideas along the way - children
15 with autism, children in foster care. We have talked
16 a little bit about obesity. We've had a speaker
17 before. We've talked a little bit about social
18 determinants of health and their impact.

19 So, we need to think about what
20 do we want to do over the next three or four
21 meetings, whether it's better to stay with one topic
22 and continue and maybe even have other people speak
23 and provide information or do we want to think about
24 other topics.

25 MS. KALRA: And the reason

1 being is just because there's so much that is
2 incorporated when you're talking about children's
3 health. So, how do we really chip at it and work on
4 things that we could really truly make a difference
5 on. So, if there's new ideas or topics, I think it
6 would be helpful for Lisa and I to know.

7 MS. O'BRIEN: One that you
8 might consider is that I was at Metro United Way this
9 morning to talk about it's called Community United.

10 They're right now just kind of
11 getting some data but I would say probably in the
12 months to come, they will have some data that they
13 could share with you all and resources and what
14 they're seeing and those types of things.

15 DR. POWELL: That's a good
16 idea. Does everybody know what Community United is?
17 So, Metro United - and you could help me - Metro
18 United Way is sort of spearheading it but they have
19 brought a software system here to Kentucky. It's
20 called Unite Us is the software and the initiative
21 through the United Way is called Community United.

22 So, basically, there are - I'm
23 not sure - I think forty to fifty agencies that have
24 initially signed on and have licenses to participate
25 in the software.

1 So, if you have a family or a
2 child or an adult who has a concern - it's really
3 about social determinants of health - you can plug in
4 what the concern is or what you're looking for.

5 So, whether it's housing, child
6 care, food, clothing, mental health, behavioral
7 health services, you can put the information into the
8 software and any agencies that are participating will
9 respond back within 48 hours to say, yes, we can meet
10 this need or, no, we can't.

11 Once a child or anybody is sort
12 of enrolled in United Community, whatever agency they
13 go to or interface with including the schools - JCPS
14 is also participating - it will come up. You will be
15 able to see it, parents or whoever is signing a
16 release.

17 And, so, that stays for
18 whatever agency they interface and you will be able
19 to see at the bottom - it really is a neat software -
20 what they've already been referred for, whether they
21 got connected so that we can try to close the loops a
22 little bit more when we're referring and we don't
23 know whether they had a successful connection with
24 that referral.

25 MS. O'BRIEN: I just thought

1 that might be an important topic.

2 DR. POWELL: Yes, absolutely.
3 I got a list of the agencies because we at Home of
4 the Innocents are participating in that, but do the
5 MCOs, have they been involved in that at all? They
6 have. So, do you all have access to that software as
7 well?

8 MS. O'BRIEN: Some of the MCOs
9 have but not all of them are connected to it but it's
10 being discussed with all the MCOs.

11 MS. MAGRE: WellCare has a
12 system all of its own.

13 MS. O'BRIEN: Yes, and they
14 talked about that this morning, too.

15 DR. POWELL: The problem with
16 so many of them because I've tried to use them is
17 that it's just not up to date and then you don't know
18 whether they connect.

19 MS. MAGRE: We have actual
20 staff that man that every day; and if there's a gap
21 that's identified as in there's not a resource
22 available, we actually have staff that are tasked to
23 go find that resource and then get back to the entity
24 that has asked for it within a couple of days.

25 MS. O'BRIEN: And I think

1 that's one of the things they talked about this
2 morning is kind of just get with all the MCOs to see
3 what's available like the Navigators that we have at
4 ours. So, that's the reason we wanted to kind of
5 talk about what resources we have.

6 MS. MAGRE: Between the nurses'
7 lines and the behavioral health hotlines and our
8 community advocacy lines, you can just about call and
9 get anything you need by calling one of those
10 numbers.

11 MS. O'BRIEN: I think they're
12 just trying to get a good handle on what's happening
13 overall in the community.

14 DR. POWELL: And that is part
15 of the initial phase of it is to understand what are
16 the needs and to build some better capacity. For
17 instance, homelessness is a major concern and
18 capacity is not there.

19 And, so, they want to also try
20 to track to be able to say here is the need and we
21 don't currently have the resources to meet that need
22 in this community.

23 Any other thoughts or ideas
24 about topics? I know we spent quite a bit of time
25 this past year on the dental piece. And, so, that

1 one I think we have taken off the agenda actually
2 because it has been addressed.

3 Do you all like the idea better
4 of staying with a topic more in depth or covering a
5 more broad range where we get some better ideas about
6 what are the concerns across the state?

7 MS. GLASS: I think if you're
8 gong to concentrate on one area, to try to get that
9 area addressed and then move on. Maybe have a list
10 of topics and that we move from one to the other.

11 MS. KALRA: That makes sense to
12 me.

13 DR. POWELL: Are there any
14 other topics, though, that we have? I know we spent
15 a little bit of time on childhood obesity and Dr. Liu
16 had provided some recommendations about programs, the
17 CHOPT Program that he brought and disseminated to all
18 of us. And I know the MCOs presented on different
19 programs and things, the resources that you all have
20 as well.

21 So, I don't know whether that
22 is something that we need to follow up on or we feel
23 like we've covered that. I know we haven't solved
24 that problem but we at least understand what the
25 resources are.

1 MS. KALRA: I felt like we did
2 get agencies involved. Like the Department of Public
3 Health kind of raised some issues. It seems like
4 MCOs are working on it as well. So, I don't know.
5 From my perspective, I feel like we should move on
6 from that. We only have three members here, so, it's
7 hard to decide.

8 DR. POWELL: It is. There was
9 a presenter for the Peds Alliance on psychotropic
10 meds. Is that something that we should--I actually
11 missed that one. Did you feel like that was
12 something----

13 MS. KALRA: The psychotropic
14 meds' presentation was Dr. Lohr.

15 DR. POWELL: No. For Peds
16 Alliance.

17 MS. KALRA: I'm trying to
18 remember which one that was.

19 DR. POWELL: Last month.

20 MS. KALRA: Dr. Lohr was the at
21 the last one.

22 DR. POWELL: It was the
23 doctoral student.

24 MS. KALRA: Tom Walton.

25 DR. POWELL: I don't know his

1 name. We can look it up. I'm just wondering if we
2 need to have even more information as we continue
3 because we are going to talk about the response from
4 the MAC next time, to make sure we have some other
5 information, too, that we continue to add to the mix
6 about what services and concerns and things we're
7 seeing across the state.

8 MS. HUGHES: We can have our
9 pharmacist, and, of course, by then, our new Medical
10 Director will be more up to date on the
11 recommendations and they can probably address it
12 more.

13 DR. POWELL: Okay. That would
14 be great. Do you think you would feel comfortable
15 next time discussing that with us from your
16 perspective as well once you've had a chance to
17 review all of those things?

18 MS. BATES: We'll take it back.
19 And once we get agendas and things like that, we will
20 let you know.

21 DR. POWELL: So, just some
22 other things that have been on the agenda, some Old
23 Business. There was some work on HPV and vaccines.
24 I don't know if you have an update on that. That was
25 before my time.

1 MS. KALRA: I'm trying to think
2 how we left that off. It seems like the Cabinet was
3 working on some ways to connect and increase HPV
4 vaccines. I think that's kind of how we left it with
5 our presenter. I know she was connected with Dr. Liu
6 and Dr. Liu was sharing a program that the Cabinet
7 was working on and I don't know if that is still
8 running.

9 MS. BATES: And if you all have
10 any questions for us ahead of these meetings, we will
11 be happy to answer them, but I don't want to answer
12 something if I don't know the answer and he's not
13 here for us to ask.

14 DR. POWELL: The HEDIS piece.

15 MS. KALRA: We do have that
16 data. That's what it was, the immunization
17 collaborative. That was the HPV.

18 DR. POWELL: So, do we want to
19 try to get an update from that next time?

20 MS. KALRA: Yes.

21 DR. POWELL: So, I will send
22 you that request, Sharley, but to see if we can get
23 an update on that because that is sort of left
24 hanging so that we will know what the update is on
25 that one, on the immunization.

1 MS. KALRA: I think a next step
2 for that would be good is to involve the Children's
3 Health TAC in hearing more about the SPA and how this
4 is going to be implemented.

5 DR. POWELL: Do we have a time
6 frame on that? Do we know?

7 MS. KALRA: It's supposed to be
8 for the upcoming school year.

9 MS. BATES: It's supposed to be
10 by August.

11 MS. HUGHES: August 1 is the
12 effective date we've requested.

13 MS. BATES: If we get
14 everything approved.

15 MS. HUGHES: They have 90 days
16 to review it and get back to us from the time we
17 submit it, CMS. And, then, even with that, if they
18 issue a formal request for additional information,
19 that gives them another 90 days when we submit that.

20 DR. POWELL: Okay. So, you're
21 just waiting on an update from them.

22 MS. HUGHES: Yes.

23 MS. KALRA: And I think once we
24 hear, I think it would be good to engage the
25 Children's Health TAC with our various health

1 providers that are a part of this group and advocacy
2 groups to raise awareness and answer any questions.

3 DER. POWELL: I'm sure there
4 will be lots of questions about that, too, just about
5 how that's going to be unrolled and what that's going
6 to look like.

7 So, we'll put that on the
8 agenda, then, too, to have an update for that, too.
9 Hopefully you will have heard from CMS by then.

10 MS. HUGHES: Hopefully, yes.

11 DR. POWELL: Were there any
12 questions about that one, though, about Free Care
13 Rule? I know Eva has been talking to us a little bit
14 along the way about what that's going to look like.

15 So, any other just general
16 updates from MCOs on any different kind of topics?
17 No.

18 How about sort of general
19 issues? Do we have any?

20 MS. KALRA: I think we covered
21 any of the governance issues that we had. The other
22 thing in the MAC that I didn't bring up was the video
23 conferencing. I know that was still pending. I
24 don't know if we've heard.

25 MS. BATES: That's for the MAC

1 to find out. If you want me to update on telehealth,
2 I can do that. I thought about that after I spoke.

3 So, as you all know, the
4 telehealth bill from last year, we have regs that
5 we've updated and have filed to be effective July 1
6 of 2019. It's basically opening up the telehealth
7 network to any service that can be provided within
8 licensure and all of those things by a Medicaid
9 provider.

10 So, what we're doing right now,
11 the very last thing that we're doing internally
12 before, we're going to issue a provider letter that
13 kind of lets providers know how to document those
14 services and the claims and all of that because with
15 the new place of service code that's out there for
16 telehealth which is an 02 place-of-service code, it
17 didn't allow us to know where the patient is, right,
18 and we're going to want to know that data. We're
19 going to want to know if they're in the home or the
20 school or wherever they are.

21 And, so, we're probably going
22 to use modifiers and that's what we're working out
23 right now. The biggest thing is the dental form.
24 Obviously for those of you who know about the dental
25 form, it's not the same as a regular claim. And, so,

1 we're just kind of working through that right now.
2 Once we get that worked through, we will get a
3 provider letter out there that kind of clarifies any
4 questions that we've received up to this point like
5 telehealth in schools and things like that and
6 anything that we can clarify based on the comments
7 that we previously received from the previous reg
8 submittal. So, that's where we are.

9 MS. KALRA: Is that something
10 that is going to be shared with this TAC?

11 MS. BATES: What?

12 MS. KALRA: The provider
13 letter.

14 MS. BATES: All of our provider
15 letters are posted online. That doesn't mean you
16 can't get one, but I will never in a million years
17 remember to send it to you. So, if you want it, you
18 can ask me for it and then I will remember.

19 MS. KALRA: I'm just trying to,
20 how can we ensure that all of our members see that.

21 MS. BATES: All of our provider
22 letters are out there.

23 MS. KALRA: Okay, and that's
24 going to be ready July 1 you said, the letter?

25 MS. BATES: The letter,

1 hopefully it will be way before July 1 because we
2 want providers to be ready.

3 MS. KALRA: Can that be a DMS
4 request of letting us know when the provider letter
5 is ready so that way everyone has that?

6 MS. BATES: I don't believe you
7 have a quorum today to make a recommendation.

8 MS. KALRA: Well, I mean, I'm
9 just saying.

10 MS. BATES: I'm happy to do it
11 but if I forget, you're always welcome to shoot me an
12 email but those are all posted online.

13 MS. HUGHES: Does DXC send
14 those out or do they actually just go on our website?
15 I'm asking because I don't know the process.

16 MS. BATES: We'll talk about it
17 after this, if you want.

18 DR. POWELL: So, does that
19 specify provider? I mean, in the regs, I'm sure it
20 has the provider types that are able to bill for
21 telehealth.

22 MS. BATES: Actually, that's
23 what was taken out of the reg because it was really
24 specific and this opened it up to any provider acting
25 within their scope of service and licensure.

1 MS. POWELL: I'm sure there
2 will be lots of questions about that. I'm just
3 anticipating it from our professional association.

4 MS. BATES: We've already
5 gotten a lot. So, we have a good idea of what to put
6 in the letter to try to anticipate some but there's
7 always going to be more.

8 DR. POWELL: That will be a big
9 change, a big initiative.

10 Any other issues? Did you have
11 anything else? Were you able to find---

12 MS. KALRA: I couldn't find it.

13 DR. POWELL: Okay. So, we'll
14 look up the update on that from that recommendation
15 that was made to the MAC. It's been a while it
16 sounds like.

17 MS. KALRA: Yes, it has.

18 DR. POWELL: We'll probably be
19 able to take that one off, too.

20 So, we are going to, then,
21 continue with psychotropic meds next time. We're
22 going to have an update or a response from the MAC.
23 We can look into other thoughts about other
24 information that we might need that would be helpful
25 on that topic.

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that several of our members that are from the western part of the state are facing.

MS. HUGHES: Okay. I just didn't know if you wanted to try to get some new members if you needed them.

DR. POWELL: Is that in the works to try to start video conferencing?

MS. KALRA: That was a request from all of the TACs and that was something that we submitted last year.

DR. POWELL: Okay. Thank you.

MS. KALRA: I don't think there's anything else.

DR. POWELL: We don't have a quorum to make a motion to adjourn. So, we are adjourned.

MEETING ADJOURNED