

1 DEPARTMENT OF MEDICAID SERVICES
2 HOSPITAL TECHNICAL ADVISORY COMMITTEE

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8 Cabinet for Health and Family Services
9 Public Health Building
10 275 East Main Street
11 First Floor, Suite A and B
12 Frankfort, Kentucky

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14
15 April 23, 2019,
16 commencing at 1:00 p.m.

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22 Lisa Colston, FCRR, RPR
23 Federal Certified Realtime Reporter
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A T T E N D A N C E

TAC Committee Members:

Russ Ranallo, Chair
Danny Harris
Stephen R. Oglesby
Elaine Younce

1 MR. RANALLO: We will call the
2 meeting to order. We can get started. I'm
3 Russ Ranallo from Owensboro Health, TAC
4 Chair. I appreciate everybody being with us
5 here today. We will go around the room and
6 do introductions.

7 MS. YOUNCE: Elaine Younce, UK
8 Healthcare.

9 MR. BECHTEL: Steve Bechtel,
10 Medicaid.

11 MS. HUGHES: Sharley Hughes,
12 Medicaid.

13 MS. PARKER: Angie Parker,
14 Medicaid.

15 MR. HERDE: Carl Herde, KHA.

16 MS. BONN: Debbie Bonn, KHA.

17 MS. GALVAGNI: Nancy Galvagni, KHA.

18 MR. WHITE: Kyle White, Norton
19 Healthcare.

20 MR. CARNAZZO: Jake Carnazzo, Mercy
21 Health.

22 MR. HARRIS: Danny Harris, ARH.

23 MR. OGLESBY: Steve Oglesby of
24 Baptist.

25 MR. RANALLO: In the back.

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MS. GOETZ: Christine Goetz,
Anthem.
MS. GEORGE: Becky George, Anthem.
MS. MARSTON: Joann Marston, Aetna.
MR. CAIN: Micah Cain, Passport.
MS. DAVIS: Cathy Davis, Wellcare.
MR. PIAGENTINI: Anthony
Piagentini, Wellcare.
MS. RUSSELL: Pat Russell,
Wellcare.
MR. GRAY: David Gray, Cabinet for
Health and Family Services.
MS. LEON-ANDERSON: Katherine
Leon-Anderson with Humana Caresource.
MR. JOHNSON: Dustin Johnson with
Aetna.
MS. STEPHENS: Cathy Stephens,
Humana Caresource.
COMMISSIONER STECKEL: And I'm
Carol Steckel with the Medicaid agency.
MR. RANALLO: Anybody else on the
phone? Who is on the phone? Anybody joining
us?
MS. HUGHES: And if anyone --
SPEAKERPHONE PARTICIPANT: Amber,

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Passport Health Plan.

MR. RANALLO: Hi, Amber. Anybody else?

SPEAKERPHONE PARTICIPANT: Hi.

MR. RANALLO: Okay. If everybody will sign in at some point on the sign-in sheet, I would appreciate that. And when you are speaking, just a reminder to say your name for the reporter here.

Everybody, welcome. Minutes, we don't have minutes. They were the report from the last time.

New business, the MCO report card. I think everyone has got a handout of that, KHA has put it in. Carl, do you want to say anything about that?

MR. HERDE: No. As you can see, the trendline looks good. We're working hard, trying to clear up some stuff. Aetna has joined Anthem with no outstanding issues as of the meeting last Friday. As you can see, the other ones have had significant improvement in the last six months. So definitely a good trend.

There are a couple of longstanding

1 issues still being worked on. And that's
2 why, you know, some of the accumulated days
3 is still pretty high for some of them. But
4 hopefully those are getting close as well,
5 and hopefully in the next several months we
6 will see those come off also.

7 MR. RANALLO: Okay. And this is a
8 report as of April 19th, correct?

9 MR. HERDE: Whatever Friday was.
10 Yeah, that's right.

11 MR. RANALLO: Okay. Any questions?

12 (No response)

13 MR. RANALLO: Very good.

14 MS. HUGHES: Can I just ask. Did
15 you not get the minutes that I would have
16 sent out after the last meeting?

17 MR. RANALLO: All I got was the
18 court reporter's report.

19 MS. HUGHES: Well, that's what we
20 would approve. That is what we are putting
21 out on the website, the court reporter's.

22 MR. RANALLO: It is like, what, 80
23 pages?

24 MS. HUGHES: Yeah.

25 MR. RANALLO: Okay.

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MS. HUGHES: It is the transcript of the meeting. That is what we are to approve and put out. So that's what is subject to open records.

MR. RANALLO: Okay. I don't have a copy here with me. I went through most of it. Does anybody have any changes or issues?

(No response)

MR. RANALLO: Move for approval of the minutes.

MR. OGLESBY: So moved.

MR. RANALLO: A second?

MS. YOUNCE: Second.

MR. RANALLO: All in favor?

(Aye)

MR. RANALLO: Minutes are approved.

MS. HUGHES: Thank you.

MR. RANALLO: All right. Number two on our list, the master provider list. I believe this came through the monthly meetings; is that correct?

MR. HERDE: Yes. So there is a concern that oftentimes the hospitals are getting denials for providers not being on the master provider list that the MCOs have

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but then by the time they get it and check on it they are, in fact, on the list. And there is a question: Is it just paperwork that has been outstanding and then retro by the time it gets communicated back to the MCOs. We're just trying to figure out if there is a root cause.

Because, obviously, it is re-work that is inefficient. And so we're working with the MCOs collaboratively trying to get more realtime data to find out when this happens. And then hopefully to get with the Cabinet to understand, you know, is there, in fact, just outstanding paperwork or is there a disconnect between files or whatever. And that's what we don't know. But we're assuming it is paperwork that is just delayed in getting there and then they have a retro approval and so when they send it back through it passes without any problems. But we're just trying to get a handle on that. So we're working with the MCOs on that. That's just an update. That's ongoing.

MR. RANALLO: Okay. Any questions on that?

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MR. OGLESBY: Can you say at this time, what kind of options are we exploring for that?

MR. HERDE: Not yet. Because we're trying to find out the root cause itself.

MR. OGLESBY: Okay.

MR. HERDE: Take, for example, if we find out it truly is just paperwork that's outstanding and not getting done, then the question is: Is there something we can proactively work with physicians on to get the paperwork in timely, do we know? Or if they are trying to schedule something and they are getting within 30 days of their application expiring or their term expiring before they re-apply, do we work with them, have you re-applied? Do you have your credentials by the time you get in to do the surgery or whatever, they are actually on the list. If we find out, in fact, it is a disconnect between files, that's a whole different set of questions.

So we're trying to figure out, you know, are they actually already appropriately credentialed and enrolled or is it, in fact,

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paperwork. It just so happened by the time it gets denied, gets to the hospitals, gets to the work cue, three weeks later it just so happens they are now back on the roll. And we don't know. We don't know which one it is.

MR. OGLESBY: I see. Are we looking at a standard process, maybe? Because I know if there is a lot of variability, if each MCO has their own process, each hospital has their own process, is this the kind of thing that it might be beneficial to do in a central location, where -- you know, the provider participation.

MR. HERDE: That will happen with the CVO. We're about to put out the RFP for the Credentialing Verification Organization. When that happens, I can't talk too terribly much about it because the RFP is about to be released, but, basically, you will have one credentialing organization. Everyone -- so let me back up.

You will have two credentialing organizations possibly. But it's your own

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fault if you want to complain about that.
Talk to these folks over here (indicating).

But the first step in this process going through the provider portal is enrolling into Medicaid. It will be much more electronic and the processes will go through the enrollment process first. And then once you've submitted everything for the enrollment process, you will have a choice to do either the credentialing verification organization that is chosen through the RFP or the Kentucky Hospital Association.

And then once you choose one or the other of those, then they will make the credentialing -- do the credentialing process for all of the MCOs.

MR. OGLESBY: I see.

MR. HERDE: Does that answer your question?

MR. OGLESBY: It does. It does.
May I ask one more question?

One of the difficulties that we run into sometimes, too, is when an independent physician does a procedure within our hospital they don't participate in Medicaid

1 or they round through the ED and they are not
2 a Medicaid participant and yet they do a
3 procedure. Is there any answer for that?
4 Or are we just --

5 COMMISSIONER STECKEL: They need to
6 become a Medicaid credentialed and enrolled
7 provider or enrolled provider, yeah.

8 MR. OGLESBY: All right.

9 COMMISSIONER STECKEL: They have to
10 be a Medicaid enrolled provider. So, but,
11 they don't have to take anybody else other
12 than who they choose. So if I were the
13 hospital, I would do whatever it took to make
14 sure they were enrolled in Medicaid.

15 MR. OGLESBY: We try, yeah.

16 COMMISSIONER STECKEL: Yeah.

17 MR. OGLESBY: When they come
18 through the ED, I mean, you know, do a
19 rotation on-call, it is hard sometimes.
20 Okay.

21 COMMISSIONER STECKEL: But they
22 have to be enrolled. We bumped up against
23 that on another circumstance, where the
24 decision was they have to be enrolled. So...

25 MR. OGLESBY: That makes sense.

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Yeah.

COMMISSIONER STECKEL: Yeah.

MR. OGLESBY: Okay.

MR. RANALLO: All right.

Third-party liability. So on this item, I know we've got reports and I've got some examples to share with the Cabinet where I understand how the insurance is updated in the DMS system. We're getting now back from the MCOs that when we look in our insurance verification system, it shows the coverage as being terminally inactive. We are going to verify that again once we get the denial back from the MCO. And in some cases their coverage has been inactive for years in other states. And so the question is: You know, the MCOs are pulling it from the DMS system and how that gets updated. And if I can find it on my insurance verification system that it has been terminated, I would assume DMS should be able to do that as well. And it is not onesie's-tvosie's. There are multiple ones on a constant flow.

And we've got some issues with the MCOs where the MCOs are not matching, their

1 file is different than what DMS has, and I'm
2 dealing with the MCOs on that particular
3 issue because I am getting bill denials as
4 well.

5 But just to understand how that --
6 you know, what does a provider need to do? I
7 mean, I know what I need to do, try to get
8 the patient and try to get the coverage
9 updated in the system. But is there an
10 automated update? How does that get updated?

11 MS. BATES: Sorry that I am late.

12 MR. RANALLO: No problem.

13 MS. BATES: Stephanie Bates.

14 So there is an automated process,
15 Russ. And Teresa Shields does that. And
16 what I can do is get her to let me know how
17 often that happens on our end.

18 MR. RANALLO: Okay.

19 MS. BATES: But I agree with you.
20 I a lot of times get calls where the family
21 or whoever knows that the insurance is gone
22 but it is still for some reason showing on
23 our end. But I do know that the MCOs
24 communicate. So it is kind of like a
25 triangle. And I think we've identified some

1 issues, just I think it is both sides, the
2 issues coming from the MCO and to us.

3 MR. RANALLO: Right. Your system
4 is clean.

5 MS. BATES: Uh-huh.

6 MR. RANALLO: But the MCO is
7 picking up something else and they are
8 denying it. And I have that issue separate.
9 But there are ones where they are denying it
10 and it is still in the DMS system.

11 MS. BATES: Yes.

12 MR. RANALLO: And there's ones
13 where I have missed it, right?

14 MS. BATES: Right.

15 MR. RANALLO: The RT has been down
16 or we have missed it as well. So there are
17 three subsets of groups. And the one I want
18 to talk about is, how does your system get
19 updated?

20 MS. BATES: Yeah. We will get an
21 idea. I know it is not a daily update for
22 sure.

23 MR. RANALLO: Okay. Do you want
24 these examples?

25 MS. BATES: Yes.

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MR. RANALLO: Okay.

MS. BATES: That's what I was going to say. If we can have examples, we can research these.

MR. RANALLO: There's just a few that came in one week.

MS. BATES: Okay. Sure. Well, and I would say, that it will be all over the spectrum. So we will research these.

MR. RANALLO: Okay.

MS. BATES: And then I will also just kind of give you a little blurb on our process.

MR. RANALLO: Awesome. That would be great. Thank you. Appreciate that.

COMMISSIONER STECKEL: Perfect timing.

MR. RANALLO: Okay. The LCD application. So I think the last meeting we talked about the LCD that was from another state and expired still being applied to claims. And we still have appeals and claims issues with that particular LCD outstanding. And I guess that's what I was really wanting DMS to or Medicaid to kind of weigh in on, is

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that particular, you know, that particular issue.

MS. BATES: Do you know what kind of appeals? Do you have like SB 20 appeals, like the independent review appeals, or what kind?

MR. RANALLO: We have got both levels. I mean, we have got both levels. We have got them on the MCO level and then I've got it -- I think I've got one through the IPRO, one or two at least.

MS. BATES: Okay.

MR. RANALLO: Again, it's --

MS. BATES: So we were having overall medical necessity meetings that, we just had to cancel one, but internal meetings that this was kind of looped into.

MR. RANALLO: Okay. So, again, it is not the LCD process in particular. It's LCDs from other states, not particularly Kentucky, that have been inactive, also expired, and how that applies to us.

MS. BATES: Yeah. And one of our understandings was that if there was not a specific Kentucky LCD, that then it went to

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regional. But, again, we had a meeting, but we had to reschedule it, to talk about these.

MR. RANALLO: Okay.

MS. BATES: Because, you know, it is a little bit different than medical necessity, right? There is medical necessity and then there is the LCDs and the NCDs.

MR. RANALLO: Right.

MS. BATES: And so we just kind of need to make sure we understand. But do you have an outdated appeal? Like has a decision not been made timely on the appeal that you referenced?

MR. RANALLO: No. But, again, the IPRO goes to the MCO to apply for services, that was the original argument, which -- but I still don't agree. I mean, you are never going to get me, I guess, to agree that an out-of-state -- I mean, if I've got a state looking at LCDs in Hawaii that are expired from ten years ago that apply to my clinic, I will never be able to bill it. I can't manage it.

MS. BATES: Yeah.

MR. RANALLO: So I just want to

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know what the rules are, and then we will take it from there.

MS. BATES: Okay, okay.

COMMISSIONER STECKEL: Are other hospitals experiencing this issue?

MR. OGLESBY: I don't know. I will have to check. I don't know.

COMMISSIONER STECKEL: It would be helpful to know when these issues come up is it one hospital, is it a region, is it every hospital.

MR. RANALLO: So it was on our issues list and then it was taken off because there was DMS guidance on it. That's why it was taken off.

COMMISSIONER STECKEL: Uh-huh.

MR. RANALLO: And the guidance was that they could apply LCDs. But I don't know that it ever got down to the issue of out-of-state LCDs and expired LCDs.

MS. BATES: Yeah. I don't know.

MR. RANALLO: That's why it was taken off, because they said Medicaid has weighed in on it. And that was last fall. So it was on the issues list for a while.

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PARTICIPANT: It was.

MS. BATES: Okay.

MR. RANALLO: Okay. Anything on five, the short stay? Just I put it here as a place holder. I didn't have anything to discuss on five.

MS. PARKER: Well, I mean, unless there has been recent issues. This was addressed at the time that this came up in the Hospital TAC. I did meet with Pam Ryan with UK, went through some of her issues. Part of that was due to Aetna at the time had Milliman instead of InterQual. And they since now have InterQual.

MR. RANALLO: Okay.

MS. PARKER: I don't know if anybody is still receiving consistent issues like there was at the time. But I did poll the MCOs on their process of that. And they were a little bit different on short stay denials. But it comes down to whether or not they meet InterQual criteria for inpatient versus observation.

And if you are continuing to have these issues that you disagree with, please

1 send them to me and I can certainly look at
2 them.

3 MR. RANALLO: Okay. We will pull
4 those.

5 MR. HERDE: Yeah. What we will do
6 is we will take this -- as far as from your
7 perspective, it is resolved. And so we will
8 send it back out then to the MCO work group
9 and say, "You know, whatever it is it is. I
10 guess, what issues you may -- "

11 MS. PARKER: Yes.

12 MR. HERDE: " -- or may not still
13 have?"

14 COMMISSIONER STECKEL: Well, and
15 there is a difference between is there an
16 issue that we can work together to resolve
17 and an issue where you all disagree with our
18 policy position.

19 MR. HERDE: Correct.

20 COMMISSIONER STECKEL: If it is the
21 latter, then file an appeal.

22 MR. HERDE: Right, right.

23 PARTICIPANT: And I think part of
24 the issue around this was that the hospitals
25 felt like the MCOs were not following the

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correct interpretation of the criteria, that they were looking, I don't know, but it was, you know, the physicians.

PARTICIPANT: They were looking at the discharge criteria and not the admitting criteria.

MS. PARKER: Yeah. Okay.

PARTICIPANT: I am not sure -- I am not sure that --

COMMISSIONER STECKEL: Maybe we can work together.

PARTICIPANT: I am not sure if that has been resolved for all of the MCOs. Maybe it has for Aetna, but I know it came up before.

MS. PARKER: There was a peer-to-peer issue related to that. And I know Anthem was 48 hours. And they have now put a nurse at UK, I know that. And that's -- and I have -- I've not heard anything bad about that. But...

PARTICIPANT: But there were other hospitals with the same, you know, complaint.

MS. PARKER: Right, right.

PARTICIPANT: So I am not sure. It

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may have fixed UK. But...

MS. PARKER: And I know the appeals process you were seeing a lot overturned.

PARTICIPANT: Yeah. Right.

MR. RANALLO: That's right.

MS. PARKER: So if you can -- you know, if that is still a lot overturned, then we need to readdress.

MR. HERDE: I know it came up specifically one meeting last week. And they acknowledged the concern with the amount of overturns and appeals. And, in fact, I think the more recent data showed a decrease of where they had been running before.

PARTICIPANT: It's maybe not where it needs to be. It is still not an industry standard, still too high but improving.

MR. HERDE: So we will go back, now that we know that the global issue has been addressed.

And the other thing we talked about in our MCO meeting. Historically we kind of say "MCOs," you know, we throw them up on the wall. But it is not necessarily MCO. Each one has a little bit of a different approach

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to it. It is now refining it down. If they are having specific issues with a specific MCO, we need to collect the data.

MR. RANALLO: And the utilization management kind of dove-tailed into that as well. It was about length of stay denials versus --

MS. PARKER: I was wondering, because I didn't remember.

MR. RANALLO: -- versus a criteria denial, right? So instead of staying they didn't meet the criteria. They are saying, well, they have got to be here 48 hours before making them an inpatient.

MS. PARKER: Right.

MR. RANALLO: So that was where it kind of dovetailed into both of those. But not applying the observation criteria correctly or the InterQual criteria correctly, but then also getting denials on the length of stay rather than.

MS. PARKER: Are you seeing that problem continue or issue?

MR. RANALLO: I would need to go back and check. I don't know.

1 MS. PARKER: I don't have anything.

2 MR. RANALLO: Okay.

3 MS. PARKER: If you do, let me know
4 if it has gone through the correct process
5 and you still disagree.

6 MR. RANALLO: Okay.

7 Transportation.

8 MS. BATES: Yeah. I wasn't able to
9 make the site forum in March. But I'm
10 scheduled in June or July. June, yeah. But
11 I did get some information from policy about
12 transportation in general. I sent that over
13 last night and this morning, about the
14 specific questions that Nancy had sent to me.

15 And then I think that we'll
16 definitely have to sit down at the site
17 forum. I think there's just going to be some
18 transportation issues that are just going to
19 remain because of lack of -- or because of
20 certain policies in the county that they are
21 in. And, you know, we can't control an
22 ambulance, a county ambulance policy and
23 those kinds of things.

24 But we can talk through those in
25 that meeting. And I think that's it. Did

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you have anything else?

MR. RANALLO: Uh-uh.

PARTICIPANT: What you sent was very helpful, so I'm going to put all of that in a document, send that out to the group.

MS. BATES: Okay.

PARTICIPANT: So hopefully they will be better prepared to review that.

MS. BATES: Yeah. There are statutes and regs out there and it gets cumbersome to look through all of that. But we will talk through it.

PARTICIPANT: Yeah.

MR. RANALLO: IV hydration denials. I wasn't on the call. I think it was just brought up on the call last Friday. We have it added to the issues list. And this is where if there is a CCI edit and Medicare says based on an outpatient they look at observation outpatient as an episode, an episode of care. And when you have hydration, you know, the net episode may cross calendar days. And when you have hydration, you have an initial code charge on the first day. If you have additional

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hydrations on the next calendar day, there is not an additional code to put on the bill. And we're getting denials because of that.

I know conversations with one MCO that we had basically told us that they went back and they gave it to their coder, their coding person, who did their coding in the company, and she looked at it and said that they were applying the edit wrong. So we expected those to get corrected and fixed. But then I heard on Friday that that wasn't the case because there was guidance by DMS that the MCO's got that said they could do that edit -- or go against that edit.

PARTICIPANT: Based on NCCI edits, yes. But I think further conversation, you all correct me because I wasn't there but I think I heard this correctly, but that it was going to be looked at because of the fact that we're talking about two days here. So there was more to follow-up on that.

MR. RANALLO: Okay.

MR. HERDE: Yeah. So I guess the question is, is how to -- what would be those steps of follow-up? Because what we heard

1 Friday was that they were maybe heading in
2 the direction of concurring with the concern
3 that you have initial on day one and because
4 it flips over at midnight they are denying
5 the secondary. And I think they were moving
6 in the direction for that -- logically that
7 wouldn't make any sense. And they were not
8 going to continue to deny those. But then
9 actually I guess had official correspondence
10 saying yeah, you can. And so I think the
11 question is: Do we get that retracted and we
12 say never mind, that's not really the best
13 way to answer that question, or what happens?

14 MS. PARKER: Well, I think we
15 needed more information when we had the
16 question initially. And I think that may
17 have been part of the issue.

18 MR. HERDE: Okay.

19 MS. PARKER: But, yes, DMS does
20 follow NCCI edits when they -- when we are
21 approving on the fee-for-service side.

22 MR. RANALLO: Right. I am not
23 having this issue on the fee-for-service side
24 at all. But the MCO side is gone. So...

25 MR. HERDE: So I am not sure. What

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I am hearing, then, is it would be appropriate to pay the secondary charges on the -- post midnight without an initial charge.

MS. PARKER: You are not hearing that exactly from me, because I am not a claims person. So I would have to go back with what was discussed specifically at the KHA meeting with our policy people to ensure that if you are not having a problem on the fee-for-service side. And, I don't know, I just thought this was one MCO. So if it is more than one...

MR. HERDE: Is it more than one, Russ? I don't know the answer to that.

MR. RANALLO: We've got it fixed with the second one, so we have got one left.

MS. BATES: So, but, you are addressing this in the KHA meeting, correct?

MR. RANALLO: We put it on the list after the last meeting.

MS. BATES: Okay.

MR. RANALLO: Because we were instructed to put it on the list.

MR. HERDE: Yeah.

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COMMISSIONER STECKEL: Why are we talking about it here?

MR. HERDE: Well, because we were not getting it resolved at the meeting.

MR. RANALLO: Because what I was told was, from the meeting, that DMS had given an MCO guidance that they could go outside the edit, essentially.

MR. HERDE: So it sounds like --

MS. PARKER: You can follow-up?

MR. HERDE: Yeah. We will put it back into the work cue. And, again, if the MCO and/or MCOs are here and hear the conversation and want to e-mail us at some point in time saying, "Never mind. We'll quit denying those on the second day without an initial," then it will all be resolved.

COMMISSIONER STECKEL: Am I understanding it correctly that you all could provide the service that you are wanting to provide on the second day but you would have to charge both the first service and the administrative or?

MR. RANALLO: So when Medicaid looks at it they look at it as an episode.

1 So they allow us to do one initial and then a
2 subsequent hydration. What the MCOs are
3 saying, the MCO is saying, is that on day two
4 you don't have an initial charge for that day
5 two, so we're going to deny all these
6 subsequent hydrations, right? Medicare looks
7 at one episode, right? And that's how the
8 edit works, you can only have one initial.
9 And then the rest of the additional's are
10 paid, right? But you can't have two initials
11 on one case. It is like a DRG.

12 COMMISSIONER STECKEL: That's what
13 I was thinking. Okay.

14 MR. RANALLO: So Medicare looks at
15 it that way. The MCO is saying on day two
16 you have five additional hydrations and you
17 didn't have an initial on day two, so we are
18 going to deny those five additional's.

19 COMMISSIONER STECKEL: Okay. I got
20 you. That's what I was thinking.

21 So is the MCO in this room?

22 MR. HERDE: Yes.

23 COMMISSIONER STECKEL: So before
24 you all leave and before they leave, would
25 you all get together and resolve this,

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please. Thank you.

MR. HERDE: Sure.

COMMISSIONER STECKEL: So depending on who it is, would you all stay, please, and resolve this.

MR. HERDE: Oops. My phone's ringing. I'm just kidding.

COMMISSIONER STECKEL: Perfect. I don't want to call anybody out. But I also would like us -- I mean, it sounds to me --

MR. RANALLO: And like I said --

COMMISSIONER STECKEL: -- that it is a fun Catch 22. You are just screwed no matter what. Excuse me. I'm sorry. But it is not the way we want this.

MS. HUGHES: Erase that.

MR. RANALLO: The conversations we had, they took -- that MCO took it back to their coding person. Their coding person said, "Yeah, you are applying it wrong." And so we expected this to be gone and not an issue but it popped back up.

COMMISSIONER STECKEL: Okay. Let's see if we can't get it gone before the end of today.

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MR. HERDE: Great.

COMMISSIONER STECKEL: So...

MR. HERDE: Thank you.

COMMISSIONER STECKEL: I will guard the door.

MR. RANALLO: All right. Pre-authorization. This is where you have got an authorization for some procedure and then during the actual procedure the physician has to do something else.

COMMISSIONER STECKEL: Uh-huh.

MR. RANALLO: And we had discussions about the time frame, where you have to go back and get or were able to get a --

MS. BATES: Yeah. We're going to change it to seven days. But we have to give the direction to the MCOs. So we will do that.

MR. RANALLO: Okay. All right. Questions on that?

(No response)

MR. RANALLO: All right. DSH process. So the DSH, I know I've seen this week audits on the '16, I think, come across

1 my desk. So it was those prior years are
2 being re-worked with the guidance from CMS.
3 So any question there? It is just kind of
4 more of a place holder.

5 MR. HERDE: It is kind of a place
6 holder really for years subsequent to '16.

7 MR. RANALLO: Yeah. To know what
8 we're going to do.

9 MR. HERDE: I haven't seen anything
10 nationally as far as how people are planning
11 on dealing with the lack of the CMS decision;
12 you know, they are still appealing the
13 lawsuit. So we will probably just try to
14 keep it as a place holder. But I'm sure as
15 soon as you all know you will let us know.
16 But our hospitals are saying, "Well, what
17 about years?" You know, no one knows. So...

18 COMMISSIONER STECKEL: And we don't
19 know --

20 MR. HERDE: Yeah.

21 COMMISSIONER STECKEL: -- yet
22 either. So I think we decided we --

23 MR. BECHTEL: We're doing 2011
24 through '16.

25 COMMISSIONER STECKEL: Right,

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right.

MR. HERDE: And we're still targeting summer?

MR. BECHTEL: Yeah. We're still on target for 2016 that you saw recently. That was already on schedule. We just told them to recalculate it. In 2011 through '15, we're supposed to have those recalculations to us from Myers and Stauffer by May 15th. And we will submit those to CMS, get approval. And then once we get all of that, we're still shooting to have the payments collected or paid appropriately to everyone by the end of this federal fiscal year, which would be September 30th.

MR. HERDE: Good.

MR. RANALLO: Thank you.

COMMISSIONER STECKEL: And then the courts or CMS decides at the end we will have to go through this whole thing again for the remaining years. Some will owe us and some will get money back. So...

MR. HERDE: I did have a question. And this still might be premature. But the distribution we just did was based upon

1 existing rules and regulations. If CMS
2 loses, that will shift a lot of dollars from
3 the pools and from individual hospitals.
4 And, again, people are asking are they going
5 to collect it back right away or they will
6 wait for four years until the audit is done
7 and all of that stuff. And I keep saying no
8 one knows the answer to that yet.

9 So just so you are aware of what
10 people are interested in.

11 COMMISSIONER STECKEL: We would
12 hope that the hospitals will be good
13 fiduciary people and realize that if they
14 think that they are going to owe money back
15 that they don't build another wing or they
16 don't add a unit or they don't -- let's be
17 cautious. We can have a spending spree after
18 we know. I'm sorry. I'm being rude. But we
19 can do the investments in the hospitals that
20 we need to do once we know where the money
21 needs to go and how it needs to be moved.

22 But we're hoping that everyone is
23 very conservative about these estimates.
24 Because while we can work with hospitals when
25 we do re-coop the money, it's not going to be

1 a long, drawn-out process because we're not
2 going to have the ability to do that. So
3 while there will be some flexibility, not
4 years.

5 MR. HERDE: Right. And so to let
6 you know, we have actually gone through and
7 modelled with and without. So we have mapped
8 expectations, so they understand the
9 potential gap one way or the other. So...

10 MR. RANALLO: Every hospital got a
11 memo from KHA with those numbers, estimated
12 numbers on it.

13 COMMISSIONER STECKEL: Perfect.

14 MR. RANALLO: But the year that
15 we're in, we just got, you know, the audit is
16 going to be based on what happens in this
17 year. The distribution was just based on --

18 MR. HERDE: '15.

19 MR. RANALLO: -- that '15 year. So
20 at the end of the day we're back to what it
21 actually is this year, right?

22 MR. HERDE: Depending on the CMS
23 lawsuit. So...

24 MR. RANALLO: Agreed. But it --
25 yeah.

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COMMISSIONER STECKEL: And this is going to be a fun -- this is why I'm glad I am not in your-all's job, because you will have just as many members complaining that we're not taking it back quickly enough so that they can get their money as you have people saying we're taking it back too quickly.

And so nobody is going to be happy, but we will try to work with you all, as we do with everything else. So...

MR. BECHTEL: And we've already had some hospitals to send us money back before we even sent them letters. They have already calculated on their own. And, so, we're keeping up with those amounts and trying to put them against what our new calculations are to make sure that they didn't send us too much back or haven't sent us enough, if that makes sense.

MR. HERDE: Good.

MR. RANALLO: Okay. UPL. So UPL, next steps on UPL.

MR. BECHTEL: So we have -- I've reached out this morning to, I don't know,

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Steve Perlin --

MR. HERDE: Steve Perlin.

MR. BECHTEL: -- from HMA. And he was going to assist us with drafting up the preprints that are necessary for the federal funds to be approved. So waiting to hear from him on that. And I talked with Nancy and Carl on the way in and copied them on the e-mail, so they are aware of where we're at.

MR. HERDE: And he has an initial draft done. And I think there's just a question about some of the time back to the state plan and different things, that I think he is just trying to cross the T's and dot the I's. So I think it should be soon, I would think, in that perspective.

MR. BECHTEL: So I will say, if I can, my concern that I expressed to them on the way in is that that preprint starts the clock for CMS review. Normally they can take up to 90 days. So do the math. If we're doing this effective July, it may put that at risk, right, at the first month. But we can go back. Because where we're doing the preprint and saying effective July 1, I just

1 can't do it until I get that final approval.

2 MR. RANALLO: Approval from CMS.

3 MR. HERDE: And the first payment
4 would not be until the fourth quarter for the
5 -- well, the second quarter of the state,
6 fourth quarter of the calendar year for the
7 third quarter of the calendar year.

8 MR. BECHTEL: Yeah. We're already
9 working. I have a meeting with Myers and
10 Stauffer this Friday to talk about the
11 assessment piece, you know, what is your per
12 discharge amount and things like that, to
13 come up with the methodology for that piece
14 of it. So we're moving forward.

15 MR. RANALLO: Great.

16 MR. BECHTEL: It is just...

17 COMMISSIONER STECKEL: And then we
18 have a meeting to just go through everything
19 and make sure that we're all in line.

20 MR. RANALLO: Okay.

21 MR. BECHTEL: It is not falling
22 through the cracks, I can tell you that.

23 MR. RANALLO: Oh. I know it is
24 not. And I appreciate all the efforts, I
25 really do. Anything that we can do from the

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TAC side of it?

COMMISSIONER STECKEL: You have all done a good job of lining up all of the incentives. So we're raring to go.

MR. RANALLO: Awesome. I really appreciate that very much, very, very much.

Okay. On number 12, Stephanie, I looked for that form.

MS. BATES: Yeah. I will send it. I forgot. I'm sorry. I will send it when I send the TPL information.

MR. RANALLO: Okay.

PARTICIPANT: Stephanie, can you send that to me, too? Because I was trying to find it.

MS. BATES: Yeah.

PARTICIPANT: That would be great.

MS. BATES: Yeah.

MR. RANALLO: MCO fee status. Any update there?

COMMISSIONER STECKEL: Yep.

MS. BATES: No.

COMMISSIONER STECKEL: What we meant is there is an MCO RFP.

MR. RANALLO: Got it.

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MS. BATES: Perfect.

COMMISSIONER STECKEL: That was my interpretation of my statement.

MR. RANALLO: Okay.

PARTICIPANT: Carol, is the goal to have it by July of 2020; is that the correct date?

COMMISSIONER STECKEL: Soon.

MS. BATES: The contracts will be 2020.

MR. RANALLO: The contracts will be July 1 of 2020.

MS. BATES: Yeah. Because the current ones that we are under will end June 30th, 2020.

PARTICIPANT: Okay.

COMMISSIONER STECKEL: And we don't mean to be cute. We are in a quiet period. So...

MR. RANALLO: Okay. IPRO reviews. This was an issue on the clinical validation, that we have letters from Dave that were being reviewed by a billing specialist, specifically the one that was respiratory distress system.

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MS. PARKER: Well, the IPRO contract stipulates the use of specialty criteria. And on the letter that we get back, it should have that on there.

MR. RANALLO: So, I know. But, so, clinical validation, looking at the record and saying, "Does this person have respiratory distress syndrome?" A biller was making that decision. So I don't know how a biller has the skill set, according to my letter.

MS. PARKER: Well, if it is a coding issue --

MR. RANALLO: It was a clinical validation.

MS. PARKER: If it was clinical, then, yes, it should have been a specialist that reviewed that case.

MR. RANALLO: So we're getting --

MS. PARKER: If that's not happening...

MR. RANALLO: So I gave letters to Stephanie at the last meeting where we had coders and billers making clinical validations. And we asked, "Is this

1 acceptable from the DMS side or the contract
2 side?" And they were going to go back and
3 look at it. Because we got denials. I got a
4 denial from an RSV at a NICU because this
5 biller looked at it and agreed with the MCO.
6 Didn't have a doctor, didn't have anybody
7 clinical. And even on the RAC side, CMS on
8 the RAC, on clinical validation, says coders
9 are not, you know, good.

10 MS. PARKER: No. I mean, if it is
11 a medical necessity issue. Or are you
12 talking like if it is determining a DRG
13 payment or not?

14 MR. RANALLO: Did they have
15 respiratory distress or not in a DRG
16 situation.

17 MS. PARKER: Right. So which one
18 comes first in order to determine which --

19 MR. RANALLO: If they have it or
20 not.

21 MS. PARKER: Okay.

22 MR. RANALLO: So it is a clinical
23 validation. It was not whether it comes
24 first or second. It was did this baby have
25 respiratory distress syndrome. And that's

1 just one of several where we've got a
2 non-clinician, at least what the letter says,
3 it is a non-clinician, that is doing these
4 clinical validations.

5 COMMISSIONER STECKEL: So the
6 letter -- help me understand. Because I am
7 so far from not being a biller, it's scary.

8 MR. RANALLO: Okay.

9 COMMISSIONER STECKEL: So you
10 should have gotten a letter. If a clinician
11 had a role in making that decision, the
12 letter should say --

13 MR. RANALLO: So the letter said,
14 "This review was conducted by a billing
15 specialist, period."

16 COMMISSIONER STECKEL: And it
17 should say, "By Dr. So-and-So, a pulmonary."

18 MS. BATES: So then when we left
19 our last meeting, remember I said we need to
20 pull the contract. And the contract said
21 exactly what we all would think it would say,
22 right?

23 And then did you ask IPRO about it,
24 that specific example; do you remember? It
25 has been so long ago I can't remember. We

1 will check on it. But we did go back and
2 look, because I saw what you said. Because
3 it did say -- I can't remember exactly what
4 the credentials were, but it was an
5 administrative person, basically. So let
6 me --

7 MS. PARKER: You can always contact
8 me.

9 MR. RANALLO: So when the hospital
10 gets those, am I supposed to send those to
11 you?

12 MS. PARKER: If you disagree with
13 that.

14 MR. RANALLO: I think it is a
15 clinical validation and what the letter is
16 telling me is a non-clinical person did it.

17 MS. PARKER: We want to make sure
18 that they are doing what they are supposed to
19 be doing.

20 COMMISSIONER STECKEL: Yes. Yes.
21 Yes is the answer.

22 MR. RANALLO: Okay. We can do
23 that.

24 SPEAKERPHONE PARTICIPANT: Russ,
25 I'm sorry, who should we send those to?

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MS. BATES: Angie Parker.

SPEAKERPHONE PARTICIPANT: Okay.

Thank you.

MR. RANALLO: And do I need to re-send the examples that I gave you?

MS. BATES: No, no.

MR. RANALLO: Okay. So on the co-pays, I know I got -- we sent the file. We sent it late. But I know, Stephanie, you said you thought this was resolved. So we're going to go back and see if it has been resolved.

MS. BATES: I went ahead and sent it to the MCOs, just in case. I noticed they were kind of back in January or February. So to my knowledge it has been resolved. But while they are researching it, I think I gave them until tomorrow or, no, Thursday maybe to get back with me. But in the meantime, if you find some it would be nice to have them.

MR. RANALLO: Yeah. We are going to go back. We have kind of not gotten a response from the person that works here. So...

MS. BATES: Yeah. I sent them to

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the MCOs yesterday.

MR. RANALLO: Okay. Thank you.

MS. BATES: Uh-huh.

MR. RANALLO: Medical necessity
criteria.

MS. BATES: Yeah. I think this
kind of goes with this LCD and NCD. I think
we are looking at it all as one --

MR. RANALLO: One, okay.

MS. BATES: -- and to give the
direction that way.

MR. RANALLO: Okay. Credentialing
has an RFP? I heard that earlier in the
meeting.

COMMISSIONER STECKEL: Yes.

MR. RANALLO: Okay.

COMMISSIONER STECKEL: And, again,
we can't -- we're in a blackout period. But
you should be seeing that soon, very soon.

MR. RANALLO: Great. So then I
have the waiver, 1115 waiver. I understand
that it's been appealed, the decision is
appealed; is that correct?

COMMISSIONER STECKEL: Yes. In the
courts. It has been appealed by both the

1 federal government in both Arkansas and
2 Kentucky. The Court has granted the
3 government's petition to expedite the first
4 hearing. We all are anticipating this to go
5 to the Supreme Court, the U.S. Supreme Court.
6 So while we will continue to keep our stuff
7 fresh in systems and all of that, it probably
8 will be at least a year before we will have a
9 definitive Court decision.

10 MR. RANALLO: Okay.

11 COMMISSIONER STECKEL: If not
12 longer.

13 MS. BATES: Yeah. I think there is
14 something that is going to happen in the
15 fall. But it doesn't look like it is going
16 to go our way, right?

17 COMMISSIONER STECKEL: It has to go
18 through the Circuit Court of Appeals first.
19 We're not anticipating -- so what actually
20 could happen there is if they -- I've learned
21 a lot over my status as a Medicaid
22 Commissioner.

23 But they could do it with just one
24 judge. But if that judge rules in our favor,
25 they will do it in-camera, meaning they will

1 pull all three judges and require them to
2 hear it, which would take some more time.
3 The odds are, if it's the whole panel, then
4 we will not prevail and it will go to the
5 Supreme Court. And then that starts.

6 The reason we asked for an
7 expedited appeal process is so that we can
8 make it into the October Supreme Court
9 docket. So the ways of justice is slow.
10 I'm sorry.

11 PARTICIPANT: Are you able to
12 subtract the entire cost from the initial
13 submission of wanting to go with this plan,
14 of the administrative cost?

15 COMMISSIONER STECKEL: Yes, ma'am.

16 PARTICIPANT: Okay.

17 MR. RANALLO: Okay. Any other
18 questions?

19 (No response)

20 MR. RANALLO: Thank you. The
21 340(b) and the NDC update. I have a meeting
22 with Justin --

23 MS. BATES: Justin Joseph.

24 MR. RANALLO: -- Justin Joseph.
25 Mr. Joseph, I apologize, yeah, I get that

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backwards, Mr. Joseph I believe next
Thursday, the 2nd.

COMMISSIONER STECKEL: Okay.

MR. RANALLO: It's on the calendar.
I tried to get it around this meeting. But
it is at 10 a.m. Eastern on the 2nd,
6th floor; I guess there is a room up there.

So anybody from the TAC that wants
to join me for that meeting, we will be
talking about NDCs and kind of I'm going to
brief him on discussions we have had with
prior administrations about NDCs and
community hospitals and different types of
providers that have 340(b). There's other
Medicaid programs that pass on the NDCs based
on how they were reimbursed. So...

MS. BATES: Have you met with him
yet? Have you ever met with him?

MR. RANALLO: I have not. I have
heard great things.

MS. BATES: You will be refreshed.

COMMISSIONER STECKEL: He is
amazing.

MR. RANALLO: I'm looking forward
to it.

1 COMMISSIONER STECKEL: Now, we do
2 have a little bit of a glitch now that you
3 have invited the whole TAC.
4 MR. RANALLO: Oh. I'm sorry.
5 COMMISSIONER STECKEL: If there is
6 a quorum of the TAC there, we have to comply
7 with the open meeting, open meeting records.
8 This is something new. I met with my
9 lawyers, trying to figure out what we could
10 do and couldn't do.
11 MR. RANALLO: So if I don't have a
12 quorum, it is just a meeting?
13 COMMISSIONER STECKEL: That's true.
14 MR. RANALLO: Okay. It will just
15 be --
16 MR. HERDE: There shall not be a
17 quorum.
18 MR. RANALLO: There shall not be a
19 quorum.
20 MS. BATES: If there is, you may
21 scare Justin.
22 COMMISSIONER STECKEL: Well, if
23 there's not ten days or how is it?
24 MS. HUGHES: It is 14. Well, we
25 would have to send out a 14 day notice of the

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meeting.

COMMISSIONER STECKEL: So we don't have 14 days to --

MR. RANALLO: We won't have a quorum.

COMMISSIONER STECKEL: Okay, okay.

MR. RANALLO: But I've got it on the calendar with me and just to kind of brief him and to give him a history of the discussions we've had so that we can try to start that discussion again.

COMMISSIONER STECKEL: And in the future, again along the line of I really do want us to have policy discussions, which this fits in, if you think it is appropriate for the TAC members, as many as want to come to be there, let's just think through that 14 day. And we will do the notices and we will do -- we will comply with what we have to comply with.

MR. RANALLO: I got you. Okay.

COMMISSIONER STECKEL: But we just found this out a couple -- last week.

MS. HUGHES: Right.

MR. RANALLO: It is good

1 information. I appreciate you educating me,
2 because we want to be compliant.

3 MS. HUGHES: Actually, our legal
4 folks are working on some open meeting
5 training for us.

6 MR. RANALLO: That would be great.

7 MS. HUGHES: They said they were
8 going to do some simplified versions to all
9 of the TACs and to the MAC meetings.

10 MR. RANALLO: That would be great.

11 MS. HUGHES: Just so we don't get
12 ourselves into trouble.

13 MR. RANALLO: That education would
14 be worthwhile, very much.

15 Okay. OPRA edits, provider portal.
16 I know you guys are working on that.

17 Sepsis. Dr. Liu. We were supposed
18 to have a meeting today after the TAC, but
19 that got cancelled. Is there an opportunity
20 for it to be rescheduled or?

21 COMMISSIONER STECKEL: No.

22 MR. RANALLO: Okay.

23 COMMISSIONER STECKEL: Dr. Liu will
24 be leaving -- is leaving us.

25 MR. RANALLO: Okay.

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COMMISSIONER STECKEL: He has an opportunity to work at a pediatric clinic in --

MS. BATES: He is doing something at Ohio State University.

COMMISSIONER STECKEL: Yeah.

MS. BATES: I forgot the name of what he was doing.

COMMISSIONER STECKEL: Originally being from Alabama, anybody that goes to Ohio State is making a tragic mistake. But other than that, it's one of these opportunities of a lifetime for him and for his family. So he is leaving. We do have a replacement. No one will ever be Dr. Liu. But we think everyone will be pleased. It's not signed in ink. I'm having to arm wrestle with it, a co-worker up here, because we're stealing her from somebody else, and we're in that process now.

MR. RANALLO: So where does the sepsis stand in light of that, I guess?

COMMISSIONER STECKEL: It is a victim of the transition. So...

MR. RANALLO: Because we're seeing

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more MCOs apply the sepsis three. So I would say almost all of them.

MS. BATES: Yeah. And I will get with him. And he is still around. And I will get with him on where he had landed. And we will try to still give it a little bit of momentum while we do the transition. But the transition should be fairly quick.

MR. RANALLO: Okay.

COMMISSIONER STECKEL: Yeah, yeah.

MR. RANALLO: Well, I know I had conversations with the doctor from St. Elizabeth, and I know he was looking forward to having that discussion as well as the folks from my shop.

MS. BATES: Sorry. That is my fault.

MR. RANALLO: And that's okay.

MR. HERDE: And, again, the concern is, from what we're hearing, we'll eventually end up with a new criteria eventually as a country, you know, across the nation. But in the meantime, trying to train coders to code one way for everybody in the free world except for us, MCOs, and our approach to

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that. You know, in some ways you have to draw the line. Okay, we get it. But when the coding guidelines catch up to it and CMS changes to it and everybody else from the free world changes to it, we get it. I'm saying the momentum is coming. But I mean...

MR. RANALLO: And based on a recent coding meeting that I watched, I think that could change as early as October of 2020. So, again, I'm creating -- if we make a change for Medicaid, we're creating a manual process and a runoff from Medicaid versus everybody else, which costs me money. And then anything from a quality perspective, sepsis rates and everything else, looks different for Medicaid than anybody else that I code for from my quality and outcomes perspective. So I have got mixed things going on that I have to leap frog and everybody else that looks at it from a quality side and a coding side.

And then, you know, at the end of day I still have -- I have asked them a couple of times "Why are we doing this? Why are we doing it now? You know, what is the

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gain? What are we getting out of it, outside of money, right?"

And I really have not gotten an answer to that. So those are the kind of questions and the kind of discussion we'll have. And then there is a clinical level discussion that the doctors wanted to have as well.

But I appreciate that we can just keep it on there and continue to have that discussion until a decision is made.

COMMISSIONER STECKEL: Okay.

MS. BATES: Okay.

MR. RANALLO: Any other discussion?

MR. OGLESBY: I do not.

MR. RANALLO: Danny, do you have anything?

MR. HARRIS: No.

MR. RANALLO: So I did have one thing that came across my desk just yesterday, a question, was trauma activation code. We're a trauma center but we're not a trauma center -- we've not been a trauma center forever. But...

MS. BATES: Is it a trauma

1 activation code?

2 MR. RANALLO: It is a trauma
3 activation code. So it is a G code. And
4 we're not -- none of the MCOs are recognizing
5 the code. So we're not -- so we're billing
6 with the right -- we believe we're billing
7 with the right code, but it is a higher level
8 under critical care visit. It is a trauma
9 ED, essentially.

10 MS. BATES: Do you know the code?
11 Sorry. Because I can look it up in our
12 system.

13 MR. RANALLO: I do. Give me a
14 second.

15 PARTICIPANT: Revenue code 671;
16 does that sound right?

17 MR. RANALLO: So it is G0 390.

18 MS. BATES: Uh-huh.

19 MR. RANALLO: Well, I don't know.
20 And so we've had conversations with Cindy and
21 C.J. Jones.

22 MS. BATES: That was over, like, a
23 year ago, then?

24 MR. RANALLO: Yeah. Uh-huh.
25 I'm just looking at the string, because it is

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an older string.

(Chair reviews document)

MR. RANALLO: Charles Douglas was looking at the request.

MS. BATES: Well, I will look it up here.

MR. RANALLO: So we're either doing something wrong, but I know it has come across, and I'm just wondering what.

MS. BATES: Okay. You are getting denials all the way across the board? You are, just you?

MR. RANALLO: All of the MCOs.

COMMISSIONER STECKEL: I probably should know this.

But how many tertiary care centers, trauma centers do we have in the Commonwealth?

MR. RANALLO: A dozen.

MR. OGLESBY: Maybe.

PARTICIPANT: There's different levels. So...

COMMISSIONER STECKEL: Right.

PARTICIPANT: There's probably 20.

COMMISSIONER STECKEL: I can't

1 remember whether it goes 1 to 4 or 4 to 1.

2 MR. RANALLO: We're the middle
3 level.

4 PARTICIPANT: One is the highest,
5 four is the lowest.

6 MR. RANALLO: So we're a 3 or a 2,
7 I think. We're not a 1. We're not the
8 highest.

9 COMMISSIONER STECKEL: Can we check
10 with the others to see if they are
11 experiencing this problem, too.

12 PARTICIPANT: Uh-huh.

13 MR. RANALLO: That is just
14 something I wanted to mention.

15 PARTICIPANT: I understand that.
16 Because they have brought it to my attention.

17 MR. RANALLO: So maybe it's
18 something we're doing. So, okay.

19 PARTICIPANT: It may be the way you
20 are set up in the system, too.

21 MR. RANALLO: It could be.

22 PARTICIPANT: It could be.

23 MR. RANALLO: Like I said, we're
24 new so it may be where we're listed and not
25 approved for that or whatever because

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somebody has not changed something.

PARTICIPANT: Uh-huh.

MR. RANALLO: Okay. The next meeting is June 18th. So that kind of goes off the schedule a little bit, because I think we had a conflict. There was another meeting the last week of June. I think we moved it.

MS. HUGHES: Yeah. We moved a couple around.

MR. RANALLO: So it will not be the fourth Tuesday in June. But it is still a Tuesday, I believe.

Any other questions or anything else?

COMMISSIONER STECKEL: Not that I can think of. We're just plugging along. We will start later in the summer with the getting ready for our budget. And apparently, I've been told, that this next budget year is going to be as ugly as we've seen in the Commonwealth for a while. Not necessarily Medicaid, but the State as a whole or the Commonwealth as a whole. So, but, Steve will be working on that.

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What other major projects are we working on? The RFP for CVO, the MCO RFP, the quality plan. Other than that...

MS. BATES: Foster care decoupling.

COMMISSIONER STECKEL: Yes, yes.

MS. BATES: I've been doing that the last couple of days.

COMMISSIONER STECKEL: Are you all familiar with that project?

MR. RANALLO: No, I am not.

COMMISSIONER STECKEL: It is really exciting.

MS. BATES: So, basically, we've been working alongside DCBS. Right now there are, you know, a cohort of kids that are in a bundled rate kind of situation where we as the Medicaid agency funnel funds to DCBS to pay for Medicaid services as a bundle with their room, board, and watchful oversight. That's my simplified way of describing it.

But because of that -- and that's the way it has been done for a long time. So because of that, we don't know what services the children are getting. So, and, it's the services that are in that bundle are

1 things like assessments and just regular
2 therapies and, like, some regular things.
3 All of the other things, like psychological
4 testing, all that stuff, that is outside of
5 the bundle and it is paid through the MCO.

6 But what we're doing alongside
7 DCBS, too, is going through all of their
8 Family First stuff and their big foster care
9 transformation, is we are unbundling and we
10 call it "decoupling." Because they will
11 still have a bundle for these children that
12 are in private child care agencies and
13 therapeutic foster care, so it is not all
14 foster children, it is like four or 5,000
15 kids.

16 But the room, board, and watchful
17 oversight will still be bundled. But we're
18 decoupling away. And all of the services
19 that were in the bundle will now be paid to
20 the MCOs. So, one, we can track the
21 services. And, two, we feel like we're
22 actually going to be paying providers for the
23 services that they render, right? Because
24 there's, you know, discussions that the
25 bundled rate is not high enough. Now, this

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doesn't really effect hospitalizations or anything because all of that is outside of the bundle. But that's what we're doing.

And, so, that project is going forward. That's where I just came from, was from Louisville. We were meeting with providers talking about provider readiness. Because about half of those DCBS providers are not Medicaid providers. So you can imagine, that's a pretty scary thing. Because they are going to have to become enrolled and learn how to have fun with Medicaid and claims.

So we're trying to make them feel better by going out and, you know, seeing them and meeting with them and answering their questions. And they've asked a lot of really good questions. But all of this will take place alongside of the new contracts that will be awarded. So all of the unbundling, decoupling will be effective 1/1 or 2020.

So it's exciting. It is a lot of work. And it's a lot of shifting in funds and services and providers and just all kinds

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of fun stuff.

MR. HERDE: Just curious. How will the member choose an MCO or vice versa? I'm just curious.

MS. BATES: So this is the only part of the RFP that I can talk about because we have been very vocal about it. But all foster children will have one MCO.

MR. HERDE: Okay. That makes sense.

MS. BATES: That's part of what we're doing. And so that way they are all together, everybody has the same policy, you know, it is a very comprehensive portion of that. So...

COMMISSIONER STECKEL: And several states have done this. So Georgia most recently carved it out, the one MCO. But there have been several other states that have done it. So...

MR. HERDE: I think it is hard enough for hospitals that are geared up for all of this to work with multiple insurers in this format. So to have them under one I think will be helpful. Can we go to one?

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I'm just kidding.

MR. RANALLO: Do you look at out of network or?

MS. BATES: So now we're getting into RFP language now.

MR. RANALLO: Okay. I got you. No problem.

COMMISSIONER STECKEL: Our 1915(c) redesign is moving forward. We just closed the public comments. There are a couple of providers in that space that we didn't hear from, which worries us. So we're going to be reaching out to folks. But I don't know if any of the hospitals are on the committees or not. But that is moving forward. And I don't think so. But we're excited about the efficiencies that we will be able to get for both our members, our beneficiaries, and our providers, and us by aligning the six waivers where possible. So...

MR. RANALLO: All right.

COMMISSIONER STECKEL: It's all about alignment and efficiency. So we really are trying and working with our sister agencies very aggressively to make sure that

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their expertise, like DCBS, like our aging folks, that we're taking advantage of that but that our programs are in line with how they should be. And, so, there has been a lot of that activity going on.

MR. RANALLO: Awesome.

COMMISSIONER STECKEL: Other than that, I'm just glad it is warm outside. So...

Any other questions? Russ?

MR. RANALLO: I don't. Thank you for the time. I appreciate it very much.

COMMISSIONER STECKEL: Thank you all.

MR. RANALLO: The meeting is adjourned. Enjoy your day.

(Proceedings concluded at 1:59 p.m.)

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C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professor Reporter, hereby certify that the foregoing record represents the original record of the proceedings of the Hospital Technical Advisory Committee; 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 2nd day of May, 2019.

 /s/ Lisa Colston

Lisa Colston, FCRR, RPR