

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

IN RE: DENTAL TECHNICAL ADVISORY COMMITTEE

May 15, 2019
9:00 A.M.
Public Health Building
Conference Room C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Garth Bobrowski
CHAIR OF TAC

John Gray
Matt Johnson
Phil Schuler
Heather Wise
TAC MEMBERS

Stephanie Bates
Sharley Hughes
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APPEARANCES

(Continued)

Jerry Caudill
Adrienne Bennett
Shelly Grainger
Mel Fuller Taylor
AVESIS

Jean O'Brien
ANTHEM

Cathy Stephens
HUMANA-CARESOURCE

Stuart Owen
WELLCARE

Jennifer Largen
AETNA

Amy Sinthavong
PASSPORT HEALTH PLAN

Ronnie Smith
Kwane Watson
Sabina Husic
DENTAQUEST

Rick Whitehouse
Executive Director
KDA

Chris Heldman
MOLINA

AGENDA

1. Welcome and Introductions
2. Approval of Minutes from February 13, 2019
3. Reports and Updates
 - A. Medicaid Fee for Service
 - B. Anthem (DentaQuest)
 - C. Aetna, Humana, Passport, WellCare (Avesis)
 - D. Status of My Rewards Program and Kentucky HEALTH
 - E. Public Health Director
4. Old Business
 - A. TAC information request
 - B. Eligibility - problems continue but are being worked on
 - * Refiling costs to the office
 - * Numerous dates in February, March and April of patients not being eligible for dental treatment
 - * On 4/19/19 the state site was extremely slow to be able to check eligibility for day
 - C. Copays - problems continue but are being worked on
 - D. Other
5. New Business
 - A. New credentialing procedures
 - * CAQH
 - * Upon receipt of the recredentialing package (MAP 900) it states provides as being in a limited risk category and may be subject to additional licensure or sanctions review - please explain
 - B. Need for a true list of Medicaid providers to the Medicaid members - i.e. doctor's name or practice name, age group accepted, mileage accepted or counties accepted, accepting new Medicaid patients, referrals, etc.

AGENDA
(Continued)

- C. Use of missed/cancelled appointment codes
 - * Costs the dental office \$0.40 - \$0.70 average per claim to file this with the State when run through the clearinghouse
 - * wants to partner with providers on ideas to change this behavior
 - D. Orthodontist/Referring GP: Young 20's patient had braces removed four years ago and now all top teeth are to be extracted due to poor oral health
 - * Patients are not being seen for 2-4 years and result in numerous cavities and some root canal treatments being needed
 - * Oral hygiene level evaluation, history, immediately prior to ortho treatment OH evaluation. Better communications need to be occurring, requirement for ortho patient to return 6-12 months to GP for oral exam, cleaning and fluoride treatment for ortho treatment to continue
 - E. TAC workgroup
 - F. Other
-
- 6. Comments: Dental, Hygiene, Public
 - 7. TAC Recommendations
 - 8. Next Meeting - Wednesday, August 14, 2019
 - 9. Adjournment

1 DR. BOBROWSKI: I want to welcome
2 everyone to Frankfort. A bright, sunny, pretty morning
3 and springtime here. I'm Dr. Garth Bobrowski, and I'd
4 like to just go around the table. Let's go to the
5 right this time. Introduce yourself and where you're
6 from and who you are.

7 (INTRODUCTIONS)

8 DR. BOBROWSKI: Is there anybody on
9 the phone? Do we have phone setup today?

10 MS. HUGHES: I can. Somebody had
11 unplugged the phone. So, I'm working on it.

12 DR. BOBROWSKI: Okay. While you're
13 doing that, I'll go ahead and get some other things
14 started.

15 MS. HUGHES: Okay, that's fine.

16 DR. BOBROWSKI: We need approval of
17 the minutes from our last meeting. Need a motion to
18 approve.

19 DR. SCHULER: I make a motion to
20 approve the minutes from the last meeting.

21 DR. WISE: Second.

22 DR. BOBROWSKI: We'll just go
23 through any kind of reports or updates. Medicaid fee-

1 for-service.

2 MS. BATES: So, just a couple of
3 things off the top of my head. We have a new Medical
4 Director. Dr. Liu has moved on to a position at Ohio
5 State and we were actually able to fill that very
6 quickly. It's Dr. Judy Theriot. She was the Medical
7 Director at the Commission, so, she's over with us now.

8 The Dental Director position is
9 currently posted, and I wanted to make sure that I let
10 everyone in here know that, and it closes on the 18th.
11 So, if you all know anyone that's interested, they'll
12 need to go through that application process.

13 And if you go looking for it, it
14 says Medical Director. So, just know that. It could
15 be confusing, but that just happens to be the title of
16 that one.

17 So, if you know anybody, they need
18 to get that in because it will close on Saturday. And
19 to my knowledge, we've only had one person apply. So,
20 it would be nice to have more than one person apply.

21 And, then, the only other thing
22 that I can think of right now -- you all know I'll pipe
23 in as this meeting goes on -- but the telehealth regs.

1 So, the telehealth regulation was filed whenever it was
2 filed before. The telehealth regs were filed several
3 months ago I think now. We went through and we got
4 comments and, then, something happened and it dropped
5 and it was just an administrative thing. That was the
6 only thing that it was.

7 So, we have redrafted those.
8 They're down on the fifth floor with the Secretary's
9 office and the main Cabinet reg people.

10 But I will tell you that what
11 changed in that is that we did raise reimbursement back
12 up to 100%. I think that was the major change. There
13 might have been tweaks here and there, but those aren't
14 filed yet because we're waiting for that last review,
15 but they will be filed by July 1 as an emergency reg.
16 So, that way, they can go forward on July 1 and an
17 ordinary reg.

18 I will tell you that we actually
19 have a provider letter drafted to go out fairly soon.
20 So, that way, it kind of gives providers direction on
21 what the claiming and stuff looks like going forward.
22 And the only holdup has been you all because your forms
23 are different. Your claim forms are different. So,

1 we're trying to make sure it makes sense
2 administratively for everybody and that things will
3 pass through. So, that's the last thing that we're
4 doing before we send that provider letter out.

5 DR. BOBROWSKI: Dentists are just a
6 weird bunch. I'm sorry.

7 MS. BATES: Well, you have a
8 different form. You have a different claim form, and
9 I'll tell you why it's a holdup. We're using a 02
10 place of service which is telehealth.

11 And, so, we, all of us, want to
12 know and be able to pull data that tells us where the
13 patient is. So, we want to know how many services were
14 done in the home, how many were done here and there, in
15 school and all that, and that's been the problem.
16 Where on the dental form do we put that, and, so,
17 that's all.

18 DR. CAUDILL: Is that what you're
19 doing, though, is the POS?

20 MS. BATES: Yes.

21 DR. CAUDILL: There's a conflict
22 with the FQHC's on that.

23 MS. BATES: Well, we can talk about

1 that outside of here.

2 DR. CAUDILL: Okay.

3 MS. BATES: So, we're going to send
4 things to our contracted MCOs for comment on that
5 letter, and you're more than happy when that letter
6 goes out to you all to comment on it because we're
7 trying to get away from sending out letters and then
8 having to take them back.

9 DR. CAUDILL: Sounds like a winner.

10 MS. BATES: That's all I have for
11 right now, Garth, and I do have to leave at ten. So,
12 if you need me for anything.

13 DR. BOBROWSKI: Thank you. Anthem.

14 MS. O'BRIEN: So, I wasn't really
15 sure what you wanted us to talk about. We really don't
16 have any updates unless you have a question.

17 DR. BOBROWSKI: I understand Dr.
18 Mayfield is no longer with you all.

19 MS. O'BRIEN: Dr. Mayfield is. I
20 thought we had talked about that. Maybe we haven't.
21 Dr. Mayfield is not the Medical Director. And,
22 actually we now have Dr. Watson who is our Medical
23 Director now. Thank you, Dr. Bobrowski.

1 DR. BOBROWSKI: Thank you. Dr.
2 Watson, we welcome you to your position. Avesis. I
3 put them in alphabetical order. So, Aetna, whoever
4 wants to report.

5 MS. BENNETT: No real updates to
6 speak to. I'm happy to answer any questions that you
7 might have.

8 DR. BOBROWSKI: We've got some
9 things in Old Business and New Business. We may bring
10 things up at that point, but I like for everybody to
11 have a chance to speak at these meetings and bring up
12 things or new things or things we're working on, stuff
13 like that. So, Humana.

14 MS. BENNETT: Ditto.

15 DR. BOBROWSKI: Same, okay.

16 MS. BENNETT: I could just jump
17 right to Passport.

18 DR. BOBROWSKI: Passport.

19 MS. BENNETT: They're the same.
20 Everything's good.

21 DR. BOBROWSKI: WellCare.

22 MS. TAYLOR: Same.

23 DR. BOBROWSKI: Same, okay, good.

1 Do you have any status report on the My Rewards Program
2 or the Section 1115 Waiver?

3 MS. BATES: No. They're doing
4 their legal thing in D.C. So, there's a calendar that
5 they have that they're going back and forth I think all
6 the way through the fall. I think we fully expect it
7 to be delayed all the way through next year, through
8 next June at least.

9 DR. BOBROWSKI: And Dr. McKee is
10 not here or yet anyway. We'll start on Old Business,
11 then. TAC info request and I'm going to let Dr.
12 Johnson start on that, if you want to.

13 DR. JOHNSON: Sure. I guess we've
14 been trying for two years, three years or so to get the
15 information. This is my understanding, and correct me
16 if I'm wrong. Whenever the new Governor put in some
17 information, I don't want to call them laws, but he
18 kind of limited some of the information that was
19 previously readily available, you kind of wanted to
20 know a reason behind it. Essentially, you needed an
21 open records' request which I'm fine with.

22 But the way that I'm understanding
23 it, the information that we need or that we had, the

1 MCOs have. They can't give us that information unless
2 the State gives them permission to do it. And my
3 question is, because I've submitted an open records'
4 request to the State and the State says it's
5 unavailable, it's unavailable because the State doesn't
6 have that data because the MCOs do.

7 So, my question is how do I make
8 that happen?

9 MS. BATES: So, I think now what
10 you had asked for was down to the individual dentist
11 level. It was the individual dentist and basically how
12 much money in claims. I remember that.

13 DR. JOHNSON: Yes.

14 MS. BATES: So, that's the part
15 that obviously we have that available. Now, the ages
16 of the dentists, not so much; not so much, really, that
17 we have.

18 So, the question was when I
19 approached our data team that does the data pulls and,
20 then, eventually, it has to be blessed by the
21 Commissioner, obviously, the question was why would
22 they need that on an individual dentist level. It was
23 more of a protection for dentists, for Medicaid

1 providers out there that that information wouldn't get
2 out on an individual level.

3 Now, if you can ask for it where
4 we're not giving you names of dentists---

5 DR. JOHNSON: I don't need the
6 names.

7 MS. BATES: But that's not how it's
8 asked for, I don't think.

9 DR. BOBROWSKI: No, it was never
10 asked for individual names. I've got the original
11 request right here.

12 DR. JOHNSON: It just says the
13 number of Medicaid dentists for each quarter that fall
14 into this age group that had paid claims that fall into
15 this age group and, then, a geo map showing those.

16 MS. BATES: Okay, because I think
17 that was what the worry was is that they didn't want --
18 I mean, obviously, you know, there's dentists out there
19 that are like, well, I don't want them to know that I
20 only see one patient a year or whatever it is because
21 that's what we're trying to get at, right?

22 DR. JOHNSON: Yes. We want to make
23 sure that we know that the network has the efficacy to

1 be able to treat the patient load. And I can't really
2 speak to that unless ---

3 MS. BATES: I think we know it
4 doesn't but ---

5 DR. JOHNSON: Right, but I can't
6 really ---

7 MS. BATES: And I think that's our
8 other point is that we already know the answer to the
9 question. And, so, how do we fix the access and
10 availability of dentists out there is now the question.

11 DR. JOHNSON: And I think that
12 that's part of the problem is that I can't say that the
13 number of active dentists is insufficient if you give
14 me a number of fifteen hundred dentists that are
15 enrolled. And, so, my question is how many of those
16 dentists out of those fifteen hundred do we need to
17 reactivate and make them actual providers as opposed to
18 just having a number.

19 For me to give a Technical Advisory
20 Committee opinion, I need to know how many people are
21 actually doing work. And for that, I just don't have
22 an answer for that. I mean, I don't know if it's a
23 thousand of those fifteen hundred or if it's two

1 hundred of those fifteen hundred.

2 MS. BATES: Right.

3 DR. JOHNSON: And that's what we're
4 looking for is to figure that out.

5 MS. BATES: Let me go back to the
6 data team and the Commissioner and kind of explain that
7 we don't really want it on an individual level. I was
8 letting them know that I know before you all did
9 actually get it on an individual level a long time ago
10 because I remember seeing it, but let me just go back
11 and talk to them and see what we can come up with.

12 DR. JOHNSON: And we can't do age?

13 MS. BATES: I don't think we can do
14 age.

15 DR. JOHNSON: Can you all do that?
16 I don't want specifics on who's who.

17 DR. CAUDILL: I don't think we ask
18 age for credentialing. I don't think we do.

19 MS. LARGEN: What age range. I
20 mean, you can't do a true demographic outline of
21 dentists practicing twenty-five to thirty-four or
22 thirty-five to ---

23 DR. CAUDILL: I don't know that on

1 our credentialing we ask that question.

2 MS. BENNETT: Do you mean age of
3 the provider or age of the patient?

4 DR. CAUDILL: Age of the provider.
5 I don't think that's a question. I don't believe we
6 ask that question when the doctor is being
7 credentialed.

8 MS. BATES: We'll go back and
9 check. We're having this new provider portal and the
10 CVO and stuff. So, it may even be that if we don't
11 have it now, we can work that into that system.

12 DR. JOHNSON: Okay.

13 MS. BATES: So, it might be that
14 you can't have it now because we don't collect it in a
15 way that's administratively possible to do because
16 we're not going to go pull people's applications just
17 for you all. I'm sorry.

18 DR. JOHNSON: I totally understand
19 that.

20 MS. BATES: But it may be that now
21 while we're doing all this because there's going to be
22 a RFP for that one, centralized credentialing, it may
23 be that we'd collect that in some way then because I'm

1 sure that there is a date of birth somewhere in there.
2 It's just a matter of a field being in there. So, let
3 me ask about that.

4 DR. JOHNSON: My two main things.
5 The main reason we're looking for numbers of how they
6 collect -- and this is mainly for you to tell them --
7 is so that we can figure out how many of those
8 providers are doing enough work to really I'm going to
9 say be considered providers.

10 MS. BATES: Right.

11 DR. JOHNSON: And what percentage
12 of the total number of Medicaid dentists there are.
13 And, then, the reason we're looking for ages is if
14 those ages are -- let's say there's five hundred. If
15 there's three hundred and fifty or four hundred of
16 those that are fifty-five or older, then, we're going
17 to have a huge problem in ten years.

18 MS. BATES: Right, yes. I totally
19 understand the age one It's just not a field that we
20 can pull right now.

21 DR. BOBROWSKI: My original request
22 was, and I know the KDA occasionally gets calls or
23 requests from people where is need. I mean, we're not

1 flooded with phone calls, but I mean where is need.
2 And it would help the KDA ---

3 MS. BATES: Western Kentucky.

4 DR. BOBROWSKI: Western Kentucky is
5 awful.

6 MS. BATES: But it's for
7 everything, not just dentistry.

8 DR. BOBROWSKI: And the thing is
9 like through UK and U of L schools, their Practice
10 Management Departments, the seniors have to take these
11 courses in Practice Management. They're getting ready
12 to graduate and stuff, and a lot of times the question
13 is like where can I go. I mean, that was me. I mean,
14 I was from basically Central Kentucky as a child,
15 Eastern Kentucky ---

16 DR. JOHNSON: Canada.

17 DR. BOBROWSKI: Well, Canada, yeah,
18 as a little child, but then we moved to Eastern
19 Kentucky and half my family still lives over there.
20 So, I understand rural Kentucky. I understand Eastern
21 Kentucky but where are areas of need.

22 And we're going to bring that up in
23 New Business, and, hopefully, we can work out something

1 with the MCOs that will help the patient because the
2 patient -- and maybe it's in there already. I haven't
3 looked at the patient portals and manuals of which
4 dentist to go to.

5 But it's like we get phone calls
6 of, well, where can I go. And he gets bombarded with
7 them. I've got other dentists that call me, email,
8 text that their staff out front is taking a lot of heat
9 sometimes; well, I've got to get a dentist, you know.
10 Well, we don't take yours. And if the patient was
11 easier available to have that knowledge -- and they may
12 already have it; maybe they just don't know where to
13 look it up.

14 MS. SINTHAVONG: On our provider
15 portal and our patient portal, our member portal, there
16 is the ability to look up a provider within a mile
17 radius. And if there's nothing within a 60-mile
18 radius, then, typically, the Member Services team would
19 contact me. I'd reach out to Avesis, say, hey, we're
20 having an issue with access to care, where can we send
21 this member.

22 DR. JOHNSON: Can I ask you a
23 question about that portal?

1 MS. SINTHAVONG: Sure.

2 DR. JOHNSON: And, Garth, I may be
3 jumping the ship.

4 DR. BOBROWSKI: That's okay.

5 DR. JOHNSON: Is there a way on
6 those portals that we can have some kind of I'm going
7 to say like an opt-out if you're accepting new patients
8 because that's what I get phone calls of. Put it on
9 there to where if the provider goes on there, it's
10 automatically locked in as you're seeing new patients.
11 But the provider ---

12 MS. SINTHAVONG: I think it has to
13 be on there.

14 DR. JOHNSON: --- has to go on and
15 opt out.

16 MS. SINTHAVONG: I think that
17 that's a reg that there has to be if there is
18 wheelchair access as well as accepting new patients.
19 So, those fields should be on there.

20 DR. CAUDILL: Yes, it's there.
21 It's already there.

22 MS. SINTHAVONG: I'll confirm that
23 right now. So, I'll let you know.

1 DR. CAUDILL: All the doctors do is
2 have to tell us if they're not going to ---

3 MS. SINTHAVONG: Right.

4 DR. JOHNSON: Well, for instance, I
5 have said that. Like I have told the MCOs that, but I
6 still get calls from them, and they say that they found
7 it from WellCare.

8 DR. CAUDILL: No. You may have
9 opted out of new patients. And when a patient would
10 look on there, they would see he's not accepting new
11 patients.

12 DR. JOHNSON: They just didn't look
13 on there to see that it said ---

14 DR. CAUDILL: But the MCO may say
15 if they're looking for somebody in that immediate area,
16 they may still call you and say would you see this one
17 because you are in-network even though you're not
18 showing on the portal.

19 DR. BOBROWSKI: Mr. Whitehouse.

20 MR. WHITEHOUSE: Again, the
21 fundamental question is access. We know from a demand
22 point of view that there's not real access to care. We
23 have a fundamental problem. On the demand side, we

1 Look at the flooding of the emergency departments. So,
2 we have any number of metrics to demonstrate there is a
3 demand out there.

4 The supply aspect of it is where we
5 need to focus. And I think this is all premised on the
6 notion that it's insufficient to just say within a
7 radius in any part of Kentucky, we can assign a number
8 that if we meet that number within this radius, we've
9 got an adequate supply because we know it to be true
10 that five dentists within any kind of radius is not
11 necessarily five dentists. If one is signed up but
12 does not take Medicaid patients, the other two take
13 30%, and two more take 70%, that's not five dentists.

14 So, we've really got to look at
15 this from the supply point-of-view. And if we could
16 get this fundamental information, that would really
17 help us better understand I think our plight.

18 DR. CAUDILL: I think there would
19 be some resistance to drilling down even at the county
20 level because if you only had one dentist in a county
21 who's a Medicaid provider, suddenly, you already know
22 what his production numbers are, his or her, and that
23 information needs to be protected.

1 MR. WHITEHOUSE: But, again, these
2 lines we create - and I know we have to create these
3 lines so we have something to talk about -- whether
4 it's county or some sort of radius or regions, whatever
5 we're looking at, to fundamentally understand what it
6 is we have been talking about for all these years.

7 It helps to begin with what a
8 provider is and that we talk in similar terms. And
9 maybe we have to establish a new metric which says if
10 you've got five providers and one is doing ten, you
11 know, whatever, that you've essentially got 3.1
12 providers there, something to give us a better
13 understanding as to the vocabulary of supply.

14 DR. SCHULER: Almost like a full-
15 time equivalent type of thought process.

16 MR. WHITEHOUSE: Exactly.

17 DR. BOBROWSKI: I guess, Stephanie,
18 too, sometimes if a request for information is sent in,
19 because I know this goes to the research people at UK
20 or at least that's where the original thing went to, if
21 they don't understand the request or have further
22 questions, I mean, if they could contact the TAC Chair
23 or a liaison or somebody on the TAC just to further

1 clarify information because we've got a document out,
2 and all I got was the number of dentists total and the
3 paid claims, which ---

4 MS. BATES: So, just so you know,
5 the requests go to our Office of Data Analytics now,
6 which includes some UK staff but there's a whole office
7 and they have the whole data governance team. And, so,
8 they ask questions, but you probably would not be
9 shocked about the amount of information that they get
10 requests for.

11 Anyway, we can move on from that
12 because I'm going to take it back.

13 DR. BOBROWSKI: Okay.

14 MS. BATES: If you don't mind, I'm
15 going to address the things that I know I can address
16 on here for you.

17 DR. BOBROWSKI: Yeah. That's what
18 I was getting ready to bring up for you.

19 MS. BATES: And that way, when I
20 leave, I'll just leave, because my other meeting is in
21 this building. So, I'm going to sit here until ten.

22 So, I'm not sure what the
23 eligibility question was other than I'm assuming it's

1 the same thing where providers check eligibility and it
2 might not match from an Avesis to a KyHEALTH.Net to a
3 Passport or whatever. Is that what the question is?

4 Those things happen. If you have
5 specific examples of something where you're seeing the
6 same, exact issue over and over again where someone
7 isn't eligible and they should be, then, we need to see
8 those.

9 I can't really address just that
10 that happens. There's no doubt in my mind that the
11 DentaQuest and the Avesis folks and the MCOs want to
12 see those, too, because they want everything to sync
13 up.

14 DR. BOBROWSKI: Well, it's a daily
15 occurrence at our office.

16 MS. BATES: So, it's showing that
17 Stephanie Bates is not eligible but she really is?

18 DR. BOBROWSKI: Typically, it's
19 showing that you're eligible on the State site but not
20 on the Avesis site. Now, like I put here, it's getting
21 better; but, still, people are having trouble. They
22 come to the office expecting to be seen.

23 MS. BATES: Right.

1 DR. BOBROWSKI: They've got an
2 abscess. They've hurt all weekend. And, then, we tell
3 them, well, you're not showing up as active.

4 MS. BATES: Does this happen with
5 DentaQuest as well?

6 DR. BOBROWSKI: I don't participate
7 with DentaQuest.

8 MS. BATES: Okay, because there's
9 nothing I can do right now without looking at it, but
10 Avesis needs to be working with you and any of you that
11 have that exact problem and the MCO that they're
12 contracted with because I know that our system should
13 be correct. Things happen; but if you're seeing stuff
14 happen a lot, over and over again the same thing, then,
15 there's an issue.

16 DR. BOBROWSKI: Well, part of the
17 problem, too, it's like the typical dental office has
18 had to come in early or somehow that morning and check
19 eligibility on these patients, and sometimes you may
20 have fifteen, sometimes you may have thirty. And at
21 some of the bigger offices, I mean, that's taking up a
22 lot of staff time.

23 MS. BATES: KYHEALTH.Net is the

1 absolute source of truth.

2 DR. BOBROWSKI: Right.

3 MS. BATES: I know that your
4 offices have your own way of doing things, but the
5 Avesis website is not the source of truth for us. The
6 KYHEALTH.Net. So, if that's checked and someone is
7 eligible, then, they should be eligible.

8 DR. BOBROWSKI: The problem is is
9 paperwork. And I know we've talked about that here
10 before, and you all have mentioned an easier way to
11 handle it but it still doesn't get handled that way
12 because I get phone calls from other dental offices
13 that they say this is just not working. And, then,
14 they get denied from Avesis because the patient was not
15 eligible.

16 MS. BATES: When they were.

17 DR. BOBROWSKI: When I guess they
18 were but it shows not eligible. Then, the doctor's
19 office has to file another claim, which even just the
20 filing of a claim through their clearinghouse costs
21 them forty to seventy cents to refile that.

22 MS. BATES: And you've brought
23 those to me where you've got clear -- because I don't

1 remember you bringing me where you have clear evidence
2 like on the same date, the date you pulled KYHEALTH.Net
3 and then you pulled Avesis and they don't match because
4 that's what I need. I have to have that.

5 I understand what you're saying.
6 We could talk about it for two, three hours but I can't
7 do anything without that evidence in front of me to
8 hold them accountable.

9 DR. BOBROWSKI: And I know the
10 Commissioner doesn't want us to use TAC time to go over
11 individual cases.

12 MS. BATES: No, I don't want to do
13 it either but you can give them to me on the side or in
14 an email or something and I can take care of it before
15 we ever even get here, and I'm always happy to do that.

16 DR. BOBROWSKI: And I know it's
17 gotten better but it's still happening. And I know
18 even oral surgeons have called me and say we've got
19 so-and-so here and they're not showing up as eligible
20 and they may have driven two hours. There's an oral
21 surgeon in Louisville that ---

22 MS. BATES: They're not showing up
23 as eligible in the KYHEALTH.Net?

1 DR. BOBROWSKI: No. Usually it's
2 on the Avesis site.

3 MS. BATES: Then, your advice to
4 them needs to be KYHEALTH.Net is the source of truth.
5 It just is.

6 DR. BOBROWSKI: Okay.

7 DR. CAUDILL: And you know we're
8 going to honor that.

9 MS. BATES: Yes.

10 DR. BOBROWSKI: But, see, I
11 understand this. Other dentists have said that, well,
12 then, then they've got to go through an appeals process
13 to get paid.

14 MS. BATES: They better not.

15 MS. BENNETT: No, they don't need
16 to. We just need to be made aware of it.

17 DR. CAUDILL: They just have to
18 tell us, and Eligibility researches it and fixes it
19 immediately.

20 MS. HUGHES: They don't have to
21 refile a claim, do they?

22 MS. BENNETT: No.

23 DR. BOBROWSKI: But, see, that's

1 what they're doing and it's just upsetting the apple
2 cart.

3 MS. BATES: Well, let's get some
4 concrete examples of things that you see. Your advice
5 back to your colleagues should be that KYHEALTH.Net is
6 the source of truth. If they're having problems where
7 they're refiling claims and an MCO isn't honoring the
8 KYHEALTH.Net eligibility or whatever, we need to know
9 about that, but I can't do anything as far as
10 penalties, corrective actions or anything unless I have
11 something that shows me that that is the case. I just
12 can't.

13 DR. BOBROWSKI: Okay.

14 MS. BENNETT: I have confirmed with
15 each of our MCO partners that it's not considered an
16 appeal.

17 DR. BOBROWSKI: It is what?

18 MS. BENNETT: It is not considered
19 an appeal.

20 DR. BOBROWSKI: Okay. I've just
21 been told different from other dentists.

22 DR. CAUDILL: They may choose that
23 path for some reason, but that's not what we require at

1 all. We're not asking them to do that.

2 DR. BOBROWSKI: Do they still have
3 to file that claim?

4 Now, what we do at our office is
5 sometimes we're able to make a phone call, but it will
6 get fixed within two hours or within twenty-four hours
7 but the patient is already there, and we tell them
8 they're not eligible on this site but we're half afraid
9 to see them.

10 But, then, I've also got in here on
11 another thing about, you know, it kind of brings up --
12 and other dentists are doing the same thing. It's like
13 we tell the patient you're not eligible on this one
14 site. So, then, it brings up legal and ethical
15 ramifications on the dentist.

16 DR. CAUDILL: But we have always
17 said we will honor whatever the State's website says,
18 period, full stop. Whatever the State's site says, we
19 will honor that.

20 DR. BOBROWSKI: Well, I think what
21 we need to do as a group, then, is we need to let our
22 practitioners know that if they are eligible, to go
23 ahead and see them.

1 MS. BENNETT: The source of truth
2 is the State.

3 DR. CAUDILL: That's the source of
4 truth is the State.

5 MS. BENNETT: That's correct.

6 DR. CAUDILL: We have no problem
7 with that whatsoever.

8 DR. BOBROWSKI: We need to all work
9 on that, communication.

10 DR. CAUDILL: Just call the Help
11 Desk and say the State says this. I'm going to go
12 ahead and see them. And, then, give it the twenty-four
13 hours before you file the claim. That's all you've got
14 to do.

15 MS. BENNETT: Another option, too,
16 is for us to just make sure that there's a portal
17 pop-up that says it.

18 DR. CAUDILL: Yes, we could do
19 that, too. We could put a reminder on our portal that
20 will pop up and remind everybody of that. That's a
21 good idea.

22 DR. SCHULER: If there's a question
23 with eligibility, we usually just screen shot the State

1 site just to document with a time stamp when we checked
2 it, and I don't think we've ever had a problem with you
3 all paying these claims.

4 DR. CAUDILL: And we always honor
5 those, don't we?

6 DR. SCHULER: Yes, always.

7 DR. CAUDILL: So, there you go.

8 MS. O'BRIEN: That's exactly what I
9 always did in my office.

10 DR. CAUDILL: We always honor what
11 the State says.

12 DR. SCHULER: But that's how we
13 document it.

14 DR. BOBROWSKI: And, then,
15 Stephanie, you know we talked a little bit on -- I'm
16 going to skip down here to New Business. I know we
17 talked a little bit about in the past of the failed
18 appointment codes. And I think maybe the reason that
19 sometimes we're not getting dentists to do that is,
20 again, it's another expense of forty to seventy cents
21 just to report that to you all that, well, this patient
22 didn't show up.

23 And if you get ten or fifteen of

1 those a day, over a month's time for the local dental
2 office, it just starts adding up. So, it's kind of one
3 of those things, well, I was kind of hoping it would
4 help the whole situation but it proves to cost ---

5 DR. CAUDILL: well, let me address
6 that, if I may. One of the things I talk to doctors
7 about when they bring that up is I say our portal is
8 free; and I recommend just saving those until the end
9 of the day.

10 If you've got five, if you've got
11 four, ten, whatever it is, at the end of the day, don't
12 run them through your normal clearinghouse. Just pop
13 on our system where it's free and just enter all those
14 no-shows right there at one time. One bulk entry and
15 you're done and it doesn't cost you anything extra
16 then.

17 DR. BOBROWSKI: I appreciate that.
18 These are just things that I enjoy about this TAC is
19 that we can try to work through situations and problems
20 that the dental offices are having. I mean, you know,
21 like a lot of medical things, it's just you've got one
22 dentist and one or two front office and two or three
23 assistants, and it's just one of those management

1 things that if we can make life easier, then, that
2 might help get a provider to sign back up or become a
3 Medicaid provider.

4 The other thing, going back down on
5 New Business just for a second, on the credentialing
6 process, and I know the MAP-900 deal with other
7 supporting documents has to be filed. Did the State
8 look at using like that CAQH which a lot of dentists
9 are already signed up on that recredentialing site?

10 MS. BATES: Is this for
11 credentialing or for enrollment?

12 DR. BOBROWSKI: Like for
13 recredentialing.

14 DR. CAUDILL: With the plans or
15 revalidation with the State?

16 DR. BOBROWSKI: With the State.

17 MS. BATES: So, it's revalidation,
18 right? It's not credentialing? I was like I'm
19 confused.

20 DR. BOBROWSKI: You all call it
21 validation. Okay.

22 MS. BATES: No. You're fine. So,
23 all of those are being looked into with the upcoming

1 provider portal CVO combination that's going to be
2 happening. So, not a whole lot of changes are going to
3 happen until we institute the one CVO, that system.

4 So, yes, if you have to submit
5 something to enroll and you have to submit something to
6 do this and do that and do this but it's all the same
7 form, to use that form for all processes, but that's
8 going to be all a part of the new system going forward.

9 So, yes, we have looked at that.
10 It's just we're not changing anything right at this
11 moment.

12 DR. BOBROWSKI: Okay. I know when
13 I got my letter about revalidating, it had a comment in
14 there. It states that providers are being put in a
15 limited risk category and may be subject to additional
16 licensure or sanction reviews. Can you explain?

17 MS. BATES: It sounds scary.

18 DR. BOBROWSKI: It does.

19 MS. HUGHES: I did ask Kate about
20 this, and she told me that when you revalidate, we have
21 to go back in and check your licensure and it's like
22 you're a brand new provider coming in. So, they check
23 it. So, she said basically it's not really that

1 they're putting you into some sort of a risk category.
2 It's supposed to be letting you know that we're going
3 to be checking all these other sites just as if you
4 were a brand new provider coming in.

5 DR. CAUDILL: They're going to
6 check the National Practitioner Data Bank and things
7 like that. Have you been sued since the last time we
8 looked and that kind of stuff.

9 MS. HUGHES: Exactly.

10 DR. CAUDILL: But dentists as a
11 group are considered low risk.

12 DR. BOBROWSKI: I'm going to go
13 back up to Old Business. Is there anything else that
14 we've got for Stephanie before you have to leave?

15 MS. BATES: Copays. What are your
16 problems with copays?

17 DR. BOBROWSKI: Well, it's getting
18 better and that's I put on there. I wanted to put that
19 on there because I know it was an issue in the past.
20 From what I'm seeing, it's getting better.

21 MS. BATES: Okay. Good.

22 DR. BOBROWSKI: Do you all have any
23 comments or people calling you all on anything? Okay.

1 So, that's good. So, we're getting there. I go back
2 on my old agenda and I see if there's stuff to follow
3 up on.

4 MS. BATES: Sure.

5 DR. BOBROWSKI: So, that's kind of
6 why sometimes things will pop back up.

7 MS. HUGHES: On the back of your
8 agenda, I don't know if that's something Stephanie
9 would be able to help you with.

10 DR. BOBROWSKI: The orthodontist
11 part?

12 MS. HUGHES: Yes.

13 DR. BOBROWSKI: What we're seeing
14 is -- and I want to brag about one of our orthodontic
15 groups that did send out a letter to the general
16 dentists who refer is an Orthodontic Criteria Index
17 Form, and I think that's great because that helps the
18 dentist that are referring. Well, you kind of know,
19 well, this patient, they're not going to qualify. So,
20 don't waste everybody's time to send them.

21 One of the things that we're
22 seeing, and I was hoping Dr. Julie would be here today
23 because I did talk to her briefly about it and she said

1 she wanted to talk about this, but we're seeing people
2 that are in their young twenties, mid-twenties that are
3 now being full-mouth extraction cases that had braces
4 done like five or six years ago or a little younger.
5 And the thing that we're looking at is like maybe could
6 the MCOs add a criteria on here about oral hygiene.

7 And I know this is a subjective
8 thing; but if they come in and they've got fifteen
9 cavities and their gums are redder than his shirt, it's
10 like they really don't need to get braces put on next
11 month.

12 And we're finding patients that are
13 getting their braces put on. They have not been back
14 to fix their cavities, and, so, the dentists are having
15 to send the patient back to the orthodontist, get that
16 bracket off. We could pop it off; but, then, they get
17 mad at us for removing their stuff.

18 MS. BATES: Right.

19 DR. BOBROWSKI: And we're not
20 trying to create any ill will with the orthodontists.
21 It's just we want to help the patient because I think
22 in doing dentistry, there's protocols. And it's before
23 you start orthodontics, you want to have a pretty clean

1 mouth, cavity-free so that you can begin your
2 treatment, but we're getting patients back that they
3 need a root canal.

4 And I'm sure that the dentist staff
5 say, well, you need to get back to your dentist to see
6 about that cavity; but they continue with the
7 orthodontic treatment and the patient does not go back
8 to the dentist. So, now, it's like a root canal on #18
9 or 19. Dr. Caudill.

10 DR. CAUDILL: A lot of you know
11 that I did full-mouth orthodontics for thirty years.
12 So, I've been in those shoes and I have had
13 peer-to-peer conversations face-to-face with
14 orthodontists in this state - I won't name names here
15 in open meeting - where I've had a complaint from a
16 general dentist who says that this patient came in and
17 they've got decay everywhere around their braces, and
18 the orthodontist is still leaving the braces on, and
19 I'm going you can't do that. That's outside the
20 standard of care.

21 But I don't know about that unless
22 somebody tells me about that. And I don't know if the
23 state would be receptive to the MCOS coming forward

1 with a requirement where we would run a report to see
2 that this child is getting their six-month checkup
3 while they're wearing their braces because when I was
4 doing braces, usually it was like three strikes and
5 you're out, parent.

6 Each time I would say little Johnny
7 is not brushing his teeth. I'm starting to see decay.
8 We would rather have Johnny with crooked teeth than no
9 teeth at all and that's where we're headed. And after
10 three of those, I took the braces off, period, done,
11 and that's what I would like to be able to do here.

12 MS. BATES: So, the MCOs should be
13 reaching out to their members anyway to make sure that
14 everybody is getting their regular checkups.

15 DR. CAUDILL: And we are, but would
16 the State be receptive, I guess, to us putting that as
17 a requirement?

18 MS. BATES: You'd have to submit it
19 right now. I don't know. I would just have to look at
20 it.

21 DR. CAUDILL: We can try, I guess.

22 MS. BATES: Of course we would be
23 receptive to anything that would help the care, but,ut,

1 sure, I mean, submit whatever your ideas are because at
2 the end of the day, we don't want people to not get the
3 care that they need, but we also don't want to put
4 barriers for providers to get paid for things.

5 DR. BOBROWSKI: That's right.

6 MS. BATES: That's the other part.

7 DR. CAUDILL: But that borders on
8 malpractice, to be quite honest.

9 MS. BATES: Right, but you see what
10 I'm saying, though. Like, I don't want to do something
11 over here that affects you all and this time next year
12 you're getting claims denied because of something. So,
13 we just need to work together on it.

14 DR. BOBROWSKI: That's right.

15 DR. JOHNSON: What I was going to
16 say is, I mean, I can think of the family and if they
17 got sent to me in brackets and they had cavities
18 everywhere.

19 So, what I'm saying is on the front
20 end of this, and I don't want to upset the
21 orthodontists either because there's a limited referral
22 base for those, but at the same time, I don't think
23 it's that big of a deal for them to submit with that

1 list of whatever they submit for a case a caries risk
2 assessment or the fact that the child has a
3 comprehensive orthodontic home before they get brackets
4 put on.

5 There was a family of three and I
6 had never seen them before and I sent them right back
7 to the orthodontist and had him take the brackets off
8 because they had nineteen cavities. I mean, it was
9 just one of those things that they should have never
10 been put on.

11 DR. CAUDILL: You're right.

12 DR. JOHNSON: And I guess what I'm
13 saying is if you do it on the front end where they know
14 they have a comprehensive home, then, it's kind of on
15 me, the orthodontist and the parent to make sure that
16 they have comprehensive care. It wasn't really the
17 patient's fault. They just went to go get their braces
18 put on. And I know it's a problem with at least ---

19 DR. CAUDILL: I'll work with the
20 two dental schools and try to come up with some
21 appropriate guidelines.

22 DR. JOHNSON: I would definitely
23 reach out to some orthodontists because I wouldn't want

1 to step on their toes.

2 DR. CAUDILL: And I'll reach out to
3 the dental schools and try to ---

4 DR. JOHNSON: But I don't think any
5 orthodontist ---

6 DR. CAUDILL: --- come up with
7 something and work ---

8 DR. JOHNSON: --- would have a
9 problem with saying we shouldn't ---

10 DR. CAUDILL: --- with our MCO
11 partners, then.

12 DR. JOHNSON: --- be putting braces
13 on cavities.

14 DR. CAUDILL: And we'll try to come
15 up with some guidelines that make sense for the
16 protection of the patient; that they're not putting
17 braces on with nineteen cavities. I mean, that's just
18 ludicrous.

19 DR. BOBROWSKI: well, there's
20 protocols to follow and to do it right.

21 DR. CAUDILL: Yes, and we all know
22 those. we're all taught those in school. well, I've
23 said enough.

1 DR. BOBROWSKI: We understand, but
2 it seems like it's becoming a little bit more of a
3 problem, not a drastic problem, but I think it needs to
4 be talked about here.

5 Again, I think you'll see this
6 whole meeting is about communications with all of us,
7 with the providers, with the patients. And like last
8 time, you didn't realize it till the end but there was
9 a theme to last time. I've got to aggravate him a
10 little. I think today's theme is communication and
11 just working together on some of these issues to get
12 better quality care for our patients.

13 A child does not need to have a
14 root canal done, especially when they're in braces, due
15 to caries. I know the orthodontists, they have it in
16 their sign-in literature. You see your dentist every
17 six months to get their check and clean but it's just
18 not being done.

19 I do some limited amount of
20 orthodontics myself and sometimes they're gone. I'll
21 see them four years later, three years later and just
22 like you said, they've got nineteen cavities now and
23 their teeth are all brown and black from stain. It

1 shouldn't happen.

2 Is there any other Old Business?

3 DR. WISE: Can I ask on the
4 communication issue? If we know - I was just texting
5 my office manager - that KYHEALTH.Net is the source of
6 truth, how are we going to fix the communication to
7 where the MCO websites are up-to-date, too?

8 She's saying we have twenty or
9 thirty unpaid claims every week that they're eligible
10 on the KYHEALTH.Net and we're documenting, but we have
11 the manpower of having to print it out, show the
12 eligibility, resubmit and, then, they go back into the
13 reprocessing.

14 MS. BENNETT: I'm happy to work
15 with you independently is one option.

16 DR. WISE: Okay.

17 MS. BENNETT: My second option is
18 we talked about putting it on the website to make sure
19 that people know about it when it comes through the
20 first time.

21 And, thirdly, we've been working
22 really closely with our MCO partners to make sure that
23 we're all in sync; what we have is what the MCO has

1 which is what the State has. So, we're trying to fix
2 any root causes that might be causing the issue in
3 addition to the other symptomatic approach.

4 DR. WISE: Okay. May I get your
5 contact information?

6 MS. BENNETT: Absolutely.

7 DR. CAUDILL: And as Jean and I
8 were talking here a moment ago, quite often the first
9 of the month is one of the worst times because the
10 State file comes over to the MCO. We're talking over a
11 million patients.

12 And, then, from the MCO, it has to
13 come over to Avesis and load into our systems. That's
14 over a million patients, over 1.1 million. So, that
15 takes time, and there's obviously a window in there
16 where there's no way they could sync up because this
17 file came over to the MCO but it's never made it to us
18 yet, for example.

19 MS. BATES: In my opinion, the only
20 time that should happen is if someone comes in new on a
21 day. So, it shouldn't happen thirty times. If you're
22 getting thirty brand new Medicaid patients, brand-
23 spanking new, I'd be shocked. So, it sounds like there

1 is an issue that needs to be worked out between the
2 syncing of all of the files, but our file is right
3 right now and they get that file every single night.

4 DR. WISE: What's a reasonable and
5 it's a digital upload?

6 MS. BENNETT: We usually update it
7 -- I guess it goes to you guys.

8 MS. SINTHAVONG: We do receive a
9 daily file from the State as well as a monthly. So, as
10 Stephanie stated, the only time that you should receive
11 new members is on the adds changes. It can come over
12 daily but typically a monthly basis.

13 And as Adrienne stated as well,
14 Passport, we have had some eligibility issues in the
15 past and we've definitely come very, very far with
16 correcting those.

17 So, if you are still seeing those,
18 I would say like we'll reach out to you individually
19 just to ensure that we can get that corrected, but
20 we've tried to come up with some solutions on our end
21 which includes like a quarterly report that's going to
22 be utilized as an auditing tool to make sure that our
23 systems are synced up.

1 So, we've come up with like weekly
2 reports that we're sending, anything that's a mismatch
3 report, anything like that that we're working through.
4 So, there are avenues that we can take, provider reps
5 that can reach out to you, as well as ourselves, just
6 to make sure that there's no access-to-care issues.

7 DR. WISE: We treat them. We don't
8 turn them away and hope that we can fix it on the back
9 end.

10 MS. SINTHAVONG: Yes. And, then,
11 there should not be any need for a new claim or an
12 appeal or anything like that. Like Mortenson's does,
13 they provide a screen shot, date and time, anything
14 like that. We'll honor that.

15 DR. WISE: My understanding is it
16 depends on who we deal with. There's one that will
17 reprocess them in bulk. There's one that's like just
18 see if they end up fixing themselves.

19 MS. SINTHAVONG: Well, we'll link
20 up after this meeting and, then, we'll provide our
21 contact information and we can get that settled.

22 DR. WISE: Okay.

23 DR. BOBROWSKI: Can I get that

1 also, too?

2 MS. BENNETT: Sure.

3 DR. BOBROWSKI: I think I've had it
4 in the past, but I just need to make sure I've got it
5 updated.

6 MS. SINTHAVONG: And, Dr.
7 Bobrowski, just going back to Dr. Johnson's request, I
8 did send a screen shot of what the provider portal
9 looks like. I sent it to your contact because that was
10 the only one I had. So, if you could share that with
11 the TAC Committee.

12 DR. BOBROWSKI: Okay.

13 MS. SINTHAVONG: It will show you
14 what we request on a provider portal like if you're
15 looking for a provider.

16 DR. BOBROWSKI: Okay. Thank you.

17 MR. DAVID GRAY: And I would just
18 add to this, this is a topic -- and I really urge
19 everybody. This is one that I know we've been dealing
20 with, and there were some issues when we did the file
21 over for KYHEALTH on April 1. We've kind of been
22 backing out of that, but ---

23 MS. SINTHAVONG: That's really the

1 main cause of all of our issues was KYHEALTH.

2 MR. DAVID GRAY: But it was an
3 issue before, at least it was in Greensburg, Kentucky,
4 right, before April 1st. Secretary Meier is aware of
5 this issue and is asking questions about this.

6 So, I think if there's a theme, if
7 we can resolve this because, frankly, we're just not
8 hearing this over on the vision side. So, it seems to
9 be more specific on the dental side. So, collectively,
10 with the MCOs and the subcontractors, we need to get
11 this resolved.

12 DR. SCHULER: So, we got a letter
13 from Anthem on I think the 13th of this month from I
14 guess DentaQuest that on April 1st, they knew that that
15 feed was inaccurate coming from the State or that some
16 of those providers had not been brought over and were
17 marked as ineligible or some of the patients were, but
18 we didn't find out about it until May 13th, six weeks
19 later.

20 MS. O'BRIEN: I can call Peg.

21 DR. SCHULER: Peg has it.

22 DR. BOBROWSKI: Dr. Gray.

23 DR. JOHN GRAY: I just texted my

1 office managers and they said with Avesis we're getting
2 five to ten a week. I didn't even know that until this
3 meeting, but we're getting five to ten a week that
4 the State doesn't match up with your all's.

5 So, apparently, it's not a one-
6 office kind of deal.

7 MS. O'BRIEN: Any examples that you
8 can send any of us, that really just helps narrow down
9 what the issues are.

10 DR. JOHN GRAY: I've told her
11 screen shots. So, you'll be getting five to ten a
12 week, but apparently it's a problem throughout, not
13 just one office, apparently.

14 MS. HUGHES: If you can copy
15 Stephanie and I on those or myself on the examples so
16 we'll have it and be able to look. And if there's
17 something that we need to address with the MCOs, we
18 can.

19 DR. BOBROWSKI: We appreciate that.
20 Like I said, sometimes I have used my office as an
21 example. I get phone calls, texts every week from
22 Eastern Kentucky to Western Kentucky and from
23 Louisville down to Albany and Burkesville. So, I get

1 them from all around. I don't get them every day but I
2 call back and they say, Garth, can you come and talk to
3 Dr. So-and-So and we just try to help them out.

4 The harder it is to make it for
5 them to see a patient, the more it makes them not want
6 to be a Medicaid provider. We've got to figure out
7 ways to make this as simple and easy on the providers.
8 And I know you all are doing it, but just every now and
9 then, I mean, it just seems like this spring we've had
10 this eligibility glitch.

11 And I was going to talk about it
12 here in a minute but I'll go ahead and talk about it
13 now. We didn't have this problem so much. Would the
14 state be willing to go back to if you're eligible,
15 you're eligible for the month, not on a day-by-day
16 basis? Two ways that could help the general dentist
17 office is I may not have to pay an extra hour every
18 morning for staff to come in and run those reports.
19 So, that helps the general dentists.

20 The other thing is is like when
21 we've got an oral surgeon in Lexington, Dr. Gray is in
22 Winchester, Pikeville, and these patients have driven
23 from Middlesboro up to Lexington to see the oral

1 surgeon and the oral says, well, you're not eligible,
2 then, they turn around and go home.

3 And they've made arrangements for
4 transportation, babysitter, the whole routine, taking a
5 day off of work or whatever. Now they've just got to
6 go home with a toothache. Some people do get seen,
7 some don't. So, we've got to fix that to where that
8 this is easy for our practitioners. Yes, sir.

9 MR. SMITH: I don't know this time
10 around how much it impacted, but I do know this is the
11 second time around for KYHEALTH's hold, and, then,
12 right after that eligibility becomes more of maybe an
13 issue or a strenuous situation. I know last time it
14 definitely impacted all of us.

15 Files were being loaded, hold,
16 pulled back. It does that a lot. I don't know. I
17 can't speak for all the MCOs this time around, but I do
18 know I have noticed that pattern where we're preparing
19 for KYHEALTH eligibility files, new product codes, all
20 this stuff is being ready to be loaded. Boom, it gets
21 put on hold the wee hours before and there's a lot of
22 backtrack prior to the first of that month.

23 And, again, not to use that as an

1 excuse but I have noticed that's a little bit of a
2 pattern that can relate to some of the after-effects a
3 couple of weeks, even a month or two down the road
4 until it gets cleaned up.

5 DR. BOBROWSKI: Well, see, some of
6 this was even back in February, even before ---

7 MS. HUGHES: I was going to say you
8 all brought this up before KYHEALTH.

9 DR. BOBROWSKI: We brought it up at
10 the February meeting.

11 MS. SINTHAVONG: And I think copays
12 started 1/1/19.

13 MS. O'BRIEN: Right.

14 MS. SINTHAVONG: So, there were
15 some additional lines of business or group IDs and
16 things of that nature.

17 MS. O'BRIEN: It really wasn't just
18 the KYHEALTH. They had to put the copay piece of it
19 in, which ends up changing a lot of files and naming
20 conventions.

21 MR. DAVID GRAY: But I would add
22 that I think the current state will be the current
23 state until July 1 at the earliest of 2020.

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MS. O'BRIEN: Right.

MR. D. GRAY: So, again, I would ask everybody to work to improve the current state with regard to eligibility because I don't foresee any major changes that would affect that for now.

DR. BOBROWSKI: I know the Commissioner has planned to be here a time or two; but due to other things that have come up, and, then, like today, I think she was going to try to be here. I think she's not feeling well and has left early yesterday and is not in the office today and I have personally not met the new Commissioner.

It did come out of the Commissioner's Office on the TAC -- not just dental but all of the TACs, some different criteria to operate on. And some of the members on the MAC and other TAC Chairs became concerned about some of the things that were going to be requested of the TACs.

I have a report prepared. Some of the MAC members formed a committee, asked me to be on it and some other TAC Chairs. Do you all want to go through some of this today?

DR. JOHNSON: I haven't seen it.

1 DR. BOBROWSKI: well, just to kind
2 of let you know what's going on, because some of the
3 other MAC members and TAC Chairs, they were in
4 disagreement with what the Commissioner was
5 recommending and backed it up by state regulations and
6 statutes, that the Medicaid Commissioner sent a
7 directive to the Medicaid Advisory Council, the MAC,
8 and the Technical Advisory Committee, TACs, regarding
9 how she believes the TACs should conduct their meetings
10 and where the meetings shall be held.

11 A workgroup consisting of some
12 members of the MAC, TAC Chairs were formed to address
13 the Commissioner's directive. KRS 205.540(4) states
14 that the MAC shall adopt rules governing its
15 procedures. The statute clearly grants authority to
16 the MAC to set its own rules. There's no reference in
17 the statutes for the MAC or the TACs that would give
18 the Commissioner authority over them, either to cancel
19 their meetings, to dictate their agenda, or try to
20 micro-manage their operation.

21 Scheduling of meetings. The MAC
22 bylaws stipulate the TACs may schedule meetings with a
23 thirty-day notice, and the TACs do not need to schedule

1 a year's worth of meetings. The open meetings' statute
2 requires a two-week notice. Issues may arise and a TAC
3 may want to schedule a meeting to discuss this issue.
4 However, if a TAC chooses, they may schedule their
5 meetings for a full year.

6 We were all pretty much in
7 agreement that it does help us to go ahead and schedule
8 those meetings so we can plan our day and stuff like
9 that and our week and our month.

10 On the agenda, the MAC bylaws do
11 not require the TACs to provide the agendas two weeks
12 prior to a TAC meeting. That's what the Commissioner
13 was wanting. And I can see her point. It's like if
14 there's things that the State would need to address or
15 answer, well, then, they would maybe like to have that
16 two weeks ahead so they can prepare a response. I
17 don't have a problem with that.

18 But what she was threatening to do
19 was if they don't receive that agenda, the TAC meeting
20 would just be automatically dismissed, cancelled.
21 That's the part that we didn't agree with because
22 sometimes some of the agendas are just going through
23 reports, looking at new ideas, stuff like that. It

1 doesn't really involve anyone from the State.

2 The MAC is required one week in
3 advance -- and they've got operating procedures, a
4 number here. The MAC Chair is supposed to provide an
5 agenda two weeks prior to the MAC meeting to the MAC
6 members.

7 Cancellation of meetings. The MAC
8 bylaws do not allow for the DMS to cancel a TAC meeting
9 or a MAC meeting due to the agenda not being provided.

10 TAC meeting minutes. For the year,
11 DMS has paid a court reporter to be present at the TAC
12 meetings. This produces a long, verbatim report of the
13 meeting which can run as long as a hundred and fifty
14 pages. This seems to be a waste of money. The TACs
15 are capable of taking their own minutes and should do
16 so. This would save DMS money which could be used in
17 more productive ways. TAC meeting minutes may be
18 provided to the MAC as well as any recommendations.

19 I don't know. Personally, I have
20 always enjoyed having someone like Sharley here and the
21 court reporter just to make sure we got our i's dotted
22 and our t's crossed.

23 MS. HUGHES: well, actually, open

1 records' statute states that we must have the meeting
2 recorded. So, we will continue to have a court
3 reporters at all the TACs.

4 DR. SCHULER: If we ever have a
5 hundred pages of minutes, I'll be shocked. That's a
6 lot of minutes.

7 DR. BOBROWSKI: TAC
8 recommendations. TACs may provide some background
9 information to the MAC in addition to the
10 recommendations. The background information is
11 sometimes helpful to the MAC and to the members of the
12 public who are in attendance at the MAC meeting. If
13 time is running short at a MAC meeting, the MAC Chair
14 may request that the TACs present only their
15 recommendations so that all the TACs may have time to
16 give their reports.

17 So, sometimes if the TAC has things
18 to present to the MAC, we'll have our motion. We'll
19 have some background information there in case it's
20 asked about; but just if the time is running short at
21 that meeting, well, then, we can just give our
22 recommendations.

23 Topics for TAC meetings. The TACs

1 should be able to discuss anything a TAC member wants
2 to bring forward at the meeting. While individuals may
3 be the only one with a reimbursement or other issue, by
4 bringing it up at a TAC meeting, a broader issue may be
5 identified. Other members of the TAC may be having the
6 same issue.

7 Likewise, TAC members should be
8 able to discuss at their meeting any problems they're
9 having with an MCO. MCOs are invited to the TAC
10 meetings and issues may be remedied at that point
11 rather than having to be even brought to the MAC.

12 So, even though sometimes we talk
13 about an individual problem, generally, it's not at one
14 office. Usually, I will refer them to Dr. Jerry
15 Caudill, or now I refer them to Dr. Watson, or to the
16 other MCOs to handle those individual cases. Unless we
17 get repeated, repeated things, I'm not going to bring
18 it up at the TAC. I hope that with working through the
19 MCOs that they'll be able to handle all this and it's
20 done with and finished.

21 Location of TAC meetings. TACs
22 should be able to meet in the Capital Annex or any
23 other public location that is easily accessible to the

1 public and TAC members. Parking is convenient at the
2 Annex and rooms easily accessible. The location
3 proposed by the Commissioner is not easily accessed and
4 parking is difficult. So, the Commissioner was wanting
5 to, I guess, specify certain rooms that only could be
6 TAC meeting places.

7 Attendance of the TAC meetings.
8 Attendance at the TAC meetings by DMS staff. While DMS
9 staff is certainly welcome to attend any of the TAC
10 meetings and most TACs find it helpful to have DMS
11 staff present, they should not be required to attend.

12 I've been here a few years and I've
13 always appreciated staff members being here or
14 Stephanie or a Commissioner or Deputy Commissioner.
15 Now that David is here, we appreciate folks being here.

16 Again, here we go again. It's just
17 a matter about communications. And if we're all at the
18 table, I think we can get the word out and fix
19 problems.

20 But, anyway, that was kind of the
21 report on this workgroup concerning the Commissioner's
22 requests. And, again, I think some of these issues can
23 be worked out through the Commissioner's Office, but I

1 wanted to let the TAC know what's going on because some
2 of this stuff I'm just getting it also.

3 That was that #5 under New
4 Business. Is there any other New Business?

5 MS. BENNETT: I just have one.
6 And, Sharley, you might have gotten this email
7 yesterday from Nicole - Nicole is not feeling well.
8 She normally would be here - where we had asked about
9 when there's a change in the CPT code and it's just an
10 item, can we just make the change rather than waiting
11 to have the State approve it and kind of go through a
12 process because I thought at the Vision TAC, it had
13 been determined that if it's just a code change, not a
14 pricing change, not an authorization requirement,
15 something like that, then, we could just notify and
16 update our systems.

17 MS. HUGHES: I think what Lee Guice
18 was talking about was more like pricing and when the
19 MCOs are saying that because we don't have something
20 added or whatever, the price, ---

21 MS. BENNETT: That we can't pay.

22 MS. HUGHES: --- that we've always
23 said and we've said it thousands of times now that the

1 MCOs should not be waiting on our fee schedule.

2 MS. BENNETT: Right. So, what
3 happened on the dental side, I think, right, Dr.
4 Caudill, was they made a couple of changes in terms of
5 anesthesia. The price is the same.

6 DR. CAUDILL: They just changed the
7 code numbers.

8 MS. BENNETT: They just changed the
9 code numbers.

10 DR. CAUDILL: The pricing stayed
11 the same. And, then, for example, there was a denture
12 repair, I believe, changed from just a denture repair
13 to an upper and a lower. So, they got two new codes to
14 replace one code. The fee is the same. Nothing has
15 changed. The procedure is the same. It's just
16 designating whether it was an upper or a lower.

17 MS. HUGHES: Right.

18 MS. BENNETT: So, for a change like
19 that, in the past, we would ---

20 DR. CAUDILL: We'd still have to
21 wait for it to come out on the State's changes.

22 MS. HUGHES: I mean, I can't
23 address that. That was something you probably should

1 have asked when Stephanie was here.

2 MS. BENNETT: I brought it up only
3 to say if we don't, we might want to put it on the next
4 one as an item.

5 DR. CAUDILL: Because that would
6 help providers immensely because a lot of them when the
7 changes come out, they change their systems over for
8 all their commercial plans and everything, and it would
9 be helpful if Medicaid could do the same thing. Just
10 when the new CPT comes out, we could make all the
11 changes.

12 MS. BENNETT: It comes out in
13 January. So, doing it on the next TAC will be more
14 than fine timing-wise. I just wanted to make sure that
15 we had it as an item that we could ---

16 MS. HUGHES: Okay.

17 DR. BOBROWSKI: I've got it noted.

18 MS. BENNETT: Thank you.

19 DR. BOBROWSKI: I do appreciate
20 some of the things that we work through. I'll shoot an
21 email to Dr. Caudill or to Nicole and they're on it.
22 They're trying to help the practitioners out there and
23 stuff, but there's still little issues we've got to

1 make this work easier but we'll just keep working on
2 it. Is there any other New Business?

3 The next thing is motions to be
4 sent to the MAC. I've got a few things here for the
5 TAC members. Going back on eligibility, the background
6 is transportation. Patients are having to arrange
7 personal transportation. This is going to repeat some
8 of the stuff we've already talked about but to go
9 through this, the Medicaid system -- I'm not going to
10 read all that. We've talked about some of that.

11 Pain and infection, ethical and
12 legal responsibilities. And the motion is to have all
13 dental Medicaid patients be eligible from the first of
14 each month through the end of that month, including any
15 partial months that the patient got signed up prior to
16 the beginning of the month.

17 DR. JOHNSON: I have no problem
18 making that motion. I'm just saying based off of what
19 we were talking about before, I can bring it up just
20 like I can play a lottery ticket. It's probably not
21 going to happen. Do you know what I mean?

22 DR. BOBROWSKI: Yes.

23 DR. JOHNSON: But I have no problem

1 if we think that's worth a discussion at the MAC
2 meeting.

3 DR. SCHULER: Who actually
4 determines that? I mean, where is that decision?

5 DR. BOBROWSKI: At the State level.
6 It used to be that way because they were eligible for a
7 month. Boy, that sure made life easy, getting people
8 in and out because on the daily basis now, they may not
9 be eligible tomorrow morning.

10 DR. SCHULER: This would help a
11 lot.

12 DR. JOHNSON: And if John sees
13 somebody on a consult and, then, two weeks later
14 schedules him, he knows that they're going to be
15 eligible.

16 DR. SCHULER: If you can get them
17 in before the end of the month.

18 DR. JOHNSON: Right.

19 DR. BOBROWSKI: Yes. If they've
20 got an emergency or some potential hurt, we could still
21 see them that month. The way it is now, they may not
22 be eligible tomorrow, and we may not be able to see
23 them. So, I don't know. That's just a recommendation

1 that I would put forth.

2 DR. JOHNSON: I will make that
3 motion.

4 DR. JOHN GRAY: I second.

5 DR. BOBROWSKI: Any discussion or
6 we can tweak the motion if it needs tweaking.

7 DR. SCHULER: I think it's pretty
8 clear.

9 DR. JOHNSON: I think it's fine.
10 We can discuss it if you want to but I think it's fine.
11 It's worth a discussion.

12 MR. OWEN: I don't know if it's
13 federal eligibility rules. I mean, I honestly don't
14 know. It could have been a change at CMS.

15 DR. BOBROWSKI: Right.

16 DR. SCHULER: That's what I was
17 wondering. I mean, we can bring it up.

18 DR. JOHNSON: Yes, just for a
19 discussion point.

20 DR. BOBROWSKI: To start the
21 discussion at the MAC level is where it needs to go.
22 We can only make recommendations here and, then, it has
23 to go to the MAC and, then, they decide it.

1 DR. JOHN GRAY: It is a big deal on
2 a personal level of the patient who's made that trip
3 after a consultation, a two-hour drive and can't have
4 the procedure. It's a big deal.

5 DR. SCHULER: Well, it would also
6 eliminate, because we actually do a fair amount of
7 crowns outside of Medicaid, if they're going to pay for
8 it independently after we sign the form and all that
9 good stuff or sometimes we'll get them approved through
10 Medicaid, but they were approved on the day we prepped
11 it but they're not eligible on the day we go to seat it
12 and we have to bill it out at seat date.

13 So, if they were eligible for the
14 month, we could prep it early in a month, seat it in
15 that same month and we would know pretty much that
16 we're going to get it seated.

17 DR. BOBROWSKI: It helps a patient
18 know that this is going to be covered. It kind of
19 clears their mind that I'm going to be able to be seen
20 and not have to worry about a bill.

21 MR. DAVID GRAY: I wonder is it
22 EPSDT? Let's say that I turn 21 on March the 3rd. I
23 still have coverage through March 31st. I know that's

1 the way that program works. So, I mean, I think it's
2 worthwhile to have the discussion and, again, to go
3 back. At least, if nothing else, we all get educated
4 on the why.

5 DR. BOBROWSKI: Yes. I mean this
6 is the way it used to be. So, see, it's good to have
7 some gray hairs around. It was just so easy to get
8 people in and out.

9 DR. CAUDILL: And, Dr. Schuler, to
10 address your point, yes, normally you bill on the seat
11 date in a case like that. We handle those internally
12 manually, and we still go ahead and do an override to
13 finish the treatment on the patient once it's started.
14 That's never a question. If you've prepped it and they
15 were eligible when you prepped it and they lose the
16 eligibility, we're still going to let you finish it and
17 get paid.

18 DR. BOBROWSKI: Any other
19 discussion on that? We've got a motion and a second.

20 On Information Requests, background
21 information requests are not being answered or not
22 answered correctly. The motion is when information is
23 requested from the state, that the state information is

1 not or cannot be produced in the manner requested that
2 the state would contact the Dental TAC Chair or liaison
3 for clarification. We've already talked about it a
4 little while ago.

5 DR. JOHNSON: I don't have a
6 problem with that. They responded to me.

7 DR. BOBROWSKI: See, they responded
8 to me earlier than they did to you but it was still the
9 wrong information. So, that's what I'm just trying to
10 think if we brought this up to the other TACs, it might
11 be a help that if they can't find the correct
12 information, they could get back in touch with the TAC
13 instead of wasting time going ahead and putting out
14 information that really wasn't needed. Whatever you
15 all think.

16 DR. JOHNSON: This would be my
17 suggestion. I'm going to say table that until we can
18 figure out how we get our information because that may
19 answer our question. That's just me. I don't know. I
20 mean, we can see what Stephanie does with this one.
21 And, then, I also don't want to flood them with seven
22 different TAC requests from our committee.

23 I don't have a problem sending that

1 but we will probably get the information that we need
2 to know. That's just me.

3 DR. BOBROWSKI: Motion to table.

4 DR. SCHULER: I'll make a motion to
5 table.

6 DR. WISE: I'll second.

7 DR. BOBROWSKI: Any discussion?

8 I had down here on credentialing, I believe we've got
9 that question answered. And, then, on professional
10 communications, the background is what we talked about
11 on the orthodontic needs. The motion was to add oral
12 hygiene criteria to the orthodontic criteria index form
13 and encourage orthodontists to refer the orthodontic
14 patients to the patient's dentist prior to starting
15 treatment for a caries lesion, oral exam, cleaning,
16 fluoride treatment prior to starting orthodontic
17 treatment and to stop orthodontic treatment until the
18 cavities are restored, or put it on hold, whatever you
19 want to call it.

20 DR. CAUDILL: I'm certainly
21 supportive of that, and I'll work with our MCO partners
22 and the dental schools to come up with guidelines and
23 hopefully submit them to the state for approval.

1 DR. SCHULER: Do we want to wait on
2 making the motion to the MAC until you get ---

3 DR. CAUDILL: I mean, we're on
4 board, I'll tell you.

5 DR. JOHNSON: what if we made like
6 a workgroup or something that brought in somebody from
7 the MCOs, an outside orthodontist and somebody on the
8 TAC to just kind of come up with what we think we ought
9 to "require" with orthodontic and communication with
10 that and, then, we can submit that as a recommendation
11 to the MAC as legislative changes or whatever.

12 DR. BOBROWSKI: That's fine.

13 DR. JOHNSON: I nominate somebody
14 else to handle that.

15 DR. SCHULER: The recommendation
16 would be more specific if we already had something
17 created.

18 DR. JOHN GRAY: And we do need an
19 outside orthodontist.

20 DR. JOHNSON: Absolutely. I think
21 it's vital that we put an orthodontist on that
22 workgroup.

23 DR. BOBROWSKI: Dr. Heather, can I

1 add that to your list of raising four children? Do you
2 have time?

3 DR. WISE: Be on the committee?

4 DR. BOBROWSKI: To just kind of
5 maybe be a liaison with an orthodontist and Dr. Caudill
6 and whoever else. If somebody else wants to be on it,
7 we'll put your name on it. Yes, Dr. Watson.

8 DR. JOHNSON: Put both Dental
9 Directors, somebody from the TAC; and, then, if you all
10 have a recommendation for an orthodontist or two. I
11 really don't.

12 DR. WISE: I do from our area.

13 DR. JOHNSON: I'm good with that.

14 DR. WISE: Or a couple, actually.

15 DR. CAUDILL: Obviously, we need
16 somebody from the network and, then, I'll talk to both
17 dental schools, too, and get them involved and get
18 their opinions.

19 DR. WISE: Maybe we can bring ---

20 DR. JOHNSON: Do we have to make a
21 motion to form a workgroup?

22 DR. BOBROWSKI: We can once we get
23 it worked out.

1 DR. WISE: Do you want an
2 orthodontist, just one or two to three?
3 DR. BOBROWSKI: I'd say one or two.
4 We've got a couple in our area there.
5 DR. WISE: They're pretty heavy
6 Medicaid.
7 DR. BOBROWSKI: They're pretty
8 heavy Medicaid people.
9 DR. CAUDILL: Who do you have in
10 mind?
11 DR. WISE: Petrie and Newcomb come
12 to mind and Eckridge.
13 DR. CAUDILL: Yes, Joe would be a
14 good one.
15 DR. WISE: I think Joe would do it.
16 DR. BOBROWSKI: Joe was on the --
17 he's also on our -- we had a previous ---
18 DR. WISE: Advisory.
19 DR. BOBROWSKI: --- Medicaid
20 Advisory Committee. So, he's on there a little bit
21 already. So, Joe would be good. We called them one
22 day and they said, no, they don't take them. Then,
23 they called back and said they do.

1 MS. HUGHES: I would caution to not
2 call it a subcommittee of the TAC because, then, it
3 becomes open meetings' guidelines. This is just
4 possibly like the Kentucky Dental Association, a
5 workgroup come up with some recommendations to make to
6 the TAC.

7 DR. BOBROWSKI: So, we'll just call
8 it a workgroup?

9 MS. HUGHES: Yes, just call it like
10 something that the Dental Association is going to have
11 a workgroup.

12 DR. JOHNSON: So, we definitely
13 don't need a motion for that.

14 MS. HUGHES: Because you all can
15 could create and talk out here, but if it becomes a
16 part of the TAC, then, it becomes subject to open
17 meeting laws and so forth.

18 DR. BOBROWSKI: Duly noted that the
19 KDA is forming a work group to give advice to the
20 Dental TAC.

21 MS. HUGHES: I'm learning more and
22 more about open meeting laws than I ever really thought
23 I'd have to learn.

1 DR. BOBROWSKI: And that goes back
2 to that little report I gave awhile back that some MAC
3 members, some TACs felt like it was unnecessary to make
4 it required that staff be here; but, I mean, I've
5 really enjoyed your all's knowledge and input and David
6 is here now to help us with ideas. Going forward, I
7 think it's a good thing.

8 MS. HUGHES: We actually do have
9 the legal team. We've talked to them, and they're
10 putting together a presentation that we're probably
11 going to make at the MAC. And we'll do a shortened,
12 little, more condensed version for each of the TACs on
13 open meetings and what we need to be doing because we
14 don't ever want to get reported for breaking some laws.
15 My goal is I could retire in three years and never have
16 my name in the paper for doing something bad.

17 DR. BOBROWSKI: Well, we want to
18 try to help you maintain that goal.

19 DR. SCHULER: So, our only motion
20 to the MAC will be the month-long eligibility?

21 DR. BOBROWSKI: Yes. And, then,
22 Heather, if you all would be able to report back at the
23 TAC in August or something like that, that would be

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good.

DR. WISE: Okay.

DR. BOBROWSKI: That's like three months away or something. All right. Is there anything else that we need to talk about; any other New Business, anything else that's on your mind or fishing stories?

well, then, if there's nothing else to come before the TAC, we'll call it adjourned.

(MEETING ADJOURNED)