DEPARTMENT OF MEDICAID SERVICES

HOSPITAL TECHNICAL ADVISORY COMMITTEE

****

Meeting held Via Videoconference
October 27, 2020
Commencing at 1:02 p.m. (E.S.T.)

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Russ Ranallo, Chair

Elaine Younce

Danny Harris

MR. RANALLO: All right. I think we -- it's 12:02. We've got a quorum. We've got me and Danny and Elaine here. Steve told me he will not be here, and maybe Theresa will join us.

But we can -- can we go ahead and call the meeting to order and start? Sharley, are you okay with that?

MS. HUGHES: Yep. Let me pull the agenda back up for everybody to have access to it.

MR. RANALLO: Well, the minutes were attached to the -- while she's doing that, the minutes were attached to the meeting notice. It was the -- our scribe or reporter from -- from the last meeting in February. Let me know if you guys have any changes to those, but that's -- that's what she had done in February for us.

So a lot of these are updates, maybe one or two new items. But the MCO claims paid but not in the MMIS system. So we had talked about this last time, that, you know, the claims that get hung up for -- when the MCOs send them in the DMS. And they're for a

variety of reasons, whether they're corrected claims or claims with the same date of service. And on the inpatient side, those don't make it into the UPL.

And we have -- we've looked at some of ours, and they don't -- they don't meet the criteria for us to appeal. They're not that many on the UPL side. But I'm still concerned of why it's happening, although Elaine may want to say something, too.

I had one or two of the MCOs come to us with concerns. They get fined when they get these claims hung up in the MMIS system, as I understand it. And there was talk about increasing those fines, but I think that, as I understand it, didn't -- didn't occur or is not going to occur.

But, I guess, from my viewpoint, I'm -- I'm trying to figure out, you know, how many of these are happening. The providers would want to know. You know, so I know one example that happened with us is -- is that we had a patient that was in a series account. So they came and were having a wound care over a period of a month, and we

bill at the end of the month.

Well, in the middle of the month, the patient went to the emergency room. That emergency room went -- the bill got out the door. And then at the end of the month, we have a series for that whole entire month and then there was a date of service that was the same as the ED.

So that would get hung up, and we billed that series in error. We should have done a corrected claim on that ED account and included those charges from that day. But it got billed in error, and it got hung up in the -- the information system there.

I'm curious if we can find out -- you know, from a provider side, these things shouldn't be happening. And I'm wondering if they're corrected claims that aren't going through the process of being voided and -- and then reissued or -- and how many we're having.

I've talked to a couple of MCOs about their volumes, and some providers have more than others. But I think from a provider side, if you came back and told me, well, I

had a thousand claims in the last six months that got hung up, I'd want to -- I'd want to know why for my own side.

And I know the MCOs may take different tacks on this. But at the end of the day, I'm not getting paid for -- somebody's going to recoup that claim if it's not fixed. From the -- I think it'll help on the UPL, but I think it'll also help providers understand what's going on and involve us a little bit more to maybe lower those over time.

MS. BATES: So, Russ, if you don't mind, I'm going to speak to this. Because I think -- okay. So, basically, it sounds like what you're talking about is that from -- so -- okay. So you, as Owensboro, you submit a claim to MCO. MCO pays the claim. MCO sends the encounter back to the State.

MR. RANALLO: Yep.

MS. BATES: And we don't accept it, for whatever reason. We'll talk about that in a minute. But we don't accept it, so it doesn't get counted in things like directed payments and all of that UPL stuff; right? Is that right? Okay.

MR. RANALLO: Yeah. That's correct.

MS. BATES: So right now, we're going under a massive just exercise with regard to encounters and understanding just what you're describing. And, you know, a lot -- we're seeing all kinds of problems; right?

The provider -- like you said, the provider submits a claim incorrectly or whatever. But the MCO goes ahead and, like, pays it. But then when we get it -- when we get it at DMS, it fails. Because what should have happened is the MCO should have denied it to begin with. It should have been corrected before, you know, it ever even came to the State.

And so what we've done is we had an all -- like an all MCO CEO meeting about encounters and what -- you know, what's the state of that right now. What can we do. What do we want to do. And so we have that work group that includes the MCO leads on encounters. And then now what we're doing is we're meeting with each MCO individually and

going through what those individual issues are.

Because some are things that the MCO can't correct, that it's actually on us. Some are that the MCO should have denied and worked with the provider to get it right or whatever. You know, there's so many little nuances there when you start adding third-party liability, you know, other insurance and all that kind of stuff. Medicare is a big one.

So we've seen in the data that we've pulled that hospitals are one of the ones where -- you know, obviously, there's just more money involved because it's larger claims, so we do see that.

And so we've been through two or three of the MCOs so far -- I can't remember which one but then we've got two more. And then we're going to identify some quick fixes and then we're also doing -- I don't know if you want to call it, like, a reconciliation where we're getting -- we're identifying claims that the MCO paid that, you know, didn't make it over and why.

And so we're doing all these exercises, and I think that you'll see -- it's not a fast process, but I think you'll see that, over the next couple of months, a lot of this is really going to be fixed. Or we are going to make a lot of progress; right? I don't think it's ever going to be perfect.

But -- but we did notice when -- going through with our actuaries, trying to do, like, HB320 and all of that, that that was part of the issue, is that we didn't have all of the encounters from the hospitals. And we've -- we identified this with another provider type as well. And so we are working on it.

You know, if there's anything that -- any specific things that we can do in the interim to -- to try to help ensure that we're counting all of your encounters, we'll -- we're happy to do it. We're, you know, 100-percent happy to work with you guys.

MR. RANALLO: Well, and I -- if it's on the provider, the provider wants to know, too. I mean, so I don't want to -- you

know, we want to know, so I want to fix it on our end if I'm -- if I'm sending you something that's bad.

And whether that's my process on a corrected claim is not kosher and it's getting hung up because I'm doing corrected claims differently than everybody else, I want -- I want to know that. And so -- and I don't know if there's a way to tell me -- you know, tell me what -- what errors I'm causing or seeing.

But, you know, we want to help. I mean, so -- you know, and I think everybody else on the reimbursement committee and the hospital association would -- will echo that. Because clean claims are cheaper, and it's easier. And I'm getting paid correctly and all that.

So -- so anything that we can get -- I mean, if you guys want to give us information or get to a point where you say, well, we're seeing this from these hospitals, and these are really a lot compared to everybody else. I know those hospitals will be interested in what those errors are and how they could, you know, work to fix them.

MS. BATES: Yeah. We're definitely willing to work with you guys, and we will look specifically at hospital claims. Of course, this impacts all providers, really. And so if there's something that we can do to at least, you know, ask the MCO to educate -- what is possibly going to happen is you're going to get claim denials because that stops the whole thing. And then it lets you correct the claim or whatever. But that's from the MCO perspective because it would never make it to us.

So -- so anyway. We're -- it's definitely on the table and just know that we -- I mean, just last week, we had extensive meetings. We're having a ton of meetings in the middle of everything else that's going on to try to correct the encounter issue.

MR. RANALLO: Okay. Elaine, Danny, anything else you guys had on this?

MS. YOUNCE: No. The only -- I know what we saw a lot of, Stephanie, and you know this, too, is when the MCO uses another vendor to pay for a certain service, like for

psychiatry services or vision or dental, we didn't see those claims come into the MMIS system. So I don't know if there's anything to even do to resolve that. But from our --

MS. BATES: Yes. We've identified that definitely as one of the pain points, and hopefully that is going to be one of the easier things to correct.

MS. YOUNCE: Okay. Good. That's really good to hear.

MR. RANALLO: Okay. All right. Thank you. Move on to the second one. Incarceration data update. We've had this on the last couple of meetings. I know I saw a couple of claims this week where this was -- this was an issue, where we had some take-backs where we felt that the patient wasn't incarcerated and just wanted to know if we're getting closer to better data that the MCOs can use. Because they're -- you know, when they're seeing somebody incarcerated, they're coming back and recouping and --

MS. BATES: Lee, are you on?

MS. GUICE: Yes, ma'am. So I am

happy to say that we have worked for almost a year with our vendor trying to get the incarceration data automatically consumed into the system, and it's still not working. But we are receiving data from them in a more manual fashion, and we have stopped receiving the really bad data. So -- but it -- it still is going to sneak through. So I'm hoping that you say you haven't had as many, but you've seen a couple recently.

MR. RANALLO: I have not -- yeah. I have not had as many, but I'm still seeing them. I would agree with that.

MS. GUICE: Okay. Okay. Well, you can always send me the information, and we will do a little research and try to correct it if we possibly can.

MR. RANALLO: Okay. So the auto -- the auto -- the automatic processing of the data, have we given up on that, or are they still working on it?

MS. GUICE: Oh, no, sir. No, no. No, sir. We have not given up on it. We have not given up on it. We are just -- well, first of all, I'd say that it was not

at the top of the list from March till about July.

And then in July, we started working on it again in earnest, and we just ran into some technical snags with the interfaces. But we're working through them. We expect to be able to do this. We're just -- and that happens sometimes when you're with an outside vendor.

MR. RANALLO: Okay. Okay. Any questions from Danny or Elaine?

MR. HARRIS: I know we're not having as much of a problem with it.

MR. RANALLO: Okay. Good. Okay. Next item, psych hospital EMTALA requirements. This is -- I just wanted an update from the last meeting. We had talked about -- this is the psych hospitals. There was a 2019 directive that the IMDs compiled for EMTALA. We had -- WellCare was doing a pilot, and they were the only ones that weren't paying the IMDs. When those -- as I understand, the IMDs would get somebody to present in their ED, and they would try to transfer them to an acute psych unit. But

often those were full.

And WellCare was doing a pilot. And I'm wondering if they -- if that -- and I know there were meetings that were scheduled. When we were told in February, there were meetings that were scheduled. And I don't know if those meetings happened or what the outcome of those meetings were. But are all of the MCOs compliant now with the psych EMTALA?

MS. BATES: Is there someone on from WellCare? Is there someone on from WellCare that can speak to WellCare's policy?

MS. IRVIN: Can you -- can you hear me?

MR. RANALLO: Yes.

MS. IRVIN: Okay. Let me -- let me un-mute.

MR. RANALLO: Who is this? Is this Bonnie?

MS. IRVIN: So hi. This is -- this is Bonnie. I've got to be honest. I've got to go back and look at this. At this point, we still only have a certain number of actual IMD agreements in place, and it's probably

easiest if I just verify and then follow up.

Because I want to make sure that I've got all of my facts correct. It's -- it's obviously been a while, and I don't recall all the details. So I want to go back and look at the notes and get some more information.

MR. RANALLO: Okay. Bonnie, I can send you the minutes from the last meeting.

MS. IRVIN: Okay. That would be great, Russ. Thank you.

MR. RANALLO: All right. Okay. No. 4 is -- that issue has been resolved. I was told late last week, so that's -- we can take that off.

No. 5, anesthesia policy update. So we had talked about this. I had several hospitals call me, and have continued to call me through the summer months, that there was a DMS policy that was coming out that matched up to a reg on anesthesia that essentially would -- as we read it, would provide no payment for a CRNA-provided anesthesia if it was provided under the supervision of a physician.

So I know I sent an SBAR. Stephanie, I know I sent you an SBAR in the spring that tried to clarify my viewpoint on it. I'm still getting some calls from hospitals periodically on it seeing if we've heard anything. I'm just wanting to know if -- any update on that, if it's going one way or another so that we can respond appropriately.

MS. BATES: Yeah. Lee or Charles, can you all speak to that one?

MR. DOUGLASS: Yes. Sure can.

MS. GUICE: Charles, you dropped off.

MS. HUGHES: Charles, un-mute you.

MR. DOUGLASS: Can you hear me now?

MS. HUGHES: Yes.

MR. RANALLO: Now I can.

MR. DOUGLASS: Okay. There we go. It's either Zoom or Teams or whatever. It's hard to figure out which one I'm on.

Okay. The original policy, which was in regulation, did not pay for the CRNA supervision by the physician. We clarified that, and that created all kinds of problems

because a lot of the MCOs actually had been paying for that.

We went back, and the regulation is being rewritten. We didn't realize that there were some other states where CRNAs had to be supervised by a physician. So right now, the regulation is being changed to allow that.

Currently, claims should pay that come in for any form or fashion of anesthesia being done by either the anesthesiologist or the CRNA or with -- with direction or supervision. It should be paying.

MR. RANALLO: I -- I appreciate that, yeah. And we -- and I don't think that we had an issue with the supervision. It was the one that the anesthesia was performed by the CRNA, but it was under -- under a physician, you know, supervising them or from outside. But I -- I appreciate that. That'll -- that'll help us.

And is there anything else that you guys need from us on that? Are we good?

(No response.)

MR. RANALLO: Okay. Thank you.

No. 6, MCO member assignment/transition to the new MCOs, update on open enrollment. Can anybody speak to that, about what -- how that's working and when that's going to happen?

MS. BATES: So as soon as we have more information that we can share, we will do that. You know, obviously, there's a lot -- a lot out there right now that has happened with regard to litigation, and so we're still weighing our options.

MR. RANALLO: Okay.

MS. BATES: And we will communicate that. Definitely, we're going -- we're going to use all the TACs in the MACs -- in the MAC to help us communicate things out as soon as we have something to communicate. So just know that you should hear something, you know, mid to -- to later this week.

And we will rely heavily on you guys to get our message out if you don't mind. So more to come on that.

MR. RANALLO: Yeah. When Sharley sends those to -- to me, it either goes to the hospital association, or it goes to those

members straightaway so --

MS. BATES: Yes. That would be perfect, if you could do that. Because we'll -- the plan is not to change the date of open enrollment, but the reality is we might not have paper materials in the members' hands on November 2nd.

And so we're -- although they will get that, we're going to rely heavily on our networks here through the TACs and associations and everything to try to help us get all of that information out.

MR. RANALLO: Okay. Okay. Thank you. The ASC fee schedule, we had brought this up at the last meeting. And I continue to get noise, or I continue to get concern raised by the ASC that's -- that's in our county.

There were changes in the ASC fee schedule that moved several procedures from -- to a place where it was below -- well below the cost of providing the service where the ASC said they could no longer do those procedures. A lot in dental restorations, a lot of orthopedics.

But the dental, at least in this community and our other communities, are -- most of our oral surgeons are not on the staff at a hospital. They are only on staff at the ASC, and so that's the only place those places get -- some of those procedures get done.

And if they're below cost and those ASCs can't -- can no longer afford to do them, the question becomes, you know, what happens to those patients. The other piece is, is that if, you know, we -- you want people to go to the ASC. It's a cheaper option. It's cheaper for the Cabinet than the hospital. It's cheaper for the MCOs than the hospital, typically. And it's easier for the patient from a patient experience standpoint.

Moving those cases back into the hospital can put strain on -- if you've got -- if you've got busy ORs and those type of things, and it's kind of counter to what you expect the -- where the industry is going.

CMS is making more and more things available at the ASC level, getting rid of

the inpatient only lists over time, encouraging ASC use. And the changes in this fee schedule as I -- I've sat with the director of that ASC, have made it challenging for them on some procedures.

So I know we brought it up last time, and I think it's -- I think it's still there based on a recent conversation with her. I didn't know if you guys needed anything from me. It just -- it brings me a concern because I know how some of our areas, especially like the -- our endoscopy area, they're running -- they're busy.

And we rely on the ASC to be able to do some colonoscopies, some endoscopies. And if they can't do that within that population, then it's going to, you know, create -- it's going to create capacity issues on my -- on my side.

MS. BATES: Yeah. So I think Lee or Charles -- Charles, you might be able to speak to this as well. You know, but I'll just say first off that I don't know that the intention has ever been to, you know, put stress on one provider system as opposed to

the other. But I believe, Charles, you can probably kind of talk about what happened and how we've become compliant.

MR. DOUGLASS: Sure. First of all, the fee schedule that was put out in the fall of 2019 was an attempt to try to straighten out over a number of years the different codes and the prices as they were put in the system.

As you well know, we, as in DMS, have followed the old grouper way of doing things, which has not been supported by CMS since 2008. And we continue to add codes throughout the years from that.

So it was an attempt to try to straighten that out and put the codes in the groupers, which was a futile attempt, knowing that we -- we actually could not assign them into a grouper that no longer existed. So that fee schedule has been removed. A new fee schedule has been put on the Web.

Any code that has been added since probably 2008 that could not be assigned to a grouper is listed on there with a zero pay which basically equates with being paid at 45

percent of billed charges. And -- and there's also an explanatory paragraph of how they are paid as well as the dental codes which are paid off of a little different calculation. That went out probably about two weeks ago, I think, maybe three.

MR. RANALLO: Okay.

MR. DOUGLASS: It should be out there. The bulk of the codes that are on there now are probably paid at 45 percent of billed charges. And, basically, until sometime that we either adopt a different payment scheme or accept the Medicare OPPS system of outpatient, this is -- this is what we have.

MR. RANALLO: Okay. I appreciate that. We'll go and -- we'll look at it and analyze it. We didn't realize -- I didn't realize that there was a new -- a new schedule out there.

I just know that when we looked at it, you know, some of those codes were 25 percent of Medicare under the former fee schedule and have been big reductions. But I appreciate the update, and we will -- we'll go through

that. Any questions from the group?

(No response.)

MR. RANALLO: Okay. On the home health, is there someone at DMS that -- so it's an issue you ought to know that I think I need to do more -- that it was brought to me, but I need to do more research. The skilled nursing visits that one of the places is billing, they're billing time units. And they're getting paid in visit units. So they're getting what they think are overpaid by some of the MCOs.

Is there somebody on the DMS side that I can have to talk to that would understand the home health billing piece?

MS. BATES: Could you get some examples of that, Russ, and send that over to us?

MR. RANALLO: Yeah.

MS. BATES: So we can understand what it is.

MR. RANALLO: Sure. Yeah.

MS. BATES: And you can send it to me, me and Charles. We'll -- we'll take a look at it.

MR. RANALLO: Okay. It's a particular -- it's a particular HCPCS code, and I looked. And in the billing manual, there was no real guidance on what HCPCS code we should be using for skilled nursing.

But the agency that -- and the hospital that brought it is billing a GO299, which is a time-based code. And it's -- and they're billing it on every time increment, and I think the increment is 15 minutes. But the MCOs are paying it like a visit. So on two time --

MS. BATES: I see.

MR. RANALLO: -- base of 15, they're billing a half hour for one visit. But the MCOs are paying 80 bucks for each one of those, and they -- they feel like it's wrong. And they're worried about, you know, it coming back later. They've tried to express it, I think, to the MCOs, and they have not gotten anywhere.

So I think -- you know, I'll send it to you. But anything that we can -- I'm just trying to make sure that they either -- you know, are they billing wrong. And I looked

at our own, and we're billing the fee as well. And we're finding the same issue.

So I'm trying to -- I'm just trying to make sure that I understand it. And if we've got a billing error, we'll fix it. But I couldn't find any guidance that gave us any -- anything about those nursing visits about what HCPCS or what CPT should be used.

MS. BATES: Sure. We'll be happy to look at it if you'll send it over to us.

MR. RANALLO: Okay. The 2020 TAC meeting dates -- or 2021 meeting dates. We're going to -- we have typically done the fourth Tuesday of every other month. And with the exception of December, we are -- with December, we try to do it a little bit earlier. That gives a month before the MAC. So we try to schedule them an off month of the MAC.

Sharley, you said I've got to vote on these. Do I need to get a list together -- work with you and get a list together that the DMS can -- is okay with?

MS. HUGHES: I've got a list here of the dates. Because I had --

MR. RANALLO: Okay.

MS. HUGHES: -- noticed that y'all done it the fourth. So I've got it as 2/23, April the 27th, June the 22nd, August the 24th, October the 26th. Now, the December one would have put you in the week -- in between the week of Christmas and New Year's, which a lot of people --

MR. RANALLO: Yeah. We don't want to do that.

MS. HUGHES: So -- and the same time -- if I backed you up, say, to, like, December the 13th (sic), the same time frame I already have another TAC has scheduled for.

MR. RANALLO: Okay.

MS. HUGHES: So put in for 12/13, which is a Monday --

MR. RANALLO: Okay.

MS. HUGHES: -- instead of the Tuesday if that would work for you -- all you all.

MR. RANALLO: All right. And does anybody have any objection to those dates?

(No response.)

MR. RANALLO: All right. Then

we'll -- we will accept those dates as the 2021 dates.

MS. HUGHES: And just as an FYI, I'm going to be sending out an email that as long as we schedule them as being Zoom meetings --

MR. RANALLO: Yep.

MS. HUGHES: -- for next year, they won't be considered special-called meetings. So you won't be restricted to just the agenda items like what we have been for this year.

MR. RANALLO: Okay. I'd like to do that. I appreciate that. And then December 10th is our next meeting. We'll plan on doing that as a Zoom as well.

MS. HUGHES: Yes.

MR. RANALLO: I don't think we'll be meeting in person by that point.

Okay. I appreciate everybody's time. Does anybody else have anything? I know we talked about --

MS. HUGHES: I was just -- I was just going to say some of the TACs have actually expressed an interest in continuing to do them via Zoom even after social

distancing goes away. So --

MR. RANALLO: We -- we will see how it goes, and we may do that.

MS. HUGHES: Right.

MR. RANALLO: I'll survey the members with that.

MS. HUGHES: Right.

MR. RANALLO: Sometimes it's better to be face to face and be able to have a face-to-face discussion.

MS. HUGHES: Right.

MR. RANALLO: But I appreciate it. Anything else?

MR. HERDE: So, Sharley, going back to the -- you can't talk about anything that's not on the agenda. So as an example, if I wanted to say something like we recently sent a letter to the commissioner in our appreciation for the MCOs and the Cabinet working together on all these issues. We're down to just five issues.

And many times, we've brought this to this group saying, hey, we've had a problem or an issue. We also want to acknowledge that they've done an excellent job. We're

only down to five issues, and we've appreciated the working relationship we have with the Cabinet and the MCOs. I couldn't really say that here, then; right?

MS. BATES: No. We allow you to say nice things.

MR. HERDE: Okay.

MS. HUGHES: Yeah. And you already said it so --

MR. HERDE: Oops. Oops.

MS. HUGHES: Tell us how you did that. That was a good one, Carl.

MR. HERDE: Yeah. No. We do. We appreciated it. You know, everybody is working hard, and we're down to five issues. And I know it's both -- been a relationship both with the partnership with the Cabinet and the MCOs. And we may not always agree on policy issues, but we do not fault the effort everybody has been putting in trying to get these things resolved so --

MS. BATES: Well, we appreciate that. Thank you.

MR. RANALLO: Thank you, guys. All right. Well, we will -- that being said,

I think we will adjourn. I appreciate everybody's time in getting us back started into these meetings.

MS. BATES: All right. We'll see you next time.

(Meeting concluded at 1:38 p.m.)

* * * * * * * * * * *

C E R T I F I C A T E

I, SHANA SPENCER, Certified Realtime Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 2nd day of November, 2020.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR