

CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID  
HOSPITAL CARE  
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference  
April 22, 2025  
Commencing at 1 p.m.

Tiffany Felts, CVR  
Court Reporter

APPEARANCES

**BOARD MEMBERS:**

Russ Ranallo, TAC Chair

Lori Ritchey-Baldwin

Chris McClurg

Michele Lawless

Elaine Younce

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1 MS. RITCHEY-BALDWIN: Russ, can you  
2 hear me? This is Lori.

3 MR. RANALLO: Hi, Lori. How are you?

4 MS. RITCHEY-BALDWIN: I'm great. How  
5 are you?

6 MR. RANALLO: I'm good. Thanks.

7 MS. RITCHEY-BALDWIN: Are you going  
8 to the CFO Exchange this year?

9 MR. RANALLO: I'm not. I've got --  
10 my fiscal year ends in May, so we're  
11 knee-deep in budget and they're just not  
12 going to let me go. I'm going to go to the  
13 one -- the next one, so. I like that  
14 meeting a lot. It's --

15 MS. RITCHEY-BALDWIN: Yeah, good  
16 networking, learn a lot.

17 MR. RANALLO: Yeah. It's always not  
18 people talking at you. It's, you know,  
19 you're talking with everybody. I like it.

20 MS. RITCHEY-BALDWIN: Yeah, agree.

21 MR. RANALLO: I've always brought  
22 something back from that meeting that I've  
23 been able to use.

24 MS. RITCHEY-BALDWIN: Same.

25 MR. RANALLO: That's always been

1 good, so.

2 MS. BICKERS: Good afternoon. This  
3 is Erin with the Department of Medicaid.  
4 It's not quite 1 o'clock and we're still  
5 clearing the waiting room, so we'll give a  
6 just a few minutes before we get started.

7 MR. RANALLO: Thank you, Erin.

8 MS. BICKERS: You're welcome. And as  
9 of now, I have yourself and Lori on. I'll  
10 keep an eye out for other members as they  
11 come on.

12 MR. RANALLO: Okay, thank you.

13 There's Chris. There's Elaine.

14 MS. BICKERS: Good after -- oh, sorry  
15 about that, Russ. Good afternoon. It is  
16 1 o'clock, our waiting room is clear, and I  
17 show four out of five members logged in  
18 currently.

19 MR. RANALLO: Awesome. This is --  
20 we'll go ahead and get started. This is  
21 Russ Ranallo. I'm the TAC chair, CFO at  
22 Owensboro Health. We do have a quorum with  
23 Lori, Chris, and Elaine on the line. Got  
24 the minutes from the last meeting that were  
25 sent a while back. It's been a while since

1 we've met. Any -- if no edits, can I have a  
2 motion for approval of the minutes?

3 MS. YOUNCE: This is Elaine. I'll  
4 make a motion to approve the minutes.

5 MR. RANALLO: Okay.

6 MS. RITCHEY-BALDWIN: Lori, I'll  
7 second.

8 MR. RANALLO: Okay. I got a motion  
9 and a second. All those in favor, aye.

10 (Aye.)

11 MR. RANALLO: All right, motion  
12 passes.

13 All right. New business, behavioral  
14 health, I'm going to need some help on this.  
15 Rosmond Dolen from KHA I know is on the  
16 line. I'm going to ask her to help me  
17 through this one. I'm not as familiar with  
18 this issue that has been being discussed  
19 through some of the KHA meetings.

20 MS. DOLEN: Well, hello, and thank  
21 you all for having me. I know -- I had also  
22 reached out to Nina because I know she would  
23 be wonderful at really articulating what's  
24 going on.

25 So a while back, WellCare issued --

1 way before DMS started issuing notices about  
2 reinstituting prior auth in behavioral  
3 health, WellCare had identified through a  
4 provider notice that they were going to  
5 start the process of concurrent review for  
6 behavioral health. And so they were going  
7 to have a process to request medical  
8 records, but it's not a PA, but it's  
9 concurrent review. So following that  
10 WellCare notice, you know, there was lots of  
11 questions: Well, what does this mean? How  
12 is this going to affect us?

13 But before those answers were really  
14 given -- and I'm just going to go ahead and  
15 skip down into No. 2 there on Russ's agenda.  
16 DMS had issued a provider notice and said  
17 that the behavioral health prior  
18 authorizations were going to be turned back  
19 on. Then the legislature got involved, and  
20 through House Bill 695, identified and  
21 passed language that said all the prior  
22 authorizations were going to go back to the  
23 way they were back in January of 2020. So  
24 then that left, you know, lots of questions.  
25 WellCare seemed to be out front with their

1 concurrent review process, which I'm not  
2 sure we've still got clarification on. From  
3 Kentucky Hospital's perspective, we have  
4 asked DMS to help us just because it seemed  
5 like WellCare was out front with this  
6 process that maybe it would be good to have  
7 DMS take the lead on this rather than, you  
8 know, have WellCare doing something possibly  
9 totally different out over here while DMS is  
10 still interpreting the guidelines. So we  
11 haven't gotten clarification on that.

12 And then the second piece is around  
13 this new guidance that was issued. And we  
14 just got this, I guess it was Thursday last  
15 week. And so the new guidance that DMS has  
16 issued, which was issued after this agenda  
17 was sent, is a letter with a lot of  
18 rescission language. And so DMS is going  
19 through and they're noting the rescission of  
20 provider notices issued on this date, and  
21 rescinding the provider notices issued on  
22 another date. And through this provider  
23 notice, they are trying to, it seems like,  
24 reset based on what House Bill 695 said.

25 And so in House Bill 695, we had the

1 opportunity to work with hospitals and DMS  
2 on Friday morning. The Kentucky Hospital  
3 Association hosted a call with DMS and the  
4 hospitals. It's an MCO group. And we  
5 learned that DMS had intended with the  
6 rescission notice to go back to 695 and  
7 follow what the legislature has indicated.  
8 Previous guidance that indicated that  
9 behavioral health prior authorizations would  
10 be turned on on May 1st is not correct.  
11 According to House Bill 695, it's going to  
12 be after -- it has to be no later -- or no  
13 sooner than June 25th based on that bill.  
14 And if I've got that wrong, somebody who is  
15 more familiar with that may have that noted,  
16 but I believe it is June 25th. And so that  
17 is to ensure that everybody has time to get  
18 caught up on training perhaps, and to allow  
19 the MCOs the opportunity to provide  
20 information and the appropriate notices to  
21 providers and hospitals about their prior  
22 authorization process.

23 MS. PARKER: You've got -- this is  
24 Angie Parker with the Department for  
25 Medicaid Services. And you pretty much



1 summarized that very, very well. I know it  
2 has been a little confusing with the notice  
3 that when out in March and then the notice  
4 that just went out last week. So I can  
5 address one, two, three, and five. But it  
6 sounded like you did a pretty good job of  
7 that.

8 As far as the WellCare concurrent  
9 review guidance for behavioral health, we  
10 did rescind that before the March 14th PA  
11 list because we knew that there was  
12 something that was going to be moving  
13 forward. Whether or not it was the  
14 March 14th guidance and then the House Bill  
15 695, so that was rescinded.

16 MS. DOLEN: Okay, so --

17 MS. PARKER: So they should not be  
18 requiring --

19 MR. OWEN: Hello.

20 MS. PARKER: -- concurrent review  
21 because I believe that was May 1st that that  
22 was supposed to go into effect.

23 MS. DOLEN: Yes, and we've not seen  
24 anything. And we just had our MCO meetings  
25 last Friday, and Angie, we didn't -- I don't

1 think it came up that they were backing off  
2 that.

3 MR. OWEN: Is it still -- can you all  
4 hear me? This is Stuart Owen with WellCare.

5 MS. PARKER: Yes, Stuart.

6 MS. DOLEN: Hey, Stuart.

7 MR. OWEN: Yes. So Angie, DMS did  
8 not rescind concurrent review for inpatient  
9 psych. They rescinded concurrent review  
10 approval for PRTFs, psychiatric residential  
11 treatment facilities, but not for inpatient  
12 psych.

13 MS. PARKER: Okay. I did not know  
14 that there was --

15 MR. OWEN: Yeah.

16 MS. PARKER: -- that there was two  
17 notices regarding concurrent review because  
18 --

19 MR. OWEN: Well, there was --

20 MS. PARKER: -- that would've been  
21 rescinded, too, unless --

22 MR. OWEN: Yeah.

23 MS. PARKER: -- we got that --

24 MR. OWEN: No, and we got  
25 clarification on an ops call two months ago.

1           It was like, yes, the inpatient psych does  
2           remain approved by DMS.

3           MS. DOLEN:   A few months ago?   Was  
4           that before the legislature passed --

5           MR. OWEN:   Yes.

6           MS. DOLEN:   -- 695?

7           MR. OWEN:   Yes.   Yes.

8           MS. DOLEN:   So is possible, DMS, that  
9           we could go back and look at that then?

10          MS. PARKER:   Yes.   Because it was my  
11          understanding that that was not an okay,  
12          Stuart, but we can go back -- I'll go back  
13          and look at that.

14          MR. OWEN:   Yeah.

15          MS. PARKER:   But it was my  
16          understanding that it was any concurrent  
17          review, but --

18          MR. OWEN:   Yeah.

19          MS. PARKER:   -- thanks for bringing  
20          that up.

21          MR. OWEN:   Yeah.   And I've got it in  
22          writing.   I can send it to you.

23          MS. PARKER:   Okay.   So then are you  
24          expecting to do concurrent review May 1st --  
25          starting May 1st for behavioral health?

1 MR. OWEN: Yeah. Yes. Yes. We have  
2 operationalized that to go live 5/1.

3 MS. DOLEN: And maybe I'm not in  
4 touch as much just because keeping up with  
5 695 and the rescission notices --

6 MS. PARKER: I know, it's been a  
7 little confusing.

8 MS. DOLEN: It has.

9 MS. PARKER: So that WellCare is a  
10 different issue than what DMS has submitted  
11 and rescinded.

12 MS. DOLEN: Yes.

13 MS. PARKER: And resumed.

14 MS. DOLEN: Yes.

15 MS. PARKER: So I'll have to -- it  
16 was my understanding the concurrent review  
17 issue was rescinded, but according to  
18 Stuart, that wasn't so. So we'll have to go  
19 back and look at that.

20 The DMS notice -- provider notice  
21 that needs to be clarified and the impact of  
22 House Bill 695 does supersede the March --  
23 dated March 14th letter that because of 695  
24 then with the provider letter that was sent  
25 and received last week is now what is on the

1 books. That is what each MCO does have  
2 their ability to reinstitute prior  
3 authorization that was in effect 1/1/20 and  
4 any other services that is approved by the  
5 Department for Medicaid Services. And that  
6 does give -- that is to give providers, as  
7 you mentioned, June 25th, that they may  
8 start that date prior authorization for  
9 behavioral health services.

10 MS. DOLEN: Thanks, Angie.

11 MR. RANALLO: So Angie, will you --  
12 will someone, you know, through Erin, let  
13 the TAC know about the WellCare for May 1st?

14 MS. PARKER: Yes, sir.

15 MR. RANALLO: Thank you.

16 MS. DOLEN: Because we're coming up  
17 real close to that.

18 MS. PARKER: Yes, ma'am.

19 MS. DOLEN: Thank you. And then --

20 MS. PARKER: Any other questions on  
21 that? I mean, I don't want -- I mean, I  
22 know it's been -- like I said, I know it's  
23 been confusing. I'll try to clarify  
24 anything I can regarding that, but as of  
25 April 8th, MCOs may PA starting June 25th.

1 MS. DOLEN: Yes. I do have a quick  
2 question, and it's just kind of an ask, and  
3 we kind of came up with this during our MCO  
4 meeting. So on behalf of the hospitals,  
5 they acknowledged, you know, the effort to  
6 try to communicate what was happening but  
7 they were a little bit confused, and one of  
8 the big issues that they hit on is there has  
9 been new staff since 2020 that some of which  
10 have never had to get PAs for these  
11 services. And so they specifically ask for  
12 training opportunities from the MCOs now  
13 that we have this runway that there really  
14 be an effort to provide training and  
15 education for those UM staff so that they  
16 know what the expectation is when these are  
17 turned on. So that was one ask.

18 And then the other ask was, you know,  
19 assuming -- you know, I don't know if  
20 they're going to pick and choose and not do  
21 the full list or if they're going to do the  
22 entire list, but whatever they decide to  
23 turn on the prior authorizations for  
24 providers, specifically hospitals, requested  
25 that they -- their list accompany services,

1           like some way to know so that people aren't  
2           going back and trying to look and see what  
3           was on the books in 2020.

4           MS. PARKER: Oh, no, they have to  
5           give you a formal notification at least 30  
6           days prior to June 25th.

7           MS. DOLEN: Yes.

8           MS. PARKER: So you should have that  
9           information before -- at least 30 days prior  
10          to June 25th.

11          MS. DOLEN: Like with the services?

12          MS. PARKER: Yes.

13          MS. DOLEN: Yes. And any kind of  
14          training opportunities, office hours for  
15          questions, you know, any additional  
16          supports, like, that would be really, really  
17          appreciated.

18          MS. PARKER: That's what the --  
19          that's the expectation.

20          MS. DOLEN: Thank you.

21          MR. RANALLO: Okay. Rosmond,  
22          anything on No. 4?

23          MS. PARKER: That I can't answer.

24          MR. RANALLO: Caught up in the way.

25          MS. DOLEN: Do I take that one? Oh,

1 Angie's on mute. So partial  
2 hospitalization, this goes back to a  
3 provider notice that DMS issued back in  
4 2023 -- October of 2023 I think, and there  
5 was a prohibition put on telehealth  
6 partial -- or partial hospitalization  
7 services being provided via telehealth to  
8 the patient's home. And so through some  
9 back-and-forth, we did receive approval from  
10 Commissioner Lee that these services were  
11 okay, but no provider notice was ever  
12 issued, which would have, you know, given --  
13 you know, that would've rescinded basically  
14 the previous provider notice. And so  
15 because of that, a lot of those services  
16 were not reestablished. And so based on  
17 that, kind of wondering where that is. If  
18 partial hospitalization is now just lumped  
19 into 695, or, you know, what the expectation  
20 is for that particular service?

21 MS. PARKER: That I cannot answer. I  
22 would -- if someone else is on this call  
23 that can -- from DMS. That -- I'm not as  
24 familiar with that.

25 MR. DEARINGER: I can -- I can



1 attempt to let you know what I know. And so  
2 that's not my area. That is behavioral  
3 health, of course, and so -- but that  
4 information went -- any time we issue a  
5 provider notice or a provider letter that  
6 goes out to all providers and also to the  
7 managed care organizations so that they  
8 follow that, that goes through a process,  
9 and that process goes usually up through the  
10 secretary's office. So that letter is in  
11 one of those areas. The behavioral health  
12 person now that is assigned to that letter  
13 would be able to know exactly where that's  
14 at in that process, but we never received  
15 full approval to be able to issue that  
16 letter, so that's kind of where that's at.  
17 And now that that Senate bill has reverted  
18 everything back to 2020, it would obviously  
19 not really have any impact at this time.

20 MR. RANALLO: Okay. Any questions?

21 MS. DOLEN: So 695 is just going to  
22 fall into whatever 2020 was?

23 MR. DEARINGER: As far as any prior  
24 authorization for behavioral health, that's  
25 my understanding.

1 MS. PARKER: I'll have to look  
2 into -- we'll see what we can find on this,  
3 but I'm not -- like I said, I'm not familiar  
4 with this letter, so -- and I don't know  
5 what all it said. And I don't -- to be  
6 honest with you, I don't know what PHP  
7 stands for, so if you could -- maybe if you  
8 tell me what that is.

9 MR. DEARINGER: I can -- we can get  
10 together after the call, Angie, I'd be --

11 MS. PARKER: Okay.

12 MS. DOLEN: It's Partial  
13 Hospitalization Program. So, yeah.

14 MS. PARKER: Oh, program, okay.

15 MS. DOLEN: Yeah. And I'll be happy  
16 to send you whatever I've got, too, if you'd  
17 like to kind of get the back story from our  
18 perspective on that.

19 MS. PARKER: Okay. Justin and I will  
20 touch base, and if we need that, we will.  
21 Thank you.

22 MS. DOLEN: Sure.

23 MR. RANALLO: All right, thank you.  
24 Any questions from the TAC on that one line  
25 item?

1 (No response.)

2 MR. RANALLO: All right. SB 20  
3 backlog, I know we're seeing this backlog of  
4 cases, and I guess we're looking for an  
5 update. I know we're seeing things in my  
6 shop where we've got MCOs that are running  
7 up on the two years, and they're asking for  
8 refunds even though they're -- we have cases  
9 still on appeal. Anybody from DMS, do we  
10 have any update on if we think there's going  
11 to be any relief on some of the backlog or  
12 not?

13 MS. BICKERS: Russ, this is Erin. I  
14 don't see anyone from the MCO contract area  
15 on, so I will take that back and try to get  
16 you a follow-up. If there's any specific  
17 questions you have, if you don't care to  
18 shoot them to me in an email and I'll get  
19 those addressed for you.

20 MR. RANALLO: Okay. And Erin,  
21 Michele Lawless has joined so we've got a  
22 full complement.

23 MS. DOLEN: Hey, Russ?

24 MR. RANALLO: Yeah.

25 MS. DOLEN: Just an update as of

1 Friday when we talked with DMS about this,  
2 because --

3 MR. RANALLO: Yeah.

4 MS. DOLEN: -- it does sort of  
5 dovetail into the issues that we hear about,  
6 you know, just around the behavioral health  
7 rescission provider notices, there was a  
8 real concern that, you know, turning on  
9 prior authorization would increase the  
10 number of appeals that would be going in the  
11 SB 20, I guess the IPRO appeals.

12 MR. RANALLO: Right.

13 MS. DOLEN: So there was a question,  
14 Erin, just about how that backlog would be  
15 worked just knowing that more -- once  
16 that -- once the waiver is removed, there's  
17 going to be more denials, and when those  
18 denials hit the system, there's going to be  
19 more appeals, and how that could kind of  
20 flood an already backed up channel. So just  
21 that was the nature of the conversation  
22 around why that kind of got put in there  
23 again.

24 MS. BICKERS: Okay, perfect. Thank  
25 you.

1 MS. DOLEN: Of course.

2 MS. BICKERS: I'll get that added to  
3 the follow-up.

4 MS. DOLEN: Sure. And --

5 MR. RANALLO: Rosmond --

6 MS. DOLEN: Go ahead.

7 MR. RANALLO: Rosmond, do we know --  
8 do you know -- do we know how many cases are  
9 outstanding and how far they go back from a  
10 date range?

11 MS. DOLEN: I do not. I've heard  
12 from one particular hospital that said that  
13 they've got a case that's like over a year  
14 old that -- two years old maybe that has not  
15 had any kind of information. It's kind of  
16 been stale. So when we talked about --

17 MR. RANALLO: Is that the IPRO or the  
18 ALJ?

19 MS. DOLEN: IPRO.

20 MR. RANALLO: IPRO, okay.

21 MS. DOLEN: Yeah. So when we talked  
22 with our MCO contracting group, the DMS  
23 representative that was there was Jeremy,  
24 and he reported that they were trying to put  
25 processes in place to expedite this. So he

1           said that they were trying to get a 30-day  
2           turnaround put in place by May 30th. And  
3           I'm just sharing what was just talked about  
4           on Friday, so I certainly don't want to  
5           speak for the contracting group, but that is  
6           what was shared in that meeting.

7           MR. RANALLO: Okay. So Erin, I think  
8           that would be a question that I would have  
9           is what's, you know, just the raw inventory  
10          that are still in the IPRO.

11          MS. BICKERS: Okay.

12          MR. RANALLO: And how far -- what's  
13          the oldest case I guess.

14          MS. BICKERS: Okay, thank you.

15          MR. RANALLO: Thank you.

16          MR. IRBY: And Rosmond, this is Greg  
17          from UHC. If it helps at all, I can tell  
18          you that I've seen requests recently for  
19          looking at historical cases, and asking for  
20          different documentation. So I can see some  
21          progress being made with IPRO because  
22          they're coming back to us to ask for  
23          additional documentation. So hopefully that  
24          helps to clear out some of that backlog that  
25          you're seeing.

1 MS. DOLEN: Yes. Well, that's good,  
2 and I don't see anything. So when I give a  
3 report, you know, certainly rely on what the  
4 hospitals say, but it's really encouraging  
5 to know that you are getting those requests.  
6 And, you know, there was -- it was a  
7 positive update that DMS gave, and they  
8 really anticipated that the backlog was  
9 going to start moving, flowing better. It  
10 was -- the concern was just raised around  
11 the behavioral health scenario where the  
12 prior authorizations were going to be  
13 reinstituted.

14 MS. BICKERS: I think I got all of  
15 the questions, and I'll get those over to  
16 Jeremy and back to you guys. I've worked  
17 that process, so I know it is very tedious.

18 MS. DOLEN: Thank you.

19 MR. RANALLO: Okay. The -- okay,  
20 going down to Section C on No. 1, emergency  
21 department visits, I know we've talked about  
22 this before, but it continues to turn.  
23 We've got at least three MCOs that are down  
24 coding emergency department visits with  
25 little or no transparency depending on the

1 MCO. I think you've got -- as I understand  
2 it, you've got at least one or two that are  
3 using Optum EDC Analyzer as a tool to drive  
4 changes. And I believe there is one that  
5 has potentially home-grown software as I  
6 understand it. But without -- with it being  
7 a black box and not knowing the reason for  
8 the denial or the down code, it's hard to  
9 appeal. And we've got providers that have,  
10 you know, into the 4 figures, 1,000, 1,300,  
11 of these happening, and it's -- again, it's  
12 a denial. We should get a reason or a  
13 letter, and it shouldn't come through a  
14 remit with a level being down coded and in  
15 no way to go about and at least understand  
16 the methodology for the down code.

17 If I get a DRG denial and they say  
18 they don't agree with the diagnosis, at  
19 least I have a rationale why they say they  
20 don't agree with the diagnosis. We get a  
21 letter that says, "We've reviewed it. We  
22 don't think this diagnosis is good. This is  
23 why." So if I've got a Level 4 based on  
24 what we see clinically, and they come back  
25 and say it's a Level 3, I'm not getting



1 anything that says this is why.

2 MS. PARKER: Russ, this is Angie.  
3 Have you submitted any formal complaints  
4 with our contract branch?

5 MR. RANALLO: I don't believe so.  
6 I'll clarify with Rosmond. Thank you.

7 MS. PARKER: Yeah. And if anything's  
8 been brought up in the KHA meetings. I know  
9 they meet --

10 MR. RANALLO: Yeah, the KHA meetings,  
11 this is why it's coming here. It's because  
12 --

13 MS. PARKER: Oh, okay.

14 MR. RANALLO: -- they turned to us  
15 all. It's been on there for a long time --

16 MS. DOLEN: Mm-hmm.

17 MR. RANALLO: -- and that there's no  
18 real movement. I think WellCare has been --  
19 has provided some transparency, but I don't  
20 know that it's adequate to do what we need  
21 to do -- or the information that we need to  
22 have to be able to appeal.

23 MS. DOLEN: We do know that certain  
24 hospitals have sent some examples with the  
25 down coding, and it just -- it's continued

1 to be on our list. So that's why we're  
2 raising it to this issue -- or this level.

3 MS. PARKER: Okay. Thank you for the  
4 notification. I mean, we'll have to get  
5 with our contract division to see what the  
6 status is on review of this issue.

7 MR. RANALLO: So are you  
8 recommending, I guess, that we start filing  
9 complaints with the contract folks?

10 MS. LAWLESS: And is there a formal  
11 process with, because we'll be ready to do  
12 that as well?

13 MS. BICKERS: Michele, this is Erin.  
14 I can make sure you guys have the forms.  
15 I'll send those out in the follow-up email  
16 for you guys, and then I'll make sure you  
17 also have the email address to submit that  
18 to.

19 MS. LAWLESS: Okay. Sorry, I didn't  
20 mean to circumvent the answering of your  
21 question, Russ. Go ahead.

22 MR. RANALLO: No, that's okay.

23 MS. RITCHEY-BALDWIN: Erin, you'll  
24 send that -- the forms and everything to  
25 begin filing formal complaints to everyone?

1 MS. BICKERS: Yes, ma'am.

2 MS. LAWLESS: And is that -- I guess,  
3 DMS, is that what you're recommending we do?

4 MS. PARKER: Yes.

5 MS. LAWLESS: Okay.

6 MR. IRBY: And I -- just for the  
7 folks' sake on this call who will file  
8 those, I know that there's processes before  
9 it gets to the MCO oversight branch.  
10 They'll ask questions like, "have you  
11 appealed with your MCO directly first," and  
12 they'll ask about that interaction. So just  
13 know that the process is still engaged to  
14 where you come to MCOs first and then DMS.  
15 So I just don't want you to be caught off  
16 guard with that when you submit something.

17 MR. RANALLO: And I appreciate that,  
18 Greg. And I guess my answer would be if I  
19 don't have the information to be able to  
20 appeal, can't appeal it, right? I mean, if  
21 I don't know what I'm -- what the reason is,  
22 it's kind of fruitless, right?

23 MR. IRBY: Sure. That makes sense.  
24 And we can certainly talk more offline, too,  
25 around any individual case that needs some

1           questions. I believe that we've submitted  
2           some information over that we've gotten  
3           about the process, but I want to make sure  
4           that you have as much information as  
5           possible. We definitely don't want to be  
6           untransparent in these denials or  
7           downgrades, so I'd love to chat about that,  
8           too.

9           MR. RANALLO: Sure. I think, Greg,  
10          the Optum -- the Optum analyzer, I think, is  
11          the issue in not understanding -- at least  
12          for two of the MCOs, and not understanding  
13          the criteria or the drivers behind it and  
14          how things get -- how things are driven in  
15          it. And I understand that it's supposed to  
16          put out the same answer for every case, but  
17          I've also been informed where you have  
18          providers that are using it and they're, you  
19          know, getting different answers. So, you  
20          know, I've got a lot of questions about  
21          whether or not there are things you can turn  
22          on/turn off, make more strict/less strict  
23          within the Optum analyzer to create  
24          different answers between different MCOs.  
25          And I haven't really got a clear answer

1           about that either. So again, it's a black  
2           box, and if you can change the criteria  
3           within the black box depending on what MCO  
4           you are, then that makes it even worse.

5           MR. IRBY: Okay. So I appreciate  
6           that insight.

7           MR. RANALLO: Well --

8           MR. IRBY: We've talked about this  
9           before, but I'm happy to have a conversation  
10          around what I know about it and some of  
11          those inputs that are there. And to your  
12          point if the black box has different  
13          components in it based on the MCO, I think  
14          that could be especially confusing. So that  
15          makes a lot of sense.

16          MR. RANALLO: Okay. Appreciate the  
17          opportunity to have that conversation with  
18          you guys.

19          MR. IRBY: Thank you.

20          MR. RANALLO: All right.

21          MS. PARKER: I do want to say it is  
22          correct. You should contact your MCO, and  
23          if they aren't -- if you aren't able to get  
24          anywhere with them, by all means, there is  
25          the complaint process. But it sounded like

1 to me that you all had these conversations,  
2 but maybe not.

3 MS. DOLEN: We have.

4 MR. RANALLO: Yeah, we have. I  
5 appreciate that. Okay. Any other questions  
6 on that one?

7 (No response.)

8 MR. RANALLO: All right. DRG down  
9 coding, so this is another issue that has  
10 been on the KHA calls and the MCO meetings,  
11 and it's a year-old issue. I think this  
12 is -- we've had DRG down coding. So the MCO  
13 does a DRG review and changes the coding,  
14 right? Denies, says this diagnosis or this  
15 is not supported, we would change it to  
16 this. We were seeing MCOs if we did not  
17 change the coding in the medical record,  
18 which we won't, they were denying the whole  
19 case instead of paying on the DRG change  
20 that they believed is correct. And as I  
21 understand it, we're starting to see down  
22 codes where we're not even getting what DRG  
23 as provided by the MCOs. We're losing that  
24 information. Rosmond, anything else on  
25 this?

1 MS. DOLEN: Sorry, I'm having trouble  
2 getting off mute. No, I think that's  
3 accurate. You know, denying the entire  
4 claim when really it's just a claim line  
5 issue, and then also not giving a reason for  
6 the downgrade, just saying that they  
7 disagree with the primary or secondary  
8 diagnosis code.

9 MS. NORRIS: So this is Meredith,  
10 this is -- from Passport. And we did  
11 discuss this in our call, Rosmond. And the  
12 DRG downgrades, I think it looks like we're  
13 combining two and three together, so --

14 MR. RANALLO: Yes.

15 MS. NORRIS: Okay, I just want to  
16 make sure. So one piece of this where we  
17 talked about changing the records  
18 post-discharge, that was, I think, an  
19 observation piece of that. I think we're  
20 mixing a couple of things together there,  
21 and that is closed.

22 The downgrades where no DRGs  
23 provided, we are submitting something  
24 stating what the DRG -- we're not changing  
25 DRGs. It's the payment that's being

1 changed, and we can talk through that again  
2 if we need to, Rosmond. We've explained  
3 that on -- but we are absolutely not  
4 changing DRG codes. There is a downgrade to  
5 the payment and that is being sent over in a  
6 notification to the providers.

7 And then on the recouping the entire  
8 claims, we did send that over on -- I think  
9 there was a couple of that -- we removed  
10 that to monitor status because there was  
11 only a couple that was incorrectly done by  
12 an adjudicator accidentally and that was  
13 complete. So that was moved monitor status  
14 and that was just an error. So that  
15 recouping the entire claims instead of  
16 single lines was an error that occurred, and  
17 we've got the examples, and that was closed.  
18 So I just want to make sure that we're not  
19 mixing those things together.

20 So are there -- are you still seeing  
21 issues with that? Because I know we did  
22 discuss that on Friday and we closed that  
23 issue for recouping an entire claim instead  
24 of a single line. So is that still a  
25 concern?



1 MS. BASHAM: We can confirm, though,  
2 that those claims were repaid because of the  
3 person's error, right? We --

4 MS. NORRIS: That's correct.

5 MS. BASHAM: Okay.

6 MS. NORRIS: That's absolutely  
7 correct.

8 MR. RANALLO: Okay. So just to  
9 clarify, the claims where the entire claim  
10 was recouped rather than a reduced or  
11 different payment was provided, those were  
12 errors and those are being corrected.

13 MS. NORRIS: Yes, that's correct.

14 MR. RANALLO: So can I ask another  
15 clarifying question? So if there is not a  
16 DRG change, then why is there a payment  
17 change?

18 MS. NORRIS: There is a DRG down  
19 coding, but we're not changing -- I think  
20 the question was that we were sent, there's  
21 a diagnosis change, and we're not changing  
22 anything to the diagnosis, but the payment  
23 is changed and there is a notification sent  
24 on that change of the payment. So I want to  
25 make sure that you are seeing the change of

1 the payment that is being sent over. There  
2 is no change to anything on the claim for  
3 the diagnosis and that is being communicated  
4 to the providers.

5 So if you have a question about that  
6 or want an appeal, there's definitely  
7 documentation that you can send over to us  
8 in order to work through that process.  
9 There's medical records reviewed and if the  
10 diagnosis doesn't support that DRG, then  
11 that's what makes that a down coded DRG.  
12 And that's sent over on the documentation  
13 that states that medical records were  
14 reviewed, and that DRG is not supported  
15 based on that diagnosis code.

16 MR. CHAPMAN: Yeah. And I'll just  
17 jump in and say that that is done by our  
18 claims processors individually. It's a  
19 manual process where they review the claim.  
20 Many of the medical records that are  
21 submitted with it, the diagnosis codes with  
22 the services that are billed, and it's done  
23 in-house by Molina staff, and it's not a  
24 vendor, it's not automated, there's no AI  
25 used, or anything else.

1 MR. RANALLO: Are they identifying  
2 what they believe is not supported?

3 MR. CHAPMAN: Yes, absolutely.

4 MS. NORRIS: Yes.

5 MR. CHAPMAN: And that goes out in a  
6 letter with the claim.

7 MR. RANALLO: Okay. Do they -- did  
8 they give a rationale of why they believe it  
9 was not supported?

10 MR. CHAPMAN: Yes, they do.

11 MS. NORRIS: Yes.

12 MR. CHAPMAN: Sorry, I'm trying not  
13 to talk over Meredith. Meredith, I'll let  
14 you go.

15 MS. NORRIS: You're fine.

16 MR. RANALLO: Okay. If they're  
17 given -- so Rosmond and TAC, if they're  
18 given the diagnosis is not supported and the  
19 reason why it's not supported, is there  
20 another issue that I'm missing? Or another  
21 concern that I'm missing?

22 MS. DOLEN: We did talk about this,  
23 and that was the response on our call on  
24 Friday.

25 MR. RANALLO: The providers that

1 brought up the concern, are they -- did they  
2 concur with that?

3 MS. DOLEN: I think it's in a  
4 monitoring status right now. I mean,  
5 obviously, I think they're looking at these  
6 to make sure that they are consistent, you  
7 know, that they do get the information that  
8 they need. But that was the consensus from  
9 the representatives that we had on the  
10 meeting on Friday.

11 MR. RANALLO: Okay.

12 MR. CHAPMAN: And we --

13 MS. YOUNCE: And Russ, I see UK on  
14 the list and I'm checking on it, but I  
15 haven't -- I haven't heard of this issue  
16 with Passport. I heard of it with another  
17 MCO that we weren't being paid period, not  
18 just a difference between one DRG versus the  
19 other. But I don't know about Passport so I  
20 can't -- I can't commit to that. I'm  
21 checking on it as we speak.

22 MR. RANALLO: Okay. Well, let us  
23 know if we need to discuss it again or go  
24 through it, Elaine, please.

25 MS. YOUNCE: Okay, thank you.

1 MR. RANALLO: Anybody else have any  
2 questions on these items?

3 (No response.)

4 MR. RANALLO: Meredith, thank you for  
5 the input. Appreciate it.

6 MS. NORRIS: Yep. No problem. Thank  
7 you.

8 MR. RANALLO: Any other items or  
9 discussion from the TAC members?

10 (No response.)

11 MR. RANALLO: Okay. We don't have  
12 any recommendations. I'll represent at the  
13 next MAC meeting. Our next meeting is  
14 scheduled for June 24th of 2025. And if we  
15 don't have anything else, I appreciate  
16 everybody's time. We'll be adjourned.  
17 Thank you.

18 MS. YOUNCE: Thank you.

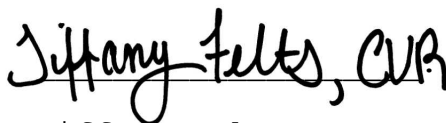
19  
20 (Meeting adjourned at 1:40 p.m.)  
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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, herby 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 25th day of April, 2025.

A handwritten signature in black ink that reads "Tiffany Felts, CVR". The signature is written in a cursive, flowing style.

Tiffany Felts, CVR

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