

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

**IN RE: CONSUMER RIGHTS AND CLIENT NEEDS
TECHNICAL ADVISORY COUNCIL**

June 11, 2019
1:30 P.M.
Cabinet for Health and Family Services
Medicaid Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

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CHAIR

Miranda Brown
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Brad Leedy
BRIDGEHAVEN

Johnny Callebs
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Appearing Telephonically:

Patrice McGhee
AETNA BETTER HEALTH

AGENDA

1. Welcome and Introductions - TAC Chair
2. Approval of Minutes - TAC Members
3. Medicaid "Free Care" Rule - DMS Staff
 - * What is status of the SPA?
 - * How can stakeholders be involved in the planning and implementation?
 - * What communications are planned for schools, providers and Medicaid families?
4. Kentucky HEALTH - DMS Staff
 - * What is the status of DMS implementing/piloting voluntary components of the waiver, including:
 - Work supports
 - Incentives
 - KI-HIPP
 - Medically frail designation for cost-sharing outside of Kentucky HEALTH
 - * What is the status of expanded SUD services?
 - * Other updates?
5. Mandatory copays - TAC members and DMS staff
 - * What is the status of changes to the KyHealth.Net/MMIS screen?
 - * Are any communications planned to educate providers on screen changes?
 - * Are any communications planned to educate providers/recipients on collection and turn-away policies based on income?
 - * Has clarification been sent to 1915(c) recipients/providers to explain that the copays required under regulation 907 KAR 1:604 do not apply to their coverage?
6. 1915(c) Waivers: re: Stakeholder engagement and rate study - DMS Staff
 - * When will DMS publish their response to the comment period?
 - * What comes next? Where is DMS/Navigant in the redesign process?
 - * Is there an update on transparency related to the advisory councils?

AGENDA
(Continued)

7. ADA guidelines related to making accommodations for disabled individuals to participate in TAC and/or MAC meetings - TAC members and DMS staff
 - * What is the status of DMS and P&A legal opinions related to making accommodations for personal assistance, transportation and interpretation services?
8. Recommendations for the July 25th MAC meeting
9. Adjournment

Next meeting of Consumer TAC: August 20, 2019, CHFS

1 MS. BEAUREGARD: Good
2 afternoon, everyone. We will get started by going
3 around the room and introducing ourselves.

4 (INTRODUCTIONS)

5 MS. BEAUREGARD: We do have
6 minutes to approve although we don't have a quorum.
7 So, I guess we'll just have to put those off until
8 our next meeting, but, Miranda, did you notice
9 anything on our minutes that needed to be changed?

10 MS. BROWN: No.

11 MS. BEAUREGARD: And since we
12 don't have a quorum, we'll proceed with the agenda
13 but not with making any recommendations to the MAC
14 unless Arthur or Donna are able to join us.

15 Do you know what Arthur's
16 status is, if he's going to be able to join us
17 sometime in the near future?

18 MS. COLLINS: Yes. I think we
19 can get him here at the next meeting. He's agreed
20 to stay on as our designee until I can either talk
21 him into remaining or find somebody else. So, we'll
22 do everything we can to get him here for the next
23 meeting.

24 MS. BEAUREGARD: Okay.
25 Thanks. Well, video conferencing should be an

1 option. We have talked about potentially looking at
2 meeting somewhere else. So, that may also be
3 something that could help. He said he's able to do
4 that, right?

5 MS. COLLINS: Yes, he's able
6 to do that.

7 MS. BEAUREGARD: And Donna has
8 also said that she can participate that way. She
9 has a sick child, so, she's not able to drive here
10 from Western Kentucky right now.

11 Teresa or Tracy, do you have
12 any updates on video conferencing options? That's
13 something that we have been going around and around
14 about and I feel like there should be an alternative
15 that we can figure out.

16 MS. WILLIAMS: Unfortunately,
17 I don't. I don't know if Teresa has any other
18 updates. I came prepared to talk about the KI-HIPP
19 Program today and that was it. So, I don't have the
20 background, so, I don't have an answer for you on
21 that, unfortunately.

22 MS. BEAUREGARD: Okay.

23 MR. GRAY: And I will just say
24 I go to enough of these TAC meetings, that's been a
25 topic of conversation and the fact that there has

1 been no update would indicate there is no update.
2 It's still a hanging question.

3 MS. BEAUREGARD: Okay. Well,
4 my plan is to set something up and whether or not we
5 can vote via teleconference, I think we still need
6 to have the option so that people can participate
7 one way or another if we're not going to have a
8 quorum at this point. So, I think having
9 participation is more important.

10 We can move on to the next
11 item on the agenda which actually we're going to
12 change the agenda. I forgot that Sharley and I had
13 talked about that.

14 So, we will start with KI-
15 HIPP. When do you need to leave, Tracy?

16 MS. WILLIAMS: I have another
17 meeting that starts at 2:00. So, just a little
18 before 2:00.

19 So, thank you all very much
20 for letting us give the update. So, we did put
21 together a handout that goes over the KY-HIPP
22 Program. We also talked about this at our Kentucky
23 HEALTH stakeholder forum this past Thursday. We
24 tried to add some clarification into the overview
25 slides that we've provided.

1 mentioned that it was an existing program, but we
2 have some outreach efforts and some enhancements
3 that are coming.

4 So, we started in May with
5 some outreach to individuals who in our eligibility
6 system had already been identified that they had
7 access to employer-sponsored insurance. We sent
8 them a notice that said you may qualify for this
9 program, and that was just under 10,000 people that
10 received that notice.

11 So, as an example, if there is
12 a Medicaid member who has children, maybe they're
13 working and they have employer-sponsored insurance
14 access, then, this is something that they could
15 enroll in and it would cover their family.

16 We have a couple of other
17 phases that we're looking for. So, Phase 2 starts
18 in August and that's going to be a larger outreach
19 effort to a broader audience, and those are
20 individuals who have identified in our system that
21 they have access to group insurance or maybe they've
22 just reported that they're working full time.

23 So, if they're working at an
24 hour rate, that that may be available to them. We
25 know that's not going to fit everyone's criteria but

1 we're going to do that outreach as well and that's
2 around 85,000 individuals. And, so, we will be able
3 to introduce that KI-HIPP option to them.

4 Then we look forward to our
5 November timeline and we're going to expand the
6 program so that if there are individuals who are
7 non-Medicaid policyholders and they maybe have a
8 member of their family that is Medicaid eligible,
9 that they would be able to go through the
10 application process and have that KI-HIPP benefit
11 cover that family.

12 So, phasing that in, and, of
13 course, we're already past our first Phase 1 and
14 that was the initial notice that went out in May.

15 MS. BEAUREGARD: Tracy, could
16 you tell us how many people have responded so far?

17 MS. WILLIAMS: Teresa may have
18 that information.

19 MS. SHIELDS: Since our go
20 live in May, we have seventy-one individuals who are
21 signed up with the KI-HIPP Program.

22 MS. BEAUREGARD: So, they've
23 actually already enrolled?

24 MS. SHIELD: Yes.

25 MS. BEAUREGARD: And do you

1 have others that are in the process?

2 MS. SHIELDS: Yes, because we
3 have others that we are waiting because there's
4 specific documentation. So, we're waiting on
5 documentation.

6 MS. BEAUREGARD: How many
7 would you say that is?

8 MS. SHIELDS: Oh, gosh, I
9 don't know. I didn't get that number. Sorry.

10 MS. BEAUREGARD: I was curious
11 to know about how many people are interested and
12 eligible versus interested but it turned out not to
13 be an option for them. Do you have a sense of that?

14 MS. SHIELDS: As of now, those
15 that have reached out, we haven't denied anyone
16 because they're not cost-effective.

17 MS. WILLIAMS: And I'm sorry.
18 I didn't hear that last part. You said we haven't
19 denied anyone because?

20 MS. SHIELDS: Because they
21 have not been found to be cost-effective or the plan
22 not comprehensive.

23 MS. WILLIAMS: So, everybody
24 has been cost-effective that has applied.

25 MS. SHIELDS: Yes.

1 MS. BEAUREGARD: So, I do have
2 one question about that unless you have more to
3 present. Did you have more that you wanted to go
4 over?

5 MS. WILLIAMS: Well, just
6 what's left here we can go over.

7 MS. BEAUREGARD: Well, I was
8 curious to know - and I appreciate that you put this
9 clarification on here on the third slide, I think.
10 Is that new information?

11 MS. WILLIAMS: Yes.

12 MS. BEAUREGARD: Because that
13 definitely helps answer one of my questions that we
14 had last week.

15 MS. WILLIAMS: Yes.

16 MS. BEAUREGARD: So, it's good
17 to know that if we're talking to Medicaid recipients
18 about this and they're interested in it, they need
19 to understand that they may have different cost
20 sharing for an employer-sponsored network provider.
21 And if that could be made more clear in the
22 materials, I think that would be helpful, too.

23 I guess I'm wondering in terms
24 of determining cost effectiveness, if Medicaid is
25 paying the premium, if people are going to a

1 Medicaid-eligible provider and this 5% max out-of-
2 pocket applies to them, is it the employer-insurance
3 that's paying those Medicaid-eligible providers or
4 is it Medicaid paying fee-for-service?

5 MS. WILLIAMS: So, do you want
6 to kind of explain that part as far as how that
7 works?

8 MS. SHIELDS: Sure. The
9 Medicaid member who has an employer-sponsored
10 insurance, when they go to the doctor, the provider
11 would bill the employer-sponsored insurance first
12 and, then, they would pay according to whatever
13 their fee schedules are. Then, the provider bills
14 Medicaid----

15 MS. BEAUREGARD: As a
16 secondary.

17 MS. SHIELDS: Yes.

18 MS. BEAUREGARD: Okay.

19 Thanks.

20 MS. WILLIAMS: Thank you,
21 Teresa.

22 MS. BEAUREGARD: As long as
23 they go to a--I mean, they could also go to an
24 employer-sponsored network provider who doesn't take
25 Medicaid and, then, they're on their own?

1 MS. SHIELDS: Well, we are
2 encouraging people and we are working to get that
3 taken care of, find a way to take care of that.

4 MS. WILLIAMS: So, we put a
5 note there on the screen about the 5% out-of-pocket
6 max. We also, when we go on to the next slide, it
7 shows you a graphic. If you are Medicaid eligible
8 and you have that access, then, you potentially
9 qualify.

10 So, there is a cost-effective
11 tool that compares the cost of that managed care
12 versus that plan that's available. Not every plan
13 that somebody has access to is going to be
14 considered cost effective but it is an actuarial
15 tool that determines that.

16 And, then, also, it has to be
17 comprehensive. So, there are certain things that it
18 has to meet for it to qualify as a plan that would
19 be covered.

20 So, we gave some examples
21 there - I know it's really fine print - as far as
22 what would qualify as group insurance under this.

23 The thing is, with our phased-
24 in approach, we definitely are in - and I don't have
25 the dates yet for the training that is going to be

1 provided for different stakeholder groups - but that
2 is something that is being put together now. We
3 also have outreach efforts that we're planning based
4 on the upcoming phases as well. That is also going
5 to include I think a general information webinar.

6 So, we have certainly gathered
7 the questions that have been asked. We tried to
8 include what we could from Thursday actually into
9 here. I know there are a few of those details that
10 we wanted to make sure that we included, but I think
11 that the webinar and some of the upcoming training
12 is going to more fully go into some of those details
13 of the program. So, we can share those dates once
14 we have them available.

15 MS. BEAUREGARD: That's great.

16 MS. WILLIAMS: Just
17 understanding what that enrollment process is, there
18 are individuals who received the notice. They were
19 provided what that enrollment process is. If
20 somebody is not in Medicaid already, of course, they
21 would have to apply for the program. If they are,
22 they were directed to submit documentation. They
23 were told you have to submit plan documentation to
24 the KI-HIPP team.

25 So, DCBS can help with

1 information but there is a team that is specific to
2 the program. Then, of course, they run that cost
3 effectiveness and, then, they enroll them.

4 So, the thing is, it's not a
5 real long process, assuming that the documentation
6 exists. Once that happens, then, they're able to
7 look at it pretty quickly.

8 And, then, there is a payment
9 and an ongoing verification. So, you have to be
10 able to submit regularly that you're paying that
11 monthly premium. So, that is part of that process
12 as well but there's a lot of different ways that
13 those documents can be submitted but they are
14 specific to the KI-HIPP Program. So, we've provided
15 those as well in our graphic here and, then, the
16 additional questions.

17 So, there is a specific line
18 for KI-HIPP questions. As of right now, all the
19 information that we have or that we have made
20 available, there is a link here at the bottom of
21 Slide 6. That's the DMS website that would take you
22 to the member handbook and some overview information
23 as well.

24 And, then, of course, we will
25 keep you updated with those trainings and the other

1 information that we will get together and have
2 available to present.

3 MS. BEAUREGARD: And, then,
4 for wrap-around services, I'm assuming that you
5 would have to be a Medicaid provider to get a wrap-
6 around service that isn't offered by your employer-
7 sponsored insurance?

8 MS. WILLIAMS: So, I think the
9 best way to handle that is if you could send those
10 questions through email to Sharley.

11 One of the things we've talked
12 about with the link that I just mentioned is the
13 information that we have now, we have looked at the
14 FAQ's and adding those to some that we gathered on
15 Thursday for Kentucky HEALTH; but since this is
16 really a stand-alone program, we'll include those on
17 that DMS website. That way we can include the most
18 thorough answer and response and it includes all the
19 policies that surround that.

20 So, it would probably be
21 easier to answer it that way if you wouldn't mind.

22 MS. BEAUREGARD: Okay. Are
23 there any other questions that folks have related to
24 KI-HIPP that I should be sending to Sharley? Well,
25 feel free to email me and I can get all of those

1 questions to Sharley. Are the documents being
2 posted online or will she get them back to us
3 directly?

4 MS. WILLIAMS: So, they are
5 posted online.

6 MS. BEAUREGARD: I mean like
7 the FAQ's.

8 MS. WILLIAMS: The FAQ's.
9 They're on, yes. Of course, with our Thursday
10 stakeholder forum that we did for Kentucky HEALTH,
11 we had received several questions. We did try and
12 incorporate some of the details we could in sharing
13 with you all today, but our plans with that is to
14 include that in upcoming presentations.

15 And, so, whatever questions
16 that you may have, if you could share those, that
17 way we can make sure that webinars, etcetera contain
18 those details so that we have as much information as
19 we can and we know what questions our information
20 doesn't cover. That's very helpful.

21 MS. BEAUREGARD: Okay. That's
22 great. Thank you.

23 MS. SHIELDS: And I think the
24 link that Tracy mentioned about not going to the
25 member handbook and so forth, I think you will find

1 a lot of information in the member handbook.

2 MS. BEAUREGARD: All right.
3 Any other questions for Tracy about KI-HIPP? Thank
4 you for updating us. I really appreciate you doing
5 this so quickly.

6 And you said that you weren't
7 here to report on anything else.

8 MS. WILLIAMS: I really don't
9 have any other updates on anything else. Feel free
10 to forward those to Sharley and, then, she can get
11 them to me as well.

12 MS. BEAUREGARD: There were
13 some Kentucky HEALTH items on here that Stephanie
14 Bates hadn't responded to ahead of time and I was
15 wondering if those were ones that you were going to
16 respond to. Teresa, are you planning to respond to
17 those instead?

18 MS. SHIELDS: Not Kentucky
19 HEALTH.

20 MS. BEAUREGARD: Okay. Do you
21 have like two minutes?

22 MS. WILLIAMS: Sure.

23 MS. BEAUREGARD: So, I was
24 asking about some of the other plans that you all
25 have for doing the voluntary pieces of Kentucky

1 HEALTH. So, we already talked about KI-HIPP. Are
2 there any other updates that you have about other
3 elements of the program?

4 MS. WILLIAMS: So, I don't
5 know the last update you all received, so, I can't
6 say no updates since then because I don't know. I
7 don't know that I was at the last meeting.

8 We at this point are really
9 just trying to focus on the things that we can do as
10 a program based on what we have available.

11 We're looking at how to
12 increase adoption of the KOG account creation,
13 utilizing our Citizen Connect platform to really
14 build our library in the My Rewards, not just for
15 our future Kentucky HEALTH go live, but, in the
16 meantime, what would be meaningful content and
17 useful content for users.

18 We are still continuing to see
19 our numbers increase in individuals who are going in
20 and taking these courses. So, we would really like
21 to look at the library that exists now and how we
22 can improve that and what else we could add to make
23 it relevant even without the incentive, if you will,
24 to earn reward dollars and that is one update on
25 that.

1 I think that we will certainly
2 continue to encourage individuals to take advantage
3 of the resources that the State has to offer and
4 whether that is through apprenticeship programs,
5 etcetera, but as far as plans for a very intentional
6 voluntary community engagement type of thing, I
7 don't have any type of an update on that.

8 MS. BEAUREGARD: I was going
9 to say, I was excited to see the Paths 2 Promise
10 videos that came out because it looked like there
11 were some good stories about people getting those
12 work supports and having success. So, I wasn't sure
13 if there was any plan to use some of those, what
14 you've learned there.

15 MS. WILLIAMS: Yes. So,
16 certainly we will look at those. And we've looked
17 at other ways to really work with beneficiaries and
18 what is the best way to outreach and kind of change
19 some of those things. So, certainly taking this
20 time to look at ways that we can move forward in
21 those connections.

22 MS. BEAUREGARD: And, then,
23 the last thing on here because Stephanie did respond
24 to my question about medically frail, it sounds
25 like--well, the response wasn't exactly a yes or no,

1 is that being considered, but do you have any
2 insight into whether or not there could be an
3 adoption of a medically frail designation without
4 Kentucky HEALTH?

5 MS. WILLIAMS: I don't. And I
6 think that I did see that Stephanie had responded
7 and I think that that was probably the best response
8 in the sense that there are exemptions that exist
9 and we don't really have that. I mean, I know the
10 functionality was built but, then, that's also
11 integrated with other functionalities and, of
12 course, that makes it a little bit of difficult from
13 a technology standpoint, too.

14 MS. BEAUREGARD: And, then,
15 the only other question was about SUD services, and
16 I just wanted to make sure that folks here who might
17 be a little bit more in that deal had a chance to
18 ask any questions since they're starting on 7/1
19 which is coming up really soon.

20 Methadone is going to be
21 available starting 7/1 but only from a substance use
22 provider, not from like a primary care or a
23 behavioral health provider. Is that right?

24 MS. WILLIAMS: So, I will tell
25 you that I'm not as well-versed in all of the

1 details, but, yes, that is moving forward. We don't
2 see anything that would alter that July 1st start
3 date for those SUD enhancements. So, there is a
4 provider webinar that is scheduled. I was going to
5 say it may have been June 7th or 17th. There's a
6 even sticking in my brain.

7 MS. BEAUREGARD: Is there's a
8 recording or if it's upcoming, if you could just get
9 to the details to me through Sharley.

10 MS. WILLIAMS: There is and I
11 think that there's information that's also going to
12 be posted on our KYHEALTH.Net website but it's
13 really very provider-focused as far as what those
14 changes are and what are some of those upcoming
15 resources. So, I believe that it's the 17th of
16 June, we have a
17 webinar training for providers that's coming out.

18 MS. BEAUREGARD: Okay. Is
19 there anything else changing other than the
20 Methadone on July 1st?

21 MS. WILLIAMS: So, there's
22 some expansion of capacity.

23 MS. BEAUREGARD: To beds?

24 MS. WILLIAMS: Yes. And, so,
25 that would obviously allow some additional treatment

1 options or availability to beneficiaries.

2 MR. GRAY: The question about
3 Methadone, it can only be within a narcotic
4 treatment program.

5 MS. BEAUREGARD: A narcotic
6 treatment program. So, would that even be not just
7 a substance use provider necessarily but a facility,
8 like an inpatient sort of facility or outpatient
9 program where you're enrolled and ongoing?

10 MR. GRAY: I know primary care
11 cannot do it. I'm less certain about who can do it.

12 MS. BEAUREGARD: Would you be
13 able to get us a few more details? I think some
14 behavioral health providers probably would be pretty
15 interested. If they're treating patients with SUD,
16 providing some services, that might be good.

17 MR. GRAY: And for the obvious
18 reasons. I mean, we're trying to keep guardrails on
19 the Methadone because we don't want to be trading
20 one problem for another. So, I will get a little
21 bit more specificity on exactly who can be involved
22 in providing Methadone.

23 MS. BEAUREGARD: That would be
24 great. Thank you.

25 MS. WILLIAMS: Thank you so

1 much.

2 MS. BEAUREGARD: David, do you
3 know if Teresa is going to be coming back to present
4 on other items on the agenda?

5 MR. GRAY: No. I think
6 they're gone. They were here for KI-HIPP.

7 MS. BEAUREGARD: Okay. So, I
8 had some other questions on the agenda which I
9 provided to Sharley ahead of time because she said
10 that she would be able to make sure someone was here
11 to answer them.

12 And, so, Stephanie Bates did
13 answer many of them which was really helpful but
14 there were some that she didn't. So, I was assuming
15 that Teresa was going to answer those.

16 I guess I will just follow up
17 with Sharley unless there's anything on the agenda
18 that you think you can answer, David.

19 MR. GRAY: In terms of what?

20 MS. BEAUREGARD: Something
21 about mandatory copays. The screenings was one
22 question I thought you might be able to give us an
23 update on.

24 MR. GRAY: In terms of the
25 screens, there have continued to be enhancements

1 made to the KYHEALTH.Net and there are additional
2 improvements coming by the end of this month with
3 regard to those. And I do appreciate, we've gotten
4 certainly input from different providers and we're
5 trying to incorporate as many of those that we can,
6 given the limitations of a core system that's ten,
7 twelve years old.

8 MS. BEAUREGARD: Can you tell
9 us what some of those enhancements or changes are?

10 MR. GRAY: Well, some of it is
11 some of the logic. Specifically, I wouldn't get
12 into necessarily specific changes, but it's trying
13 to pull things forward with regard to if it's
14 something you're more apt to use, making sure that's
15 on the first screen.

16 MS. BEAUREGARD: Where it's
17 actually visible.

18 MR. GRAY: Yes, really
19 cleaning up the language.

20 Also, in the past, there have
21 been pdf files that frankly the information is a bit
22 dated, so, trying to move more toward links and
23 moving away from having--and there were also some
24 pdf files that just really weren't germane to
25 providers, so, really trying to clean it up, take a

1 look at it, and it's really the first time we've
2 done that in a long time.

3 MS. BEAUREGARD: Would you be
4 able to send us any updated screens so that we can
5 just see what has changed? When we get questions,
6 it helps us to----

7 MR. GRAY: What I will do is
8 see when we've kind of settled that and, then, you
9 can then take a look versus trying to figure out
10 what's changed, not changed----

11 MS. BEAUREGARD: We have
12 providers who send us screen shots whenever they
13 have a problem.

14 MR. GRAY: ----for you to be
15 able to look at it and say, okay, that makes sense.
16 Oh, I can see that things are different. There are
17 also some things we abbreviated that we're trying to
18 spell out.

19 MS. BEAUREGARD: And not
20 abbreviate such as Poverty Index Indicator.

21 MR. GRAY: That would be
22 correct. I'm not going to tell you that we have
23 them all but certainly those things have been shared
24 wherever possible. Wherever there were sufficient
25 fields to be able to do that, we are doing that

1 because we don't want to take the assumption that
2 everybody knows.

3 In fact, in the meeting we had
4 where we were going over that, there was one acronym
5 and I said, well, all of us would come up with five
6 different things in terms of what we think that
7 stands for, depending upon your perspective on that
8 matter.

9 So, it is cleaning up those
10 things but I'll find out more about when the work is
11 done and then for people to take a look at it.
12 That's a better way to do it.

13 MS. BEAUREGARD: Anytime an
14 update happens, if you can get those screens. I bet
15 other TACs would be interested in seeing them, too,
16 since most TACs have some connection to copays or
17 have to deal with them in some way. So, that would
18 be great.

19 Miranda, do you have any
20 recent issues that you've experienced or noticed?

21 MS. BROWN: With copays?

22 MS. BEAUREGARD: Yes, or with
23 the screens. I guess you don't typically see the
24 screens unless you're working with a provider
25 directly.

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MS. BROWN: No, I don't.

MS. BEAUREGARD: I sent about 170 reports that we've received to Stephanie Bates.

And if anybody has other issues that are ongoing and you are still hearing of the same problems, please send them to me either through our copay collector or you can just email them to me, but those are something I'm trying to keep a handle on and make sure that we're keeping our finger on that pulse and sharing that information with DMS, and Stephanie said she was the right person to get them to. So, she has all of those.

One that I actually haven't sent to her yet was the most recent - a woman who says that she is receiving some sort of injection in home, so, it sounds pretty specialized, and she is being charged \$50 a week. And I can't imagine that anyone with Medicaid, like being financially eligible for Medicaid would have to pay \$50 for more than a couple of weeks before they hit that 5% out-of-pocket max.

And, so, I'm trying to get more information from her and see if she would be willing to talk with somebody at Medicaid to

1 troubleshoot that, but people often are a little bit
2 nervous about that for some reason.

3 She did report that, though,
4 and hopefully I'll have more details that I can
5 share with Stephanie because I think that 5% max is
6 probably one of the areas where providers aren't
7 typically checking or don't realize whenever
8 somebody has gone over that.

9 So, any other issues I think
10 we just want to keep hearing about so that we can
11 share them and see if there are opportunities for
12 making improvements.

13 I can't remember when the
14 letter went to pharmacists but, David, I just wanted
15 to say thank you to DMS for clarifying the screen
16 issue with pharmacists specifically and the Federal
17 Poverty Level above or below sort of rules because
18 that was an issue. Probably of the 170, that would
19 be at least a third of them and that's really good
20 that they have that information now.

21 I don't know if there's been
22 an improvement. That's kind of hard to say. I
23 don't know if you've heard any changes, Miranda, but
24 it was actually Miranda who talked with a
25 pharmacist directly and found out that they didn't

1 even see those screens. So, having that letter was
2 really helpful.

3 MS. BROWN: That particular
4 pharmacy is not charging my client anymore.

5 MS. BEAUREGARD: Well, that's
6 good.

7 MR. GRAY: And the pharmacies,
8 they're using a point-of-sale system and not
9 necessarily going to KYHEALTH.Net. And, so, they're
10 the one provider that probably spends the least
11 amount of time----

12 MS. BEAUREGARD: Except a
13 really big provider touching a lot of Medicaid
14 patients.

15 MR. GRAY: ----within
16 KYHEALTH.Net.

17 MS. BEAUREGARD: But now the
18 point-of-sale, they either have that information
19 there and know where to find it or they just know
20 not to charge people.

21 MS. BROWN: The 5% rule, I
22 know it's by quarter, right, but is it 5% of their
23 income for that quarter? How is it calculated?

24 MS. BEAUREGARD: It's supposed
25 to be for the quarter but it depends on how it's

1 calculated. David, do you understand that?

2 MR. GRAY: That would be
3 outside of my purview.

4 MS. BEAUREGARD: I will send
5 that as a question to Sharley, too. And, David, if
6 you or Sharley can maybe find the right person to
7 answer that.

8 MR. GRAY: Okay.

9 MS. BEAUREGARD: And the other
10 question that we had about copays was just whether
11 there was going to be any communication to providers
12 or to members about the screen changes, when they
13 happen or about any updated policies.

14 There was one really--it was a
15 pretty good handout that I think Katherine Easley
16 made last November or I at least received it from
17 her and it did include the policy on income and
18 whether or not you could be turned away; but, then,
19 I don't see that written in any other materials.
20 It's not in the regulations. So, I think a lot of
21 providers still haven't really seen that in writing.

22 MR. GRAY: Well, again, I
23 think the fact that we're here in the middle of
24 June, when we do an open enrollment, that would
25 probably be the appropriate time as it relates to

1 the copays to really hit that at that time.

2 MS. BEAUREGARD: That's a good
3 idea. If we could work on how that's----

4 MR. GRAY: Because I think the
5 consumers will be more engaged at that time versus a
6 separate communique.

7 MS. BEAUREGARD: If we could
8 work on how that communication is relayed to
9 consumers, how it's written and how the copays are
10 presented, I think that would be really helpful.
11 The last open enrollment period, a list of copays
12 were included in the mailing without any specific
13 information. There was no policy around it. It was
14 just a list of copays. Is that right?

15 MS. BROWN: Yes.

16 MS. BEAUREGARD: So, if we
17 could maybe have some guidance that we include in a
18 fairly low literacy language.

19 MR. DUNN: On that question
20 about how is it calculated, could we also ask for
21 some examples just to kind of walk folks through how
22 it's calculated and how it's applied?

23 MR. GRAY: You're talking
24 about the 5%?

25 MR. DUNN: The 5%, yes.

1 MS. BEAUREGARD: Do you know
2 when that open enrollment mailing is going to be
3 prepared?

4 MR. GRAY: I don't but open
5 enrollment will be November. I would think things
6 would have to be set by the end of September and
7 you've got probably a month to print and get in the
8 mail. So, that definitely will be an early
9 September, late August project.

10 MS. BEAUREGARD: I don't think
11 I have anything else related to the copays. Does
12 anyone else? Okay. Thank you, David.

13 MS. BROWN: Can you share
14 Stephanie's responses?

15 MS. BEAUREGARD: Yes. I was
16 going to read them after we went through the things
17 but I can read Stephanie's responses.

18 So, going back up to the item
19 on Kentucky HEALTH, the Agenda Item 4, Stephanie's
20 response to the medically frail designation, we have
21 been recommending that it be adopted voluntarily by
22 the State rather than waiting for Kentucky HEALTH if
23 it does or doesn't get implemented, that the State
24 could adopt the medically frail designation and use
25 that as a way of exempting people with chronic

1 illnesses and other health issues from copays.

2 Her response was that it is a
3 designation that is available when an Alternative
4 Benefit Plan is in place which is technically
5 accurate because CMS requires medically frail if you
6 have an Alternative Benefit Plan. And since
7 Kentucky HEALTH is on hold, it's not available.

8 Current cost sharing is
9 subject based on federally-defined exemptions which
10 includes but is not limited to all children,
11 pregnant women and emergencies, and that's what we
12 currently have in regulation.

13 And, then, we covered the SUD
14 part of what she had responded to.

15 She did say that she is the
16 person for the copay examples or issues.

17 And, then, under Number 5, the
18 last item there about clarification being sent to
19 1915(c) recipients, I think I might have
20 misunderstood this. Anybody who works with the
21 1915(c) programs and recipients in this room, if you
22 understand it better than I do, I would appreciate
23 any input you have.

24 I understood that the
25 regulation, the 907 KAR 1:604 only apply to the

1 traditional Medicaid and expanded Medicaid
2 populations, not the 1915(c)'s, but based on what
3 Stephanie told me, anyone who is enrolled in a
4 waiver, if they're receiving a State Plan benefit,
5 so, not a waiver benefit but a State Plan benefit
6 like going to I guess your primary care doctor,
7 then, they would have to pay copays.

8 MS. COLLINS: That's not what
9 we've understood.

10 MS. BEAUREGARD: So, I am not
11 confused, then. I had understood that that
12 regulation didn't apply to the 1915(c) recipients at
13 all.

14 MS. COLLINS: That's what
15 we've understood.

16 MS. BEAUREGARD: Now I'm being
17 told by Stephanie that----

18 MS. COLLINS: Do you have
19 that in writing?

20 MS. BEAUREGARD: Yes.

21 MS. COLLINS: If you could
22 send it to me and we'll analyze it.

23 MS. BEAUREGARD: I'll send it
24 to you, but do you know of 1915(c) recipients
25 getting billed a copay or getting charged a copay

1 when they go to see----

2 MS. COLLINS: No.

3 MS. BEAUREGARD: Okay. Well,
4 that's good. I do know that people have been
5 concerned and confused about it. So, that's why I
6 was asking if there's any clarification and if these
7 forums that are coming up had addressed the issue.

8 MS. COLLINS: Johnny, he's
9 worked with case managers.

10 MR. CALLEBS: Well, I mean,
11 some folks go to the doctor very frequently,
12 depending on their conditions, and they don't carry
13 for the most part cash to pay a copay or don't have
14 a credit card to bill or anything like that. So, to
15 my knowledge, they're not being charged or expected
16 to pay it.

17 MS. COLLINS: We're not
18 getting any calls.

19 MS. BEAUREGARD: That's good.
20 I remember that there was a question about I guess
21 some 1915(c) recipients were worried that they were
22 going to have to pay copays.

23 MS. COLLINS: Yes, there was
24 some confusion.

25 MS. BEAUREGARD: But you don't

1 feel like that's continued? Maybe there's no issue
2 here, but now that she's saying that they're
3 supposed to pay the copays, I feel like we've
4 uncovered a new issue that I wasn't even aware of.

5 MS. COLLINS: So, if you don't
6 mind, if you can forward it and we will look at it
7 and, then, maybe if we need to ask additional
8 questions to clarify, we can do that. I will be
9 curious to see what her response is.

10 MR. CALLEBS: It will be good
11 to know definitively that that population is to be
12 excluded.

13 MS. COLLINS: We felt pretty
14 confident the entire time.

15 MS. BEAUREGARD: Well, I don't
16 want to in any way suggest that they do start
17 enforcing it within the 1915(c) population.

18 So, if we go down to Item
19 Number 6, this is again about 1915(c) waivers. I
20 don't think we have anyone here to present on that,
21 but Stephanie did give me a few answers. So, I will
22 share what she provided.

23 So, it sounds like actually my
24 first was when will DMS publish the responses from
25 the comment period, and I understand that that

1 happened yesterday. For some reason, I didn't
2 receive an email even though I've received emails
3 about the comment period starting whenever they were
4 actually collecting comments.

5 MR. DUNN: I didn't get it
6 either.

7 MS. BEAUREGARD: Jason didn't
8 get it but did others?

9 MS. MAHER: I got it on my
10 home email which I signed up as a parent but I did
11 not get it on my work email. I usually get them on
12 both.

13 MS. BEAUREGARD: So, maybe it
14 only went to the recipients.

15 MS. MAHER: Maybe.

16 MS. BEAUREGARD: Even though
17 it should be anyone who commented.

18 MS. MAHER: Nobody else in our
19 office got it either on their ky.gov email but I did
20 get it on my home email.

21 MR. CALLEBS: I got it.

22 MS. BEAUREGARD: Did you
23 comment and use your work email address or anything?
24 I'm just trying to troubleshoot why some people got
25 it and some people didn't.

1 MR. CALLEBS: Well, I've
2 changed jobs since I sent in a comment but I did get
3 it on the latest email that I provided from the
4 advisory panel that I serve on.

5 MS. COLLINS: And we received
6 it probably based on who first collectively
7 resubmitted ours but someone in our office did get
8 it.

9 MS. BEAUREGARD: Okay.
10 Thanks. Well, we have a copy of it because we got
11 it from someone else, and, so, I can share that but
12 it sounds like other people have also been able to
13 get a copy, whether you received it yourself or not.

14 The next was what comes next.
15 So, there are going to be town hall meetings
16 starting today which is probably where a lot of the
17 DMS staff are, I would suspect, and I guess through
18 the rest of June.

19 And, then, Stephanie mentioned
20 the live webinar which is going to be held and
21 recorded at the end of June and she said waiver
22 applications will be finalized and submitted to CMS
23 but she didn't give me a timeline for that, and,
24 then, regulation changes are being made now, I
25 guess, and a public comment period will follow, of

1 course, with regulations that are updated. So,
2 we'll watch out for any regulations that get posted
3 or filed.

4 And, then, I asked where is
5 DMS or Navigant in the redesign process. Stephanie
6 says the timeline will be shared in the town halls.
7 We're still on track to implement Phase I changes by
8 the end of 2019. I don't recall what those Phase I
9 changes are but I'm sure they're written somewhere
10 and my guess is that they will go over those at the
11 town halls pretty clearly.

12 And, then, the last was is
13 there an update on transparency related to the
14 advisory councils, and Stephanie said we've asked
15 for another review of the original opinion as there
16 were some questions. So, that's good to know.

17 MS. COLLINS: We requested
18 that months ago and we're concerned that we haven't
19 received a response.

20 MS. BEAUREGARD: But knowing
21 that there's another review, though, sounds like
22 they've done something but I don't really
23 understand. Is it internal still?

24 MS. COLLINS: It's my
25 understanding that their Office of Legal Services is

1 looking at it.

2 MS. BEAUREGARD: So, it's
3 internal.

4 MS. COLLINS: That's my
5 understanding.

6 MS. BEAUREGARD: But P&A has
7 also reviewed it and----

8 MS. COLLINS: We've reviewed
9 it and we don't agree. Of course, we couldn't get
10 it in writing. We heard it verbally in here and I
11 tried to get the response in writing and I have not
12 been able to obtain that. So, I brought our Legal
13 Director that's also made that request. So, I think
14 maybe they're revisiting it but that's all I know.

15 MS. BEAUREGARD: Got you.
16 And, then, Item 7 is related to the ADA guidelines
17 that we've discussed many times. This was an issue
18 brought up by Arthur, but, of course, it really
19 relates to anyone who has some type of disability
20 and needs to have some sort of assistance to
21 meaningfully participate.

22 So, yes, the building is
23 accessible which we've heard a number of times and
24 that's a good thing, but whenever you have
25 additional costs for interpretation or other sorts

1 of personal assistance and transportation, those are
2 still some of the issues that are outstanding that
3 we still don't have a response on and Stephanie
4 didn't respond to that item. So, I don't know if
5 you have any updates on where things are.

6 MS. COLLINS: No. Once we get
7 something in writing, I mean, we're happy to review
8 it.

9 MS. BEAUREGARD: Well, what
10 Stephanie has written in the past and the answer
11 that I think she provided at the last meeting was
12 about the building being accessible and making sure
13 parking and entrance to the building, getting around
14 in the building was accessible.

15 And, so, whenever I clarified
16 for her that we were also talking about these other
17 issues, I didn't get a response to that.

18 MS. COLLINS: Because what
19 we're wanting to know is DMS willing to accommodate
20 a person who is wanting to fully participate in the
21 meetings who are a member of a TAC meeting and that
22 is providing attendant care and interpretation
23 services.

24 MS. BEAUREGARD: I'm not sure
25 what else to do from a TAC perspective. Is that

1 something that P&A can, I guess, make a formal
2 request for or I'm not even sure what the process
3 would be there.

4 MS. COLLINS: It seems like
5 the TAC should be able to make that.

6 MS. BEAUREGARD: Well, we
7 have.

8 MS. COLLINS: But you're
9 saying you have and you're not receiving it.

10 MS. BEAUREGARD: We can go
11 back to the responses to our previous TAC
12 recommendations.

13 MS. COLLINS: Let's go back
14 and look at that.

15 MS. BEAUREGARD: And maybe
16 that would give you what you need. Is that what
17 you're saying?

18 MS. COLLINS: Yes. Let's do
19 that.

20 MS. BEAUREGARD: I'll forward
21 you the responses to the MAC recommendations.

22 And, then, going back up to
23 the item that we skipped when Tracy was here to talk
24 about Kentucky HEALTH is the Medicaid Free Care
25 Rule. And I first asked Stephanie the status of the

1 SPA, the State Plan Amendment. Does everybody know
2 what this Free Care Rule is?

3 It's actually reversing a rule
4 so that schools can provide comprehensive Medicaid
5 services to all children, not just children with an
6 IEP, and all children obviously with Medicaid
7 coverage.

8 So, the State has submitted a
9 revised SPA. What I've seen has been less than one
10 sentence changed. The additional language is or
11 other services that are considered medically
12 necessary, something like that. So, it just
13 broadens what services would be considered medically
14 necessary. There had been a list of specific IEP
15 services and now it says or otherwise medically
16 necessary.

17 That hasn't been approved yet
18 by CMS but DMS expects it to be approved in the near
19 future, and their timeline is to allow schools to
20 start billing Medicaid for these more comprehensive
21 services in the fall with the new school year if
22 schools are prepared and able to get up and running
23 that quickly.

24 So, there's a lot that hasn't
25 been determined yet, I think, or at least not

1 communicated to stakeholders and to schools. So,
2 we're waiting on guidance in terms of billing and
3 how these services will be provided but that's what
4 we know now.

5 We think that expanding
6 services from a KVH perspective, expanding services
7 is a great thing but we want to make sure that we
8 have continuity of care and coordination of care and
9 that there's information-sharing.

10 So, those are some of the
11 concerns we have, too, and I think it's all just a
12 matter of how this rule is planned and how it's
13 rolled out, what the implementation looks like.

14 So, hopefully we'll have some
15 opportunities to work on some of those more specific
16 implementation details in the near future.

17 David, have you been involved
18 with this at all?

19 MR. GRAY: Just a little bit,
20 more from providers asking questions, how they can
21 participate and the like, but there was a
22 communication that went out to all of the
23 superintendents in the state last week from Medicaid
24 Commissioner Steckel and Education Commissioner
25 Lewis that went out to all the superintendents in

1 the State of Kentucky outlining that.

2 I have not seen that
3 communication, but it really, as I understand it, is
4 really more for the media what I've read articles
5 that it kind of gave a broad outline of what was
6 being suggested and recommended.

7 MS. BEAUREGARD: Right. Based
8 on Kristi Putnam's testimony to the Health & Welfare
9 Committee last week, too, it sounded like preventive
10 services, primary care, behavioral health, oral
11 health could all be provided now to Medicaid
12 recipients.

13 MR. GRAY: Asthma management
14 is another one. Certainly, we also want to be
15 respectful to the existing network of providers.
16 Many of the children are going to have pediatricians
17 that you don't want to create barriers there.

18 MS. BEAUREGARD: That's where
19 that continuity and coordination comes in.

20 MR. GRAY: I think anything we
21 can do to certainly enhance and how we can couple
22 that with telemedicine in terms of being accessed to
23 adolescent psychologists, adolescent psychiatrists I
24 think is a positive thing and that's really the
25 advice I'm giving to providers that are asking; one,

1 to reach out to their local superintendents and try
2 to do almost really a needs assessment to determine
3 what needs do they have and how can you marry up
4 those services and provide that; but I think
5 anything that especially has to do with from a
6 mental health standpoint would certainly be a big
7 enhancement to a lot of the schools. That's what
8 they have a need for.

9 MS. BEAUREGARD: And these are
10 services that will be billed fee-for-service, not to
11 the MCO.

12 MR. GRAY: That I don't know
13 yet.

14 MS. BEAUREGARD: I know Lee
15 Guice had one stakeholder meeting that Jason and I
16 missed because we already had another meeting. Do
17 you know of any others that are going to be
18 happening?

19 MR. GRAY: No, I don't.

20 MS. BEAUREGARD: You don't.
21 Okay. I'll ask Sharley about that, too.

22 And, then, let's see what else
23 I have. I asked Stephanie about stakeholder
24 meetings and her response to that was that the
25 Cabinet and Medicaid are engaged with the Department

1 of Education and the Department of Education will be
2 a part of the planning and implementation but she
3 didn't really respond specifically about other types
4 of stakeholders. So, I'll just ask Sharley for some
5 further clarification there.

6 And, then, any communications
7 being planned, and she said we're still working on
8 this based on CMS. So, of course, because the SPA
9 hasn't been approved yet, they're probably not going
10 to be much more communication until that happens but
11 she didn't give me any other specifics there.

12 So, I think I have covered
13 everything that Stephanie had sent me ahead of time
14 and we've covered the other items here as well with
15 the exception of recommendations which we will not
16 be making.

17 Is there anything else that
18 people want to discuss today, anything else you
19 have, Miranda?

20 MS. BROWN: No.

21 MS. BEAUREGARD: Thank you
22 all. I will be putting together a list of questions
23 to send to Sharley. So, if anything occurs to you
24 after this meeting, just send it my way. Thanks.

25 MEETING ADJOURNED