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

IN RE:  HOME HEALTH TECHNICAL ADVISORY COUNCIL

ZOOM MEETING

April 19, 2022
11:00 A.M.
All Participants Appeared Via Zoom or Telephonically

APPEARANCES
Annlyn Purdon
CHAIR
Susan Stewart
Evan Reinhardt
Marlene Reynolds
Teudis Perez
TAC MEMBERS PRESENT

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY  40601
(502) 223-1118

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APPEARANCES  
(Continued) 

Angie Parker  
Judy Theriot  
Lee Guice  
Pam Smith  
Jennifer Dudinskie  
Erin Bickers  
DEPARTMENT FOR MEDICAID  
SERVICES  

(Court Reporter’s Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)
AGENDA

1) Welcome
2) Approval of Previous minutes
3) DMS follow-up to TAC recommendations
4) MCO Updates (common billing issues, common PA issues, any other Home Health specific issues)
5) Update from Commissioner
6) Update from DMS Departments with any Home Health topics
7) Supply-Only for Pediatric Patients
8) TAC Recommendations for Home Health and Supply reimbursement
9) Adjourn
MS. BICKERS: It’s about two after. I just admitted several people from the Waiting Room. Pam Smith said she’s having a few issues getting in on the Zoom but she is logging in. So, I’m going to go ahead and start the recording and we can get the meeting going and I will turn it over to you guys.

MS. PURDON: Thanks, Erin. We’ll get started. We’ll start with everybody that’s on the TAC can introduce their selves. I’ll start.

(INTRODUCTIONS)

MS. PURDON: Is Teudis on?

MR. REINHARDT: I don’t see him just yet. So, I think we can go ahead and move forward.

MS. PURDON: All right. Do we have a motion to approve the minutes from the February 15th meeting? I believe those were sent out.

MS. STEWART: I make a motion. Susan.

MR. REINHARDT: I’ll second it.

MS. PURDON: All in favor? All right.
It looks like next on the agenda is DMS follow-up to the TAC recommendations from the last meeting.

MS. BICKERS: I have those out to all of the Directors and their respective areas. They’re due back. May 9th is when they’re due to the MAC and I will let any of the Directors that are on give you any updates they may have for their area in particular.

MS. PURDON: Thank you.

MS. GUICE: This is Lee Guice. The only thing that - and I’m sorry - but the only thing I can remember - sorry I’m saying the only thing I can remember - is the supply-only recommendation.

We are working on that. It’s not an easy process but we are working on it.

MR. REINHARDT: Lee, just to clarify. Which part of it? We had two parts - getting the MCOs to publish their limits and, then, also getting them to kind of have a single standard across the board. And, then, the other side of it was moving the supply-only to DME.

MS. GUICE: Right. So, I’m talking about moving the supply-only to DME.
MR. REINHARDT: Okay. Thank you.

MS. PARKER: This is Angie. Regarding the published limits, there has not been any movement on that yet.

MR. REINHARDT: Thanks, Angie.

MS. PURDON: And I believe the other recommendation was the HCBS is that FMAP funding plan?

MR. REINHARDT: Correct. I think they said Pam was jumping on or going to get on at some point.

MS. SMITH: I’m on now. I’m on my phone. I’m having trouble getting Zoom to work on my computer but I am on.

MR. REINHARDT: Is there any feedback on the HCBS plan to include home health and private duty, Pam?

MS. SMITH: Well, actually, based on the budget bill, there will be some changes to that plan. So, look for information on that coming out in the future. We have had to really kind of pause going forward with anything while we address what was in the budget bill.

So, there’s not really any
updates on anything right now. The only thing that we are still working on is the rate study.

   MS. PURDON: If there’s nothing else on that, then, are we ready to move on?
   
   MR. REINHARDT: Yes.
   
   MS. PURDON: It looks like our next item is MCO updates, common billing issues, common PA issues, any other home health specific issues. Anybody want to take that away, Anthem or Humana?

   MS. OWENS: This is Holly with Anthem Medicaid. We don’t have any updates to report at this time. Nothing new.

   MR. MINGUS: This is Jay Mingus with WellCare. I’m saying we have nothing new to report at this time.

   MS. LOVINS: This is April Lovins with Humana and we have no current updates as well.

   MS. RISNER: This is Krystal Risner with Aetna Better Health; and to my knowledge, we don’t have any issues or anything at this time.

   MS. PURDON: Susan, was this yours? Did you have specific items that you wanted
them to address?

       MS. STEWART: No.

       MS. PURDON: Okay. This wasn’t yours? I’m not sure. Evan, do you know? Was this somebody specific?

       MR. REINHARDT: We were looking for updates generally, but I think it would be nice to understand from the MCO side, we have a couple of examples there - common billing issues, common PA issues. I mean, we know they’re out there. We know they’re happening.

       So, we can gather some examples on our end but it would be great if the MCOs had some information on their side just so we can keep our ear to the ground on what’s happening and what MCOs are seeing on their side and compare that to what we’re seeing on our side.

       MS. PURDON: So, we’ll just put this back on for next.

       DR. JAMES: This is Dr. Tom James with Passport. I’m the Chief Medical Officer. I can just say one of the things that we would like to be able to work with the Home Health TAC on is a common way of reporting progress towards goal. If you have wound care, how
is this person responding or not responding? So, it’s more about a collaborative effort towards what the patient’s needs are rather than just setting arbitrary limits. Does that make sense?

MR. REINHARDT: I think so. I mean, do you have specific examples where we can kind of - do you have anything prepared on your side that we can use as kind of a template to guide us?

DR. JAMES: Just kind of the discussion that you were taking beforehand. We could prepare something, but the concept is that as we are starting to look towards the reviews as they come in, and recognizing under HIPAA that it’s the minimum amount of necessary information to be used to make these determinations that a person is making progress, to be able to come up with something - and I can give you an example of a form that we have been considering and is on our website, and it may be something that collaboratively we can work together for reporting that shows progress for a patient who is having home health services.

And if there is somebody that I can send that to or send or form that’s on our website right now to Angie Parker or somebody else, we’re happy to do that and get some conversation -9-
MS. PURDON: Can they go ahead and send that to you, Evan?

MR. REINHARDT: Yes, that would be great.

MS. PURDON: And you can get it out to the committee.

MR. REINHARDT: I’ll put my email in the Chat and we can disseminate this out to members and get the conversation going on our end, and we’d be happy to facilitate even a working group to figure out some ways to have some best practices for a collaboration.

DR. JAMES: Great. Thank you.

MS. PARKER: And, Dr. James, if you wouldn’t mind including me on that email. This is Angie Parker.

DR. JAMES: I see your name there, Angie.

MS. PURDON: Thank you and we’ll get started on that.

MR. REINHARDT: We appreciate the suggestion and look forward to working with you on that.

MS. PURDON: All right. Then,
we’ve agreed to move on to the next item. The next item is an update from the Commissioner.

    MS. BICKERS: I believe the Commissioner is currently on a plane on her way to a conference in Texas. One of the Directors, if I misspoke, please let me know, but I don’t think she is going to be able to attend today.

    MS. GUICE: I was getting ready to speak up. The Commissioner is traveling today and is not available. I don’t know that we have any specific updates today.

    We’re in a space where we’re working on a lot of things but none of them are going to happen in the next couple of days. So, that’s what I can tell you about any updates.

    Does anybody else have anything to say? I don’t mean to hog.

    MS. PURDON: All right. We’ll move on to Number 6 of the agenda - update from DMS Departments with any home health topics.

    MS. GUICE: I think I gave the only update I have earlier. So, thank you.

    MS. PURDON: Anybody else before we move on?

    The next item is supply-only

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for pediatric patients which I believe the
Department had reached out to Evan about that and
I’ll let him talk about it.

MR. REINHARDT: So, we received
a question about supply-only cases for pediatric
patients and where that really stood with respect to
KHC members and how home health agencies were
handling that.

I sent a response to Angie and
her counterpart for the TAC just to have a
discussion not only on the pediatric side but
supply-only more generally.

The consensus is that it seems
like agencies are struggling with the financial end
of the commitment to do supply services. Often
there isn’t significant margin in that service to
begin with.

And the amount of
administrative time it takes to ensure that the
supplies get from one place to another, the correct
supplies have been ordered, the patient and their
family are getting the supplies that they want, all
of that taken into consideration really puts the
service in a situation where it is not a profitable
service to provide from the agency’s perspective.
So, that was the feedback we got and we’re certainly happy to continue to gather information. And I’ve asked some of our private-duty members and it seems like they tend to try to work with DME companies but don’t provide the service directly themselves either.

So, in that respect, it seems like the majority of the time, this is going to flow from the DME side of things and home health agencies, there are some that have a decent size supply-only service line, but many are sort of exiting or not taking on that service just because of the impact it has financially and otherwise.

So, I wanted to bring that up. Angie, I don’t know if you have anything else in terms of feedback from your end. I appreciate the answer we got earlier.

I know we had had a question about whether or not an MD has to sign the form to order supplies, and it looks like you can have an MD, nurse practitioner and I think one or two other, maybe a physician’s assistant can sign the form to order supplies. So, that got us an answer to that question.

So, we appreciate that, but
otherwise I think that’s where things stood but that kind of leads us into our recommendation.

    Angie, I don’t know if you have anything else on that.

MS. PARKER: I just want to confirm that this is for our EPSDT Special Services’ pediatric patients. We had been having a lot of challenges in locating certain providers for certain services, most often wipes and those types of things.

    So, we had reached out to Evan to see what your organization’s thoughts were on this to see if they could also help us with locating and providing these types of special services to this population, the EPSDT population. So, any assistance would be helpful.

MR. REINHARDT: And I think the group, the number of home health agencies that do provide EPSDT Special Services, it’s even a smaller group of folks out there and it seems to be somewhat concentrated in the Public Health Departments as well.

    I know that was sort of a core service for several of them; and as they continue to sort of consolidate and look to exit the business,
that will continue to be an issue that heightens as we move forward.

So, we’ll definitely keep an eye on it but I think that’s our feedback for now. Annlyn, Susan, Marlene, I don’t know if you have anything else in addition on top of that.

MS. PURDON: Actually, Angie, you had said wipes. I don’t believe that that’s even on our fee schedule.

MS. PARKER: EPSDT Special Services such as those type of things, they sometimes could be covered outside the fee schedule.

If it’s determined to be medically necessary for this particular situation, that’s where that comes into play and that’s why we’re having challenges in locating providers to provide certain things.

MS. SMITH: And, Angie, EPSDT is not a program. It’s a benefit. So, I just wanted to make that clarification.

COURT REPORTER: Pam, this is the court reporter. You’re cutting out.

MR. REINHARDT: It sounded like she was saying that EPSDT Special Services is not a specific program, that it’s a benefit that is
provided to those particular consumers.

MS. PARKER: That is correct.

If I said program, she’s right. It’s a benefit.

MR. PEREZ: Right. Home health does offer EPSDT Special Services and we offer supply-only to our EPSDT Special Services patients.

The challenge is reimbursement, getting paid for those services. We find that we provide the services that are to be medically needed. We get a PA for it but, then, we are having a hard time getting paid for those.

MS. PARKER: Leeana Trainer is the Branch Manager, if you’re not familiar with her, and I can put her contact information in the Chat. But if you’re having challenges with that, you can contact her.

I do know that Carewise, aka Gainwell does the payment of the claims and you get the authorization through them, but we also on our end help facilitate that.

So, we can certainly assist if you have particular claims right now that you need our assistance with, and I’ll put her contact information in the Chat.

DR. THERIOT: So, is that why
it’s not profitable to be supply-only or is the reimbursement making it not profitable?

MR. REINHARDT: It’s both. So, the reimbursement is low and I don’t think it has been adjusted for a significant amount of time, and there are all sorts of administrative obstacles to just getting the supplies when they need them and having them be the correct supplies and, then, you’ve got to try to get paid on top of that.

So, I think that’s what Teudis is pointing out, that in addition to making sure everything is good and the supplies get there and we’re all squared away, then, you have to go down and chase payment.

And by the time you’ve included all of that staff time and what it takes to go from ordering supplies to getting paid, you’re just in a situation where you’re in the red pretty quick.

MS. STEWART: This is Susan. I would just add that we used to have a large supply-only population and it has dwindled due to reimbursement and the administrative burden to try to administer.

But even in the home health
world today, the increased cost of supplies is outrageous. The middle margin we might have had four years ago is completely eroded now because of the supply chain issues due to not being able to get supplies, and then it becomes a quality issue after that and a patient satisfaction issue.

MS. PURDON: I was going to say that under traditional Medicaid and the old way of doing it, it probably wasn’t as hard because you get cost-reimbursed on it.

But, then, after we started with the MCOs and they have a fee schedule, then you’ve got to look at making sure you’re not losing money and, then, somebody calls in and they want the diaper they were getting under traditional Medicaid but I can’t provide that one to them because I would lose money on it and it goes around and around and around. Especially with getting a fee schedule payment through the MCOs, that has made it hard.

MS. STEWART: And I would say it also ties back to our TAC recommendation regarding supply limits. You don’t know what the limit is. So, it’s a guessing game. And, then, it subsequently gets denied and it still leaves an administrative overhead to try to bill and collect
for what you’re due.

So, I think that you might get providers back in the game when we have those billing requirements, maybe.

MS. GUICE: What billing requirements exactly are you talking about, Susan?

MS. STEWART: Like one MCO, the billing requirements might be fifty. And if they come in boxes of thirty and they need two boxes, then, you’re----

MS. GUICE: I see.

MS. STEWART: And, then, one MCO might be billable at a thirty quantity and another one might be billable at fifty, but we don’t know what that magical number is. So, if you go in and your claim is over that, it’s automatically denied for excessive supplies.

From our seat, it’s a game we play with an MCO to try to figure out what the magic number is.

MR. REINHARDT: All right.

That’s the talking points on Number 7 and we’re ready for Number 8 then.

MS. PURDON: All right. TAC recommendations for home health and supply
reimbursement. Do you want to talk about that one, Evan?

MR. REINHARDT: Sure. I think our conclusion and our discussion is that given where things are in terms of reimbursement both for supply services and home health more generally, that we would make a recommendation that both be increased significantly to address the past lack of increases as well as the current needs of the industry.

So, I think specifically we’d like to see increases somewhere in the neighborhood of 50% down the road.

MS. GUICE: Did you say fifty, 5-0?

MR. REINHARDT: That’s correct.

MS. GUICE: Okay. Thank you.

MR. REINHARDT: Any other discussion on that, Susan, Annlyn, Marlene?

MS. STEWART: No.

MS. PURDON: I don’t think I had anything else to add other than what you’ve already said. I mean, it has been a long time since we’ve had an increase and we all know that the cost has not went down.
So, it would be super helpful for us to continue to provide services to Medicaid patients.

So, with that, that is the last item on the agenda unless there’s anything else anybody wants to say.

COURT REPORTER: If that’s a motion, you will need a second and a vote.

MS. PURDON: Are we making a motion?

MR. REINHARDT: I’ll make it a formal motion to increase reimbursement for home health and supply services by 50%.

MR. PEREZ: I’ll second that.

MS. PURDON: All in favor? It looks like it’s unanimous.

Anything else?

MR. REINHARDT: Nothing on my end.

MS. PURDON: I want to thank everybody for being here today.

MEETING ADJOURNED
TAC members in attendance via Zoom or telephonically: Annlyn Purdon, Susan Stewart, Evan Reinhardt, Marlene Reynolds and Teudis Perez.

Medicaid staff in attendance via Zoom or telephonically: Angie Parker, Judy Theriot, Lee Guice, Pam Smith, Jennifer Dudinskie and Erin Bickers.

Managed Care Organizations (MCO) in attendance: At the request of DMS, all MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

Welcome and Introductions: The meeting was called to order by Ms. Purdon and the TAC members introduced themselves. A quorum was present.

Approval of Previous Minutes: The meeting minutes of February 15, 2022 were approved.

DMS follow-up to TAC recommendations: Ms. Bickers noted that the TAC recommendations have been distributed to the respective DMS Directors and the responses are due to the MAC on May 9th. Ms. Guice stated that DMS is working on the recommendation to move the supply-only to DME. Ms. Parker noted that there has been no movement yet regarding the published limits. Ms. Smith stated that based on the budget bill there will be some changes to the HCBS plan that includes home health and private duty and that information on this will be coming out in the near future.

MCO Updates (common billing issues, common PA issues, any other Home Health-specific issues): There were no MCO updates given. Dr. Tom James with Passport stated that one item this MCO would like to work with the TAC on is a common way of reporting progress towards goal and having a collaborative effort towards what the patient’s needs are rather than just setting arbitrary limits. Dr. James will provide Mr. Reinhardt a form that the MCO is considering that shows the patient’s progress as they are having home health services. Ms. Parker asked that the form be sent to her as well. Mr. Reinhardt stated that he could facilitate a working group to figure out ways to have some best practices for collaboration.

Update from Commissioner: Commissioner Lee was unable to attend the meeting.

Update from DMS Departments with any Home Health topics: There were no other DMS updates.

Supply-Only for Pediatric Patients: Mr. Reinhardt stated that the Association had received a question about supply-only cases for pediatric patients and where that stood with respect to KHC members and how home health agencies were handling this. He sent a response to Ms. Parker asking for a discussion not only on the pediatric side but supply only in more general terms. Mr. Reinhardt noted that the consensus is that agencies are struggling with the financial end of the commitment to do supply services and he spoke about the administrative burdens involved. Ms. Stewart added that the increased cost of supplies is outrageous and this ties back to the TAC’s recommendation regarding supply limits and the guessing game with the MCOs on who provides what supplies and how many.
Ms. Parker confirmed that this is for EPSDT Special Services’ pediatric patients, and DMS has had challenges in locating providers for certain services, i.e., wipes, etc. Mr. Reinhardt noted that it is even a smaller group of agencies that provide these EPSDT Special Services and it is more concentrated in the Public Health Departments, and Mr. Perez stated that the challenge is getting reimbursed for these services. Ms. Parker noted that Leeana Trainer, Branch Manager for EPSDT Special Services, can be contacted if anyone is having challenges with this.

**TAC Recommendations for Home Health and Supply reimbursement:** A motion was made, seconded and approved that given where things are in terms of reimbursement both for supply services and home health more generally, it was recommended to the MAC that both be increased significantly to address the past lack of increases as well as the current needs of the industry and to recommend increases in the neighborhood of 50%.

**Adjourn:** The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, court reporter, this 2nd day of June, 2022.)