

1 DEPARTMENT OF MEDICAID SERVICES
2 HOME HEALTH TECHNICAL ADVISORY COMMITTEE

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13 OCTOBER 17, 2023
14 11:00 a.m.-11:37 a.m.
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22 Stefanie Sweet, CVR, RCP-M
23 Certified Verbatim Reporter
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A P P E A R A N C E S

TAC Members:

Annyln Purdon, Chair
Susan Stewart
Marlene Reynolds
Teudis Perez
Evan Reinhardt

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MS. BICKERS: Good morning.
This is Erin with the Department of
Medicaid. It is just now 11 o'clock. We
have a few more people coming in from the
waiting room so if you want to give it
just a moment.

As far as committee members go,
I have Ellen and Susan. Did I miss
anyone?

MS. PURDON: That's all I see so
far.

MS. REYNOLDS: Good morning.
Marlene Reynolds is here as well.

MS. BICKERS: Thank you,
Marlene. My apologies for missing you.

MS. PURDON: I did too.
Evan should be coming in here
soon.

MS. STEWART: (Indiscernible)

MS. PURDON: It's that time of
year.

MS. REYNOLDS: Yes, it most
definitely is.

MS. BICKERS: The waiting room
is cleared. If you want to go ahead and

1 start. I show 3 of 5 so you already have
2 a quorum.

3 MS. PURDON: Let me check my
4 email and see if Evan is having problems
5 getting in.

6 MR. REINHARDT: I'm here.
7 Sorry.

8 MS. PURDON: Oh, there you are.
9 Sorry. Okay. We're here.

10 All right. We'll get started.
11 I want to thank everybody for being here
12 today. I will start off with
13 introductions. I'm Annlyn Purdon. I am
14 the Executive Director of Hayswood Home
15 Health.

16 MR. REINHARDT: Susan, we
17 couldn't hear you there.

18 MS. STEWART: Susan Stewart, CEO
19 of ARH's Home Health Programs.

20 MR. REINHARDT: Good morning,
21 everyone. I'm Evan Reinhardt, Executive
22 Director for the Kentucky Home Care
23 Association.

24 MS. REYNOLDS: Good morning.
25 I'm Marlene Reynolds. I'm the Regional

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Vice President of LHC Group.

MS. PURDON: All right. We'll get started with approval of the minutes. I believe we have the August 29th meeting to approve. There's a motion?

MS. STEWART: I'll make a motion. This is Susan Stewart.

MR. REINHARDT: I'll second that.

MS. PURDON: All in favor? Aye.

ATTENDEES: Aye.

MS. BICKERS: Marlene, your camera has to be on to vote. Thank you. There you are.

MS. PURDON: All right. On to old business. If you want to take over that, Evan.

MR. REINHARDT: Sure. We are checking in on our previous recommendations related to reimbursement rates. So I think last we heard that was still under consideration, so seeing where that is.

MS. BICKERS: Oh, I'm sorry Pam. I was just going to give an update on when

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they were due. Go ahead. My apologies.

MS. SMITH: I was just going to say the -- and I don't know, Erin, it may make sense for you to give -- to give that first, if you want to do that, or I can -- or I can respond to that.

MS. BICKERS: That's up to you. I was just going to let them know that they weren't actually due for another two weeks and that they were still under review, but you told me, so you go for it.

MS. SMITH: Well, that leads right into what I was going to say, is that they actually are still under review and I don't have any updates.

MR. REINHARDT: All right. So same answer for supplies and supplies limits then, Pam, too?

MS. SMITH: Yeah. So the other change at the end of that -- the policy change to add supply-only to DME -- so I know we did add some supplies that are on the home health fee schedule to the DME fee schedule, but I don't know -- is there more information that you can give, Evan,

1 on that last comment? So we are trying to
2 expand the availability for individuals to
3 be able to access those supplies, so you
4 are seeing some that are -- a duplicate of
5 some of the supplies that are on the fee
6 schedule for home health that are now
7 showing up on the DME fee schedule. But I
8 believe there was always an overlap with
9 some supplies, but that is direct effort
10 to expand access for individuals that were
11 not able to access supplies.

12 MR. REINHARDT: Then the last
13 one you are asking about, Pam, the
14 supplies limits bullet? Is that what you
15 are asking for more information on?

16 MS. SMITH: No. The policy
17 change to add supply-only to DME.

18 MR. REINHARDT: Yeah. I think
19 the specific issue there was that only
20 happens on the home health side. So there
21 is some overlap with DME, but for
22 supply-only patients, home health was the
23 only, you know, quote unquote, provider,
24 that could support those folks, and our
25 suggestion was to open it to allow DME to

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serve those individuals.

MS. SMITH: Okay. And I think you will -- there were some recent updates to the DME fee schedule to cover some of those supplies, so but all of those are still, as Erin said -- I think that was on a separate track outside of the recommendation that was already in the works and under discussion, so you will get a diff -- not a different -- I'm sorry. That was the wrong answer -- you will get a more detailed response in the reply. But those were going down two parallel paths. And let me add, also -- it's not on here -- but just to let you know the pleurx drain and then there was also a foam dressing code, A6213, that covered somehow got missed. That change order has been submitted. I know that pleurx drain we have been talking about for some time, but those change orders have been submitted.

And there is another one that is in process of being submitted for extra-large pull-ups that had not been

1 previously on the home health fee
2 schedule. The extra-large diapers are on
3 there, but not the extra-large pull-ups.
4 And I think that's T4544. So we are in
5 the process of adding that. So by the
6 next Home Health TAC I should be able to
7 tell you that all of those are on there
8 and you should be able to see them on the
9 website. But I know we have been working
10 on them for quite some time.

11 MR. REINHARDT: All right.

12 Any other questions from the
13 group on the old business?

14 MS. PURDON: No.

15 MR. REINHARDT: Okay.

16 Ready to move to new business if
17 you are, Annlyn.

18 MS. PURDON: Yes.

19 MR. REINHARDT: All right.

20 And then, Pam, I think this is a
21 question for you related to EVV. We had
22 previously sent over some communication
23 about better understanding what the launch
24 process is going to look like for EVV, and
25 as folks are trying to get connected up

1 with Therap, and for those who already
2 have a provider and have that provider
3 communicate with Therap get onboarded, I
4 think there are a lot of concerns about
5 that timeline and how long it is going to
6 take. Some folks have heard as long as
7 six months just to get everything squared
8 away with their current provider and
9 Therap, so we just really want to
10 emphasize the concern that we might not be
11 able to hit that January 1 deadline.

12 So if there is an opportunity
13 for us to have a soft launch as opposed to
14 getting up and running January 1 and
15 having everything go hard launch, that is
16 something that we would really recommend
17 that DMS consider.

18 So don't know if there is any
19 update on EVV for timeline launch and all
20 that kind of stuff.

21 MS. SMITH: So we are having
22 weekly town halls with Therap. The next
23 one is going to focus specifically on
24 onboarding. This last town hall, we had
25 more DMS people and project people on the

1 meeting than we did home health and
2 private duty nursing individuals show up
3 for the town hall. So those are really
4 important. I want to encourage that
5 people attend those, especially beginning
6 next week, we are going to really start
7 covering the onboarding process, looking
8 at the claims.

9 I want to also encourage you to
10 make sure your information is up-to-date
11 in Provider Portal. We pulled contact
12 information from Provider Portal and I
13 spoke to three or four different providers
14 yesterday, and the individual contact
15 information that was in Provider Portal,
16 those individuals had not been working for
17 the agencies -- for a couple of
18 agencies -- for several months. So we are
19 working on, right now, looking at who has
20 contacted Therap, who we have not heard
21 anything from, making sure that we get in
22 to contact with all of the providers. But
23 please, if you've not heard anything from
24 Therap, if you've not returned any of
25 the -- there was a form sent out -- if you

1 have not returned that, return that. Or
2 if you have questions, send those in
3 either to the Medicaid public comment box,
4 medicaidpubliccomment@ky.gov, so that we
5 can make all the connections.

6 The 1/1/24 deadline is a CMS
7 deadline for us that if we do not meet
8 that deadline, then DMS could face
9 significant penalties. So we are working
10 towards meeting that deadline. Does that
11 mean we are not going to provide technical
12 assistance and help the providers?
13 Absolutely not. We are here to help
14 onboard and to help facilitate that
15 process, but I would have you all --
16 encourage everyone to attend those
17 meetings.

18 Susan, I see your hand up.

19 MS. STEWART: Yeah. One of the
20 fundamental questions that I can't seem to
21 get an answer on -- and I'm one of the
22 people that reached out to you yesterday.
23 So you had our contact information wrong.
24 And I kicked it into high gear yesterday
25 and reached out to you and went to the

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Therap website.

But one of the fundamental questions that I can't get an answer to from my EMR vendor or Therap is, is my EMR vendor considered a third party or are they just an EMR?

MS. SMITH: Are they an EVV vendor?

MS. STEWART: I don't think so.

MS. SMITH: So, then, they would not be considered a third-party. They have to be an EVV vendor that captures the required data elements for the Cures Act. So that would be the check-in, the check-out, the service provided, who is providing it, and the location the service is being provided in.

And, Susan, I do appreciate how quickly you responded yesterday when you realized that we did have some incorrect email addresses for some of your all staff.

MS. STEWART: I kind of was waiting on to see if Therap reached out to me, and yesterday was my deadline to

1 give them -- so yesterday, that's when I
2 reached out to you.

3 So you have to be an approved
4 EVV vendor to be considered a third-party,
5 right?

6 MS. SMITH: You have to be --
7 yes. You have to be an electronic
8 verification vendor. So you have to be a
9 vendor that does that. There are some
10 EMRs that have that functionality.

11 I believe, we work with Oasis,
12 and there are some home health agencies
13 that use Oasis, but we have a waiver
14 provider that uses Oasis, and they are one
15 of our third-party vendors with personal
16 care services.

17 If you have not -- who is your
18 EMR? Or if you want to email that to me
19 separate if you don't want to --

20 MS. STEWART: I don't care.
21 It's Meditech. There's only three
22 Meditech users in the state of Kentucky
23 and we are all three trying to work
24 together to try to figure out to how to do
25 these -- the onboarding. Specifically,

1 the one thing you get when you email the
2 kentuckysupport@therap.net, or whatever
3 that email address is. I emailed that
4 yesterday, and got a response back and
5 there is a link embedded in that to go to
6 a form to complete the form. But the very
7 first thing at the top of that are four
8 choices that you have to pick, and we
9 don't know which one to pick at the top of
10 those four choices that how it applies to
11 us. So we're all three in the same boat,
12 and it is Meditech.

13 MS. SMITH: Okay. So if you
14 want to reach -- I have it taken down so I
15 will have Kelly set up something. We can
16 meet with the three of you all if you want
17 to do a quick Zoom or a Team's meeting and
18 we'll walk through that form with you all.

19 MS. STEWART: Okay.

20 And I did register for a
21 15-minute call with Therap --

22 MS. SMITH: Okay.

23 MS. STEWART: A Kentucky person.

24 MS. SMITH: Okay.

25 MS. STEWART: I did register for

1 that and that is later on today. So I am
2 hoping that that will help.

3 MS. SMITH: They should. They
4 should.

5 MS. STEWART: I have some IT
6 people joining me for that as well, so.

7 MS. SMITH: If you will let me
8 know after you have that meeting where you
9 all are and if you still have questions,
10 then we can set up a separate session.

11 MS. STEWART: Thank you.

12 MS. SMITH: Okay.

13 MS. PURDON: I will tell you my
14 issues.

15 So I have Access and they are an
16 EVV vendor, but they are not signed up
17 with Therap yet, or have a script written.
18 They're in with Sandata and Telus, and
19 there are four or five that they are
20 already in with. So they said, yes, that
21 they will write the script and sign up
22 with Telus, but they were like, "We've got
23 people in states we been working six to
24 eight months to write the script, test,"
25 and they were like, "There is just no way.

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You can't give us two-and-a-half months."

And like, contracts, we still have to do contracts with Therap. That has to go through legal. They say, "You've got a month." They are all by itself before they start writing anything.

But even worse than that, I've now started weekly meetings with them and she said, "You know, I can't start until I can start," and she said, "I can't start until I have a script in hand to start looking at." But Therap won't send that to them until I sign a contract saying that my EVV vendor is already set up and ready to go. So Therap has kind of put the horse before the -- the cart before the horse. Therap needs to give them the script so we can get started.

MS. SMITH: And they are going to post this -- but we met about that yesterday -- and they are going to post the interface specs and give those to the provider.

So I would have your third-party vendor, or you, reach back out to Therap

1 and they are going to give those --
2 release those -- so that they have them.

3 MS. PURDON: It's my
4 understanding Therap has had us fill out
5 many forms that they are going to contact
6 and I put the contact information of the
7 Access woman and she said nobody's
8 contacted her, but I will get back with
9 them in our weekly meeting and let them
10 know that it is going to be posted so we
11 can get started.

12 Then, what if they give me, "We
13 can't have this done for six months?"
14 Like, what's going to happen to me
15 January 1 when I am submitting absolutely
16 nothing to Therap because there is no
17 script for me to send them anything?

18 MS. SMITH: So we will address
19 each providers, what is going on -- I
20 can't answer that. It's going to depend
21 on where we are January 1.

22 So we are -- I'm not -- am I
23 going to start issuing corrective action
24 plans the second week of January because
25 people aren't getting all their visits in?

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No. But I do need it to be an open line of communication and I need to know what is going on.

So please, Annlyn, either email me directly, email that Medicaid public comment box, so that we know what is going on, and we know if you are having problems with Therap. I can't address problems with the vendor if I don't know that somebody is trying to contact them and they are not giving them what they need.

MS. PURDON: Actually, I wasn't able -- I had a Hayswood board meeting to attend the last town hall meeting. But I did listen to it. And I noticed, now, they've shut down that you can't ask questions during the session. It's really limiting to the provider.

MS. SMITH: We have done that because what we have found is, it is better if we can collect the questions and provide answers in FAQ so that everyone gets the same response. Otherwise what we found is that if there wasn't something in writing, is that people were trying to be

1 helpful, answers were getting changed
2 or -- if you think about the Telephone
3 Game -- so we wanted to make sure and try
4 to prevent that from happening. So that
5 has been happening -- not just on the EVV
6 webinar, but some of our other webinars as
7 well, where we have been collecting the
8 questions through the chat function so
9 that we can provide a comprehensive list
10 of those FAQs.

11 MS. PURDON: Okay.

12 So I will email my contract
13 issue because I'm not signing a contract
14 saying that my EVV vendor is all set and
15 ready to go and all these things are met
16 when I know 100 percent it's not. It's
17 not even been started. So that's one
18 issue.

19 And then, another is, I think we
20 need a hard date of when some sort of
21 action will be taken against us, because
22 we have started the conversation of coming
23 out of Medicaid. We can't take the chance
24 of losing money, or we are partway through
25 this with Access and then Medicaid is

1 saying April 1st it has to be ready. It's
2 just not -- we even talked about well,
3 maybe, we will sign up for Therap -- and
4 then we thought, train all of our people
5 for Therap for three months and then turn
6 around and train them for our system?
7 It's just not worth it. We don't get paid
8 enough. Every Medicaid's a loss before we
9 get in the door, so going through all of
10 this is just impossible.

11 MS. STEWART: I think that what
12 you are going to see is providers will
13 refuse to take Medicaid patients --

14 MS. SMITH: So I need you all to
15 remember, this is a CMS requirement. This
16 is a federal requirement. So if we do not
17 enact this, then we, then Medicaid, has
18 penalties.

19 So I need you all, though, to be
20 open to not wait until the TAC. I need to
21 get those emails so that I know what is
22 going on. If you all aren't hearing from
23 Therap, I can't fix it if I don't know you
24 are not hearing from Therap or if you have
25 questions.

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So I need you to communicate either directly with me, use that Medicaid public comment. April Lowery and Laura Presley from my team are both also on this project.

MS. STEWART: Is there opportunity for the FAQs to be sent to the association so they can be included in our weekly updates we get from them on hot issues?

MS. SMITH: We can. We can. So in addition to posting them, I can work with Erin and Kelly and we can get those sent out. We do send those a lot of times to the different associations or the TACs so that they also can distribute them. But, yes, we can do that.

MR. REINHARDT: That would be great. We would be happy to send them out as soon as we get them.

MS. STEWART: And Pam, we understand that you are just implementing what is being handed down to you. But I think that we would be amiss if we didn't

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tell you what truly is going to happen.

MS. SMITH: I appreciate that and I do understand this is a very tight timeline. I do. I understand. But just keep those lines of communication open. I can't help unless we work together. It's going to take all of us working together.

MR. REINHARDT: We have a few others, too, that we will probably communicate directly with you, Pam, and just try to make sure that you are in the loop on -- because I had heard from some other folks that Therap hadn't reached out to either, so I'm sure they are at the very beginnings of the whole process, too. So.

MS. SMITH: Or it's that email address issue. So if you have not heard from Therap, and Evan, if you or anybody on here wants to communicate to your peers, communicate out to the association members, that if you have not heard from Therap, please send us your -- make sure we have the current email address, the current contact information, so that we

1 can make sure that we are sending -- we're
2 not sending it to a box that either
3 somebody is not there or it's not getting
4 monitored.

5 MR. REINHARDT: We will remind
6 everybody to do that. We just went
7 directly to Therap and got -- I think they
8 had a link that they wanted everybody to
9 click.

10 MS. SMITH: There was a form --
11 I think it was a Jot Form was the term for
12 the form to be used, to collect some of
13 that information. Yes.

14 MR. REINHARDT: We sent all of
15 that information out so hopefully people,
16 at least, have gotten that taken care of
17 if they've had a chance to do that.

18 I don't have anything else on
19 that one, Annlyn, unless you have
20 anything.

21 MS. PURDON: I have so many
22 things, but I don't know if we will cover
23 it in this.

24 I don't know. I guess we will
25 just start there. I think it is going to

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be a very serious situation quickly. So.
All right. We will start there.

I guess our next thing is
supply-only Medicare denial requests.

MR. REINHARDT: Yeah. This
topic came up here recently. And I think
this has come up from time-to-time and
here, most recently, we have communicated
with WellCare on this. Teudis and others
have had several different iterations of
this with the various MCOs, but they are
requesting a Medicare denial for a
supply-only patient and, you know, there
is some sort of paperwork they want done
on the front end, and I believe that it
shouldn't be necessary to get that denial
to be able to bill.

So I wanted to raise that up and
see if any of the MCOs or Medicaid can
speak to that.

Teudis, am I capturing that
correctly? I think I saw you on the call
a minute ago.

MR. PEREZ: Yes.

MR. OWEN: Evan? This is Stuart

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Owen with WellCare. Good morning.

MR. REINHARDT: Good morning.

MR. OWEN: Yeah. We have huddled on this internally, had a meeting, and we are looking at it. And from what I understand, yes, there's actually, in that scenario, there is, I think it is called a condition code that you indicate on a claim that would denote that regarding Medicare status. So we are looking into that, and we think that there might be an issue because of an attachment, I think, that has to be provided and that we actually might have an issue regarding that because there is an attachment, if I understand correctly.

But long story short, we met yesterday -- yesterday or Friday -- regarding this, so we do think there is an issue. Just want to let you know and we are definitely making it a high priority. Looking at it right now.

MR. REINHARDT: All right. We appreciate you taking a look and whatever we can do to help, let us know. You've

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got all of the info from our side for now.

MR. OWEN: I know we had an email from you, and I will respond back to that as well, related to the Kentucky Home Care Association. It's on there, so I will definitely be communicating with you regarding this.

MR. REINHARDT: All right.

Any other MCOs or Annlyn have anything else on that?

MS. PURDON: I don't.

In the past we have discovered the 12 in box 18 that normally works, that sometimes we still have to contact our provider reps and have it resent back for review. Sometimes it takes a while, but we normally get them fixed.

MR. REINHARDT: They don't expect the denial to be a part of that, or they do?

MS. PURDON: In the past, for us, they haven't. I mean we have had that where we've had to go back to our provider reps to get it --

MR. REINHARDT: Right.

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MS. PURDON: -- reprocessed and corrected. It's one that pops up every few years. A system update, I guess, and then whatever settings was there gets kicked out and then it's requesting the Medicare denial again.

All right. So are we ready for general discussion?

MR. REINHARDT: Yep.

MS. PURDON: Any updates from the MCOs?

HUMANA REPRESENTATIVE: Yeah. I guess Humana can start. Can you all hear me?

ATTENDEES: Yes.

HUMANA REPRESENTATIVE: Okay.

So I just wanted to first point out -- I wouldn't say we're having any like -- there's no real billing issues, but I just wanted to kind of share some of the things that we are seeing, at least, on our claims, that have led to denials.

The top four is tied to unregistered MPIs -- so your billing MPIs, your attending MPIs, your rendering MPIs,

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and then also taxonomy codes. Your
billing taxonomy, rendering, your
attending taxonomy codes. Most of the
time a provider is registered with more
than one MPI or more than one taxonomy,
and they just bill with the wrong one
that's not applicable for home health. So
we've seen that.

And also where the MPI render or
taxonomy question is no longer active. So
those are some of the things that we have
seen.

We've also seen situations where
a missing EOB, where these are
dual-covered members, member has both
Humana Medicaid and a Medicare plan, there
is no EOB information from the primary
insurance. So we have seen claim denials
on that.

And then the last one, which is
consistent, I think, with our last meeting
that we had, and that is where diagnosis
codes are not always consistent with the
gender of the member.

That's what Humana found.

1 MR. OWEN: I'll just report as
2 far as issues, it's kind of what we were
3 just talking about. I recently pulled
4 auth data -- authorizations. We were at
5 98.59 percent approval of home health
6 authorization requests, so no issue there.

7 And I did see that our top
8 denial reason with claims is duplicate
9 claim. So I don't know if that's helpful.

10 And then, just the issue that
11 you brought up, Evan. That's the only
12 other thing that I was going to mention.

13 MR. REINHARDT: Thank you.

14 AETNA REPRESENTATIVE: This is
15 Crystal with Aetna. Can you hear me?

16 MS. PURDON: Yes.

17 MS. REYNOLDS: Yes.

18 AETNA REPRESENTATIVE: Okay.
19 I'm having a little bit of trouble with my
20 mic.

21 We don't have any issues that
22 have been identified within our system or
23 anything like that to report.

24 The only denials that we are
25 seeing currently come through, appears to

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be -- I believe it was Humana that was just speaking -- it's more related to the MPI and taxonomy. Either a made has latched in the system and it's no longer active or the taxonomy doesn't match the file that we have.

Just those types of denials is kind of what we see trending.

MS. PAGE: Hi. Good afternoon. This Anna Page from Passport.

We see the same on denials from a claims perspective.

I've not heard of any issues, other than, every now and then, we'll get an isolated issue from a UM perspective. No issues there either.

We have a very, very low denial rate and, generally, if cases are denied, it's due to lack of information, and we try to reach out to the providers to get additional clinical information to support the additional visits.

MS. PURDON: Was that all of the MCOs? Do we have Anthem? Is that who we haven't heard from?

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MR. REINHARDT: Anthem and
United.

MS. PURDON: Okay.

MS. KRAMER: Hey. This is
Jennifer Kramer with Anthem. I'm still
learning how to use the Zoom on new
Windows 11, so I apologize. It took a
little bit to get the mute button.

I'm not seeing any trending
issues or anything at this time with
Anthem. I've looked around through
everywhere and it looks like if something
comes across to us, it's been onesie or
twosie little issues that we have been
able to take care of pretty quickly.

If anybody has anything, you are
welcome to send over to me and I will
promptly review it.

Are you guys able to hear me
because I do have microphone issues as
well.

MS. PURDON: Yes. We heard you.

MS. KRAMER: Okay, good. Thank
you.

MS. PURDON: Anybody with United

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on?

I guess we will move on. Any updates from DMS?

MS. SMITH: I think we have covered probably the majority of them there.

And I just found out that there is actually a webinar -- or a town hall -- for EVV tomorrow. As of right now, we have nine people registered for that. So I am having somebody send me the link and I'm going to post that in the chat so that you all have that to pass on to other individuals.

MS. PURDON: Thank you.

MS. ROWLEY: Pam, I've got the link. You've got it now, or I can post it. Just let me know.

MS. SMITH: Thank you, April.

MS. ROWLEY: I'm posting it right now.

MS. BICKERS: And I will copy that out of the chat and email it out to the TAC after the meeting as well.

MS. PURDON: Thank you.

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All right. Are we on to any recommendations?

MR. REINHARDT: Yeah. I think a discussion based on where we were with EVV and the significant amount of work needed to be done to hit that January 1 deadline. Just recommending any and all flexibility DMS can provide giving providers and their vendors time to reach a state of compliance so that was the thought at this point. I don't know if anybody has any additional detail to add to that, but we would just recommend that DMS utilizes that flexibility to the best of their ability.

MS. PURDON: I second that. I don't know if we are making official recommendations, but I second that.

MS. STEWART: I third it.

MS. PURDON: All right.

I don't know if that's anything we need to vote on. Are we making an official recommendation?

MR. REINHARDT: We may as well make it official. So we have a

1 recommendation and a second and just have
2 everybody vote.

3 ATTENDEES: Aye.

4 MS. PURDON: All right.
5 Anything from Susan and the MAC? Is she
6 on mute?

7 Then I guess the next meeting is
8 August the 15th unless there is anything
9 else.

10 MS. STEWART: The next meeting
11 can't be August the 15th.

12 MS. REYNOLDS: We are going
13 backwards.

14 MS. PURDON: That is very true.
15 Then I don't know when the next meeting
16 is.

17 MS. BICKERS: My apologies for
18 not catching that. I think your next one
19 is on the 19th, on my birthday. Yeah.
20 The 19th. December 19th.

21 Evan, do you mind following up
22 that recommendation in writing for me,
23 please? This is Erin.

24 MR. REINHARDT: No problem.
25 Happy to do it. Apologies about that.

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December 19th is our next meeting.

MS. BICKERS: Sorry I didn't catch that error before posting that either.

MS. PURDON: I was just willing to go right along with it.

MS. STEWART: See? EVV has made us crazy.

MS. PURDON: No doubt.

All right. Well, I guess we are adjourned.

Thank you everybody for attending and the comments and the discussion.

MR. OWEN: Everybody have a good rest of the day.

MR. REINHARDT: Take care.

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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 20th day of October, 2023

___/s/ Stefanie Sweet_____

Stefanie Sweet, CVR, RCP-M