

1 DEPARTMENT OF MEDICAID SERVICES
2 EMERGENCY MEDICAL SERVICES
3 TECHNICAL ADVISORY COMMITTEE

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14 January 22, 2024
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23 Stefanie Sweet, CVR, RCP-M
24 Certified Verbatim Reporter
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A P P E A R A N C E S

TAC Members:

Joshua Brand
Keith Smith
Linda Basham
Dana Evans
Troy Walker
Joe Prewitt
Jacob Carroll

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MR. SMITH: Erin, we have a couple of people that are on a meeting that is going over that is affecting them, so I'm texting them now to see if they are going to be able to jump on so we may have to wait a couple more minutes before we get started.

MS. BICKERS: Okay. Thank you. No worries. I'm still admitting some people in from the waiting room so they are kind of trickling in.

MR. SMITH: Okay. Thanks.

MS. BICKERS: You're welcome.

MR. SMITH: Okay, Erin, just out of curiosity, how are we looking as far as the quorum goes?

MS. BICKERS: Excuse me. You caught me taking a sip of water. I have you and Linda logged in currently, and I am scrolling to make sure I didn't miss anyone. Sometimes people come in big groups and I miss them.

MR. SMITH: Sure. I'm sending a link out to committee members as well. I

1 know I had a link issue at the beginning
2 of the year. Our computer systems
3 upgraded and it wreaked havoc right on our
4 calendars and I had to restart all of my
5 links, and I hope that didn't happen to
6 other people as well.

7 MS. BICKERS: Looks like Jacob
8 is also currently logging in.

9 MR. SMITH: Okay good.

10 MS. BICKERS: I always get
11 nervous when we get updates. It makes me
12 a tad nervous of what it might do.

13 MR. SMITH: We just switched
14 from Zoom to Teams as an organization and
15 it really messed up our calendar big time.

16 MS. BICKERS: I had a fun issue
17 where when I would create a meeting -- it
18 would create a Zoom and a Teams login, so
19 half of my meeting would be in one place
20 and the other half would be in the other
21 platform, so I finally got that figured
22 out that they were trying to compete for
23 meeting time, so that was always fun.

24 MR. SMITH: You were in the
25 proverbial two places at one time.

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MS. BICKERS: Exactly.

We have three of seven. If we have one more, we will have a quorum.

MR. SMITH: I sent a note to Dana to see if can get her to jump on.

Sorry, everybody.

MS. BASHAM: This is Linda. Can you hear me?

MR. SMITH: Yes. We've got you, Linda. Three, okay. All right.

MR. CARROLL: Keith, this is Jacob. Do you got me?

MR. SMITH: Sure do.

MR. CARROLL: Perfect. Thank you.

MR. SMITH: Has anybody heard from Dana or reached out to Dana? And Troy said he was getting out of his meeting to jump on to this one, so he should be on here in just a moment.

MS. BASHAM: I am sorry. I had just forgotten about it. I was in another meeting.

MR. SMITH: All right. If we don't get another person here in just a

1 few moments, we will go ahead and go. We
2 won't be able to vote on anything, but we
3 will at least discuss some of the things
4 that we need to go ahead and discuss.
5 Have we picked up a quorum yet, Erin, do
6 we know?

7 MS. BICKERS: We have not. But
8 in the interest of time, if you want to go
9 ahead and start, I can let you know if
10 anyone else logs in and we have a quorum.

11 MR. SMITH: Yes. That would be
12 great.

13 Let me go on screen here. First
14 off, I hope everybody had a fantastic
15 holiday and everybody was safe and able to
16 stay warm over the last week and a half or
17 so with the Arctic air. Hopefully, too
18 many people didn't lose their car
19 batteries. I know we had several
20 ambulances where their batteries decided
21 to stop working with the cold air, so
22 hopefully everybody is doing well.

23 What we wanted to bring up and
24 talk about in today's meeting was just to
25 touch on the PCS form. That was really

1 the biggest thing that we had over the
2 last couple of months, was the PCS form.

3 We rolled out of process, I
4 think, the biggest issue we ended up
5 having was communications and not knowing
6 what the communication process was. We
7 had EMS providers and billing agencies
8 were reaching out to committee members
9 asking when they were either going to get
10 an email or something in writing about the
11 changes from the MCOs.

12 So if the MCOs wouldn't mind,
13 could you all go over a little bit about
14 what your all notification processes are
15 when you make a system change, or when you
16 make any kind of a change, so that going
17 forward we know what to expect. We ended
18 up finding that some were just going
19 straight off of just going to their
20 website; there were some that sent emails
21 out to individual companies; and
22 obviously, everybody does their own thing,
23 so if you all could -- if you wouldn't
24 mind, just quickly brief on what your
25 process is for notification anytime you do

1 have a change, so that if we do have
2 something that comes up or that needs to
3 get out, whatever, we know what to expect
4 going forward. So if you all wouldn't
5 mind starting off with that, that would be
6 fantastic.

7 MS. MCNAMARA: Hi, Keith. This
8 is -- sorry, go ahead.

9 DR. CANTOR: Hi. This is
10 Dr. Cantor with United Healthcare and we
11 put it on the UHC provider portal talking
12 about the change and the form that would
13 be required without the prior auth aspect
14 of it, and that was posted on the December
15 1st update -- December 1, 2023. So
16 hopefully that was received.

17 MR. SMITH: Okay. And when you
18 say that went to the portal, who all gets
19 access to the portal?

20 DR. CANTOR: It's
21 uhcprovider.com, or something like that.
22 I'll have to double check. But it's the
23 provider website. It has the updates and
24 the newsletter on that website. I will
25 look up the URL and put it in the chat.

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MR. SMITH: That would be
fantastic.

And that's what I would like to
get by close of business from everybody,
to know exactly where we should go and
look because, again, if we have changes,
then we know where to tell our EMS
providers to go and look, so that we are
good to go.

I think Troy just got on, so I
think we may now have a quorum.

MS. BICKERS: We also have
someone logged in as AMB that said they
are here, but I'm not sure who that is, so
I just asked them who their name is.

MR. SMITH: Is that Dana? Dana.

MR. WALKER: Yes, Dana.

MS. BICKERS: Thank you, Dana.

MR. SMITH: Okay. So we now
have a quorum.

MS. BICKERS: We do.

MR. SMITH: Okay. Very good.
Thank you.

We will go back up to number 3
here, and go ahead and follow the agenda.

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For those folks who just got on, we were just talking about what the PCS process and what the notification process was for each so that, going forward, if we ever have any other issues that we need to get sent out, we know what to expect and know how that communication is going to come in.

But we are going to go ahead and go back up to number 3 and discuss the minutes from the November TAC meeting. When the minutes came out -- I'm slipping up here. Does anybody have any issues with the minutes or can we get a motion to accept the minutes as they were read?

MR. WALKER: Motion to approve minutes as written.

MR. CARROLL: I will second that motion.

MR. SMITH: We have a motion by Troy and a second by Jacob. Any discussion? With no discussion, all of those members in favor of accepting the minutes, please, signify by saying "aye," and please, come on camera if you can,

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please.

COMMITTEE MEMBERS: Aye.

MR. SMITH: Okay. Very good.

Any nays? Any abstentions? Very good.

Minutes pass as written.

So going back to old business, again, what I had asked was the MCOs to discuss what their notification process was. Dr. Cantor just indicated that she's going to verify, but they have a website that they post their stuff to at uhcprovider.com, but she is going to check and see if that is, in fact, what the URL for that is.

If any of the other MCOs wouldn't mind coming on and letting us know what your official portal or what your process is so that we know where to go to look in the future.

MS. MCNAMARA: Hi, Keith. This is Wendy McNamara with Aetna Better Health, Kentucky. We do have some updates to share with the group and wanted to let you know that our network notifications and provider notifications can be located

1 on our website, which is
2 aetnabetterhealth.com of Kentucky. As of
3 2/1 of this year, we will no longer
4 require notification of an authorization
5 for ground transport. So we have lifted
6 the PA requirements for -- or I should say
7 authorization requirements for ground
8 transportation. Those codes are
9 specifically written out and spelled out
10 on the website if your providers need any
11 assistance with that, but ground
12 transportation has been lifted as of 2/1.
13 What we ask of our EMS providers is to
14 submit the PCS form that we've all agreed
15 upon, upon claim submission that, because
16 that form is required obviously. And the
17 claim will be processed at that point in
18 time. Any transportation for air, which
19 is rotor or fixed wing will still require
20 an authorization. So I want to be sure
21 that we are clear on that, but for ground,
22 it will be lifted. I will mention that if
23 you go to the website today, there is an
24 error. It does say that it was listed as
25 of the 1/1 of 2024, but due to the fact

1 that we are just a couple weeks away or a
2 few days, rather, from the end of the
3 month and from that 2/1 date, what we want
4 to do is run a report to see if there
5 haven't been any authorizations that were
6 denied, and we will go back and review
7 those individually to see what we need to
8 do to correct that, because that was an
9 error on our end of putting that network
10 notice out as of 1/1 instead of 2/1.

11 MR. SMITH: Well, thank you. I
12 appreciate you all going back and looking
13 at that and checking and making sure that
14 nobody loses anything during that time
15 period.

16 MS. MCNAMARA: Yeah. We will
17 probably pull that at the beginning of
18 February just so we can capture the entire
19 month, and if we have any issues, that we
20 will rectify that in realtime. But
21 hopefully, lifting that provides a little
22 bit of relief to some of our EMS
23 providers.

24 MR. SMITH: Yeah. Trust me,
25 everybody will take what they can get

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right now --

MS. MCNAMARA: Yeah.

MR. SMITH: -- in the form of relief. Thank you Wendy, I appreciate it.

MS. TRIGILIO: Hi, Keith. This is Pam Trigilio. I'm with the Humana Healthy Horizons. I am over the provider relations team.

We also have on our website, humana.com, over on our -- under our Kentucky Medicaid page, we post all of our network notices as well. We did post this specific PCS form out there on our webpage on November 30th, and then we also sent out a fax blast to all EMS providers on December 19th.

MR. SMITH: When you sent that out you said it was faxed. Was that electronic fax, was it a hard copy like the old days? And the only reason I ask is, again, Troy and myself both got a lot of calls from EMS providers saying they hadn't heard anything from the insurance companies and they were, quite honestly, very concerned that they were still going

1 to have to continue doing the PA process,
2 and we didn't really know what to tell
3 them other than we voted on it and we were
4 going this way on January 1st. So I just
5 want to make sure that we know,
6 specifically, what the process is. So for
7 that fax, was that faxed to the EMS
8 providers itself, or their billing
9 company, or how?

10 MS. TRIGILIO: Yes. It is the
11 fax number that they have on file with us,
12 so it very well could go to the billing
13 company.

14 MR. SMITH: Okay. Because there
15 are some EMS companies that don't use
16 billing companies. If they have an
17 update -- let's say they have a different
18 number or they just use electronic email
19 site and set up a fax, is there a person
20 that they should contact at Humana to get
21 that change if they need to make that
22 change?

23 MS. TRIGILIO: Sure.
24 Absolutely. I will put my email in the
25 chat and they can reach out to me

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directly.

MR. SMITH: That would be great.
Thank you very much.

MS. TRIGILIO: Thank you.

MR. SMITH: Would any of the
other MCOs like to comment?

MR. OWEN: Yes, good afternoon
and happy new year. Keith, Stuart Owen
from WellCare.

So we mail a notice and we post
it online on the provider website. There
is a bulletin page, basically, where it is
a smaller version of the notice -- a web
bulletin. The mailing was on track to go
out last Friday. I have not confirmed
that, yes. We lifted PA1124. Obviously,
the notice didn't go out. But the notice
that is going out will say effective
3/1 will require the PCS form to be
attached with the claim beginning 3/1.
But we lifted the requirement on 1/1/24.
So there will be a letter that providers
should receive in the next couple or so
days and then, like I said, on the
provider website there is a bulletin and

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that is what our standard process is. We do a web mailing and a bulletin.

MR. SMITH: Thank you, sir. And what is the web address for that?

MR. OWEN: I am looking at it right now. Let me put it in the chat.

MR. SMITH: Okay.

MR. OWEN: It says news. Now we have these subcategories.

MR. SMITH: Okay. Thank you for putting that in the chat. I never would have gotten that right trying to do that as you were saying it.

MR. OWEN: Yes. Yes. You have to click on a few things.

MR. SMITH: Awesome. Thank you very much.

MR. OWEN: Sure.

DR. BRUNNER: Hey, Keith, Dr. Brunner. Can you hear me?

MR. SMITH: Yes, sir, go ahead.

DR. BRUNNER: Hey. It's Dan Brunner with Anthem.

It's on our provider's site as well. The actual site address I'd have to

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get that for you, but again, we've never required PA for the nonemergent transport code so we just added the PCS form to the site for the providers to access and to submit with their claim.

MR. SMITH: Very good, thank you.

DR. BRUNNER: You're welcome.

MS. BASHAM: Question, Dr. Brunner?

DR. BRUNNER: Go ahead.

MS. BASHAM: Are you going to now require the PCS form when you did not require the PANS?

DR. BRUNNER: We don't require a PA, but I think for this TAC, they want us to submit a universal form for the claim, correct?

MS. BASHAM: Okay. Just wanted to verify. I know Passport had said they still would not require anything.

DR. BRUNNER: We were just trying to accommodate the EMS providers. You want to submit that with your claim, I think that's what you wanted to make

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standard procedure. Correct, Keith?

MR. SMITH: Yes.

DR. BRUNNER: Yes. We will accommodate that.

MR. SMITH: If Anthem doesn't require them, honestly, our crews don't know which insurance company a patient really has. They are not going to go down the list to see if they have them or not --

DR. BRUNNER: I don't blame them one bit.

MR. SMITH: So everybody should just send them in. That way everybody does one process --

DR. BRUNNER: In my opinion, its business as usual with Anthem.

MR. SMITH: Very good.

MS. EVANS: This is Dana. I also have a question. Aetna, she said that the PCS would be required with claims, but that is one of the pairs that will not accept electronic attachments, so are they going to be updating that with their system so that we can do these

1 electronically with that PCS attached like
2 all the other payers?

3 MR. SMITH: Wendy, can you
4 comment to that?

5 MS. MCNAMARA: That's something
6 I will have to take away from this meeting
7 and find out, and get back to the TAC.

8 MS. EVANS: Passport is one as
9 well that will not accept electronic
10 attachments on the claims.

11 MS. NORRIS: Correct. This is
12 Meredith with Passport by Molina.

13 We are, as someone has stated,
14 we have not -- still do not require
15 authorization for ground transportation
16 and we are not requiring that PCS form,
17 simply because whoever had just stated --
18 I think it was Dana -- because it is a
19 challenge with the electronic submissions
20 and forms, so we are still working through
21 being able for you guys to be able to do
22 that, so we will give you an update on
23 that.

24 MS. EVANS: Thank you.

25 DR. BRUNNER: And just FYI,

1 Keith, I put the link in the chat here,
2 and anytime we do a provider notification,
3 like, that has to go through DMS and we're
4 still waiting to hear back from DMS and
5 that communication, just FYI.

6 MR. SMITH: Thank you for that
7 communication.

8 MS. NORRIS: And just for
9 reference -- this is Meredith again --
10 with Passport by Molina, we do also post
11 provider communications on our website for
12 the provider portal and we also add forms,
13 if there are any forms, so if there was
14 that form, we do start to require that and
15 again, there is a 30-day notice
16 requirement, so we do send that to DMS for
17 approval and wait for their approval and
18 we post it. So same process as the others
19 have spoken to, and it will be posted on
20 our website.

21 MR. SMITH: Okay. Thank you.

22 Were there any more of the MCOs
23 that are represented today? I think we
24 hit the five.

25 Okay. Do any of the committee

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members have any questions for the providers over the information we just talked about?

All right. Going to item B, one of the questions that we have heard is we put the word out to the EMS providers that they cannot change the form from the manner in which we had it approved, as far as going in and changing the wording on any of the boxes or anything, but they are asking questions if they can go ahead and upload the file into Epic electronically or if they use Cerner, or whatever software it is that they use, they are wondering if they can go ahead and put it in an electronic media, and are you all okay with accepting that electronically, as opposed to having an attachment to a claim like a PDF? Can it be the form of an Epic-rated form with the position, a nurse, case manager, all the people who are allowed to sign the PCS, is there any issue with doing that electronically?

MR. WALKER: With no changes.

MR. OWEN: Keith, I checked with

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our claims processing team Friday. I haven't heard yet it seems like it would be easier, but I would have to confirm with them. I don't know. But it seems like electronic would be even better.

MR. WALKER: To me, personally, as long as we stress that there's no changes to the form, it can be an electronic version, as long as it has all the content and nothing changes, is what I recommend.

MR. SMITH: Yeah. We just wanted to make sure that that wasn't going to create a hard stop for any of the MCOs. We want this to be as smooth as it can possibly be for you all and the EMS providers. As we get questions, we want to be sure to get them asked so that we don't have anybody potentially not knowing what we are doing or what is going on.

MR. OWEN: I'll check and I guess I'll email you, Erin, give you an update so that you can share with the TAC.

MS. BICKERS: Yes, sir.

MR. OWEN: Okay.

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MR. SMITH: Okay. Not hearing anything else from the other MCOs that being a problem, I'm assuming that we are in good shape with that.

There was a question about this signatory remaining the same as with the Medicare form, and that was -- anyone who has the PCS form in front of them please, correct me. Essentially that is where it can be a doctor, RN, case manager, social service worker, I believe there were a couple others listed as approved. Are there any MCOs that are hard fast that it must be a doctor signing? We heard there were potential cases where a form was not being accepted because it didn't have a physician's signature, but the PCS form that we had submitted had all of those physicians listed on there that could sign it and be accepted, so I just want to make sure that we are, in fact, all on the same page, that the professions that are listed on the PCS form are in fact authorized signatures for the MCOs.

MR. OWEN: Just talking about

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WellCare, we reviewed the form with the claims team and they were fine with it as is, so I'm not aware of any issue, there, of having to be physicians. Whatever Medicare has on the form with, they are good.

MR. SMITH: Okay. Very good.

All right. Not hearing anything else, I'll assume that everyone else is good with that, too. If not, please feel free to speak up and let us know so we can discuss it.

And then the last item on the old business: Can some services still obtain PANS from MCO if requested?

I'm going to turn that over to Dana from AMB to describe, because she's had EMS service or two that have asked about that. So, Dana, if you wouldn't mind, can you go ahead and address that for us? Dana?

MS. EVANS: Sorry. I was muted.

We just had some claims denied in the form of a denial for authorization, but in listening today, with a couple of

1 these not having that -- because we've
2 been doing this since 1/1, I'm
3 wondering -- I will have to dig into that
4 further to see if those were submitted or
5 if those were some of these payers that
6 said they weren't actually going to have
7 it in place until 3/1 -- or 2/1.

8 MR. SMITH: Yeah. I think that
9 very well could be the case, and unless
10 I'm wrong -- and if I'm wrong, please, let
11 me know, folks. You all are going back
12 and looking at those and retroing them to
13 1/1 because that was the date that we
14 agreed upon, and we don't want any
15 provider to lose out because of it going
16 past January 1st. Okay.

17 Once again, not hearing
18 anything, I will take that as a good
19 point.

20 Is there any -- do any of the
21 TAC members have any questions going
22 forward about this? The process or what
23 we went through?

24 MR. WALKER: Keith, my biggest
25 question, and you might have just stated

1 that, but let's just make sure we are all
2 on the same page, because I know Aetna
3 Better Health said that they were going to
4 start the process as of 2/1. Are they
5 going to retro and help the services that
6 had claims on 1/1 that didn't use a
7 preauthorization process like we had
8 stated that we were starting? I just want
9 to validate and make sure everybody is on
10 board and agreeing to that. That's
11 important.

12 MS. MCNAMARA: Hi, Keith. I can
13 answer that. Yes, we do intend to take a
14 look back and capture any claims that have
15 come in, or authorizations, rather, and
16 retrospectively take a look at those.

17 MR. SMITH: Fantastic. Thank
18 you.

19 MR. WALKER: Thank you.

20 MR. SMITH: And let's see. Let
21 me go back in the notes here really quick.

22 Stuart, everything is good on
23 your all end with WellCare as far as
24 retroing that has to be retroed?

25 MR. OWEN: Yeah. We set off PA

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MR. SMITH: Okay. Okay. Very good. I think those were the only two, Troy.

MR. WALKER: Yeah. I think so too. And I see what WellCare is doing. That's a good move. Thank you, Stuart.

MR. OWEN: Sure.

MR. SMITH: Fantastic.

Okay. And one last question that I have. And this is my own curiosity because I don't know the insurance business as well as I probably should. Where the MCOs have to contact DMS, does DMS have a responsibility, then, to therefore notify DMS or just that it's up to the MCOs to get the word out, and its just a matter of DMS approval, but not necessarily needing to notify anybody at DMS?

MR. OWEN: Yes. If we change the way we do business, essentially, with providers, we have to notify them. And that type of notice has to be approved by DMS, so we actually have to submit it to

1 DMS, and submit it and say okay, and Nick
2 said if they have a problem with it or
3 not, and they greenlight it for us, then
4 we proceed -- we are responsible for the
5 notice, but they have to look at it and
6 approve it if it is changing the way that
7 we do business. And they are allowed 30
8 days to do that, so we always have to
9 build that in, you know.

10 MR. SMITH: Sure. Honestly, we
11 were just really -- as we were going
12 through December -- Troy, myself, Linda,
13 and a couple other members -- we were
14 starting to get a little antsy because we
15 hadn't heard anything, and we weren't sure
16 what was going on, and the telephone
17 started lighting up, and the holidays were
18 the worst time. We probably should have
19 thought about that a little bit about
20 making something effective on January
21 1st knowing that half of the country is
22 off the last two weeks of December,
23 because trying to get answers was really
24 tough. But we do appreciate all of the
25 work you put in to getting that done for

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us.

MR. WALKER: I also appreciate you being patient. This isn't the first time we've had a major change in the industry, so we are learning.

MR. SMITH: Yes. Absolutely.

MR. OWEN: A good example of all of us working together.

MR. SMITH: Yes.

MR. WALKER: Agreed. One hundred percent.

MR. SMITH: We appreciate that. And just as an update, I know when we first started talking about the needs and changes because of the financial shape of DMS, I would love to say that we have seen increases in our rates and better paying across the board, but we've got even more county EMS services that are in jeopardy right now of not being able to stay in business because they simply have got more money going out than they've got coming in. So we've got three counties that are on our watch list at the Board of EMS and trying to come up with anything we can to

1 be able to help them in any way we can,
2 because of the financial need that they
3 have. So we've got to get to a situation
4 where we can get EMS better compensated on
5 the runs and, obviously, that we have to
6 deal with all of the insurance companies
7 on that, but we do appreciate everything
8 that all of you have done for us to get
9 this part of the process done, because
10 this took a huge burden off of all of our
11 services and all of our billing companies
12 to try and track down those prior
13 authorizations, and this should make a big
14 help going forward. So thank you all very
15 much for doing that.

16 We don't have anything under new
17 business at this time. I would encourage
18 committee members or MCOs, if you all have
19 anything that you would like brought up to
20 the EMS TAC in between meetings, please,
21 feel free to reach out to Erin or myself.
22 Let me know so we can go ahead and put in
23 on the agenda so we can get it discussed,
24 but at this time I don't think we have
25 anything from the TAC perspective that we

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need to introduce as new business.

So with that in mind, I will go ahead and take it down to general discussion. Does any of the TAC committee members or MCOs have general discussion that they would like to have?

Very good. It looks like we are going to get some time back on our calendars this afternoon.

As far as recommendations, I don't believe that we have any recommendations that we need to make to the formal MAC. But I will open that up. Does any numbers of the TAC have any recommendations that you feel we need to go ahead and pass along to the MAC?

MR. WALKER: Not at this time. Unless you want to tell them how well all of this has come together and worked on this change for the EMS industry. I just mean -- I just hope you realize that it is a big change and a big difference for our ambulance providers that will definitely help them, and that's across the state, and we really appreciate everyone coming

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together and working with us on that.

MR. SMITH: Absolutely correct.

And to caveat off of Troy, there, a little bit, I will tell you that EMS in Kentucky is a bit of an odd duck in the fact that there can be different factions all across the state about what group do you belong to? What group do you belong to? Who is your billing company? Who is your billing company? And I got to tell you, this one particular issue brought EMS together probably better than most anything I have seen in quite some time in Kentucky, with everybody having the same goal and wanting the same thing, and to be able to get this to go through with you folks. I know it may sound like we are making a big deal out of it, but for us, this was a huge deal, and we thank you all very much again for what you did.

As far as the MAC meeting is concerned, I will be getting on that next month. If there are other members that would like to attend that as well, we can send the link out for the MAC meeting.

1 For those who have not attended a MAC
2 meeting, pack a lunch because they almost
3 always go over a little bit and they can
4 be a little interesting. But I will be
5 more than happy to discuss this process we
6 had with everyone at the MAC. But with
7 that, we will not be making any kind of
8 formal recommendations to the MAC.

9 Our next meeting is April
10 22nd between 2 and 4. Again, if anybody
11 has an item that they would like to
12 discuss between now and then, so we can go
13 ahead and get that on the agenda. With
14 that, I will open up one more time any
15 discussion at all, any questions,
16 whatsoever.

17 MR. MORGAN: Keith, Troy, Nathan
18 Morgan. I am Provider Network Director
19 for the Humana plan. It didn't come up,
20 but I just wanted to let you guys know on
21 number format, we will be retroing that
22 PCS form back to the beginning of the
23 year, too, so I just wanted to call that
24 out there. It didn't come up, but I want
25 you to know that.

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MR. SMITH: Thank you so much.
We appreciate it.

MR. MORGAN: Sure.

MR. SMITH: Hearing nothing
else, can I get a motion for adjournment?

MR. WALKER: I'll motion.

MR. SMITH: Thank you, Dana. We
got a motion.

MR. WALKER: Sorry. I was muted
there. Motion to adjourn.

MR. SMITH: Okay. We have a
motion from Dana, and a second from Troy.
All in favor?

COMMITTEE MEMBERS: Aye.

MR. SMITH: Very good. We will
be adjourned.

Thank you all very much. We
will see you all again in April. Thank
you again.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 29th of January, 2024

___/s/ Stefanie Sweet_____

Stefanie Sweet, CVR, RCP-M