

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

IN RE: PRIMARY CARE TAC MEETING

July 11, 2019
10:00 A.M.
Public Health Building
Conference Room C
275 East Main Street
Frankfort, Kentucky

APPEARANCES

Chris Keyser
PRESIDING

Yvonne Agan
Barry Martin
Promod Bishnoi
TAC MEMBER PRESENT

David Bolt
Molly Lewis
Mary Elam
Noel Harilson
KENTUCKY PRIMARY CARE
ASSOCIATION

CAPITAL CITY COURT REPORTING

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

APPEARANCES
(Continued)

Sharley Hughes
David Gray
MEDICAID SERVICES

Pat Russell
WELLCARE

Jennifer Beal
Shannon Thornton
PASSPORT

Jacqulyne Pack
Colleen Smith
AETNA BETTER HEALTH

Carol Loran
Jennifer Smith
ANTHEM BCBS

Cathy Stephens
Bethany Day
HUMANA-CARESOURCE

Linda Lay
KMA

Eric Loy
CFMC

Leah Martin
ROBINSON, HUGHES & CHRISTOPHER

Teresa Dotson
Brenda Day
MCHC

AGENDA

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C. DMS PE Portal - update	
D. Due to HB 444, what documentation works instead of licensure for FQHCs and RHCs a. FQHCs - Form 5 or Award Letter b. FQHC Look-a-Likes - Form 5 or Look-a-Like Designation Letter c. RHC - 5-year evaluation	
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- (1) Letter dated July 11, 2019 to Primary Care Technical Advisory Committee Members from Carol H. Steckel, Commissioner; Re: July 11, 2019 TAC Meeting
- (2) Letter dated June 11, 2019 to Commissioner Carol Steckel from Kentucky Primary Care Association
- (3) Tolling Agreement

1 MS. KEYSER: Good morning,
2 everyone. We are going to get started. This is the
3 Primary Care Technical Advisory Committee. It's July
4 11, 2019. It's 10:04. So, I will call this meeting
5 to order.

6 We have established that we do
7 have a quorum present. All committee members
8 received copies of prior minutes from November, 2018
9 - that was the November 1st meeting of 2018 - January
10 10th of 2019 and May 9th of 2019 as well. The Chair
11 will entertain a motion to accept approval of those
12 minutes.

13 MR. MARTIN: I make a motion.

14 MS. KEYSER: That's Barry. Do
15 I have a second?

16 DR. BISHNOI: Second.

17 MS. KEYSER: From Mods. Are
18 there any questions regarding the minutes? There
19 being none, all those in favor of approving the
20 minutes from November of 2018, January of 2019 and
21 May of 2019, say aye. Those opposed, like sign. All
22 right. Minutes stand as approved.

23 We will move on to Old
24 Business. All committee members received the agenda,
25 as did DMS. So, the first item under Old Business

1 was the report on the wrap and crossover claims
2 cleanup of July 1, 2014 to June 30th of 2018 and so
3 on. That was Item a. Item b was possible issues
4 with KYMMIS. Item c was DMS provider portal, and, d,
5 related to House Bill 444.

6 I received a letter from the
7 Commissioner's Office stating that they would not be
8 able to be here and attend today's meeting to
9 respond. So, I'd like to read the response letter
10 and, then, I'll ask the committee to make a motion to
11 enter this as an exhibit into today's meeting.

12 So, to Primary Care Technical
13 Advisory Committee Members from Carol H. Steckel,
14 Commissioner; date, July 9th of 2019 regarding the
15 July 11th, 2019 TAC meeting.

16 Unfortunately, due to our
17 workload and travel schedules, Department for
18 Medicaid Services' leadership will not be able to
19 attend the Primary Care TAC meeting on Thursday.
20 However, I wanted to provide responses to the agenda
21 items.

22 So, under Old Business, Item A,
23 the report on the wrap/crossover claims cleanup July
24 1, 2014 to June 30, 2018. The Department is
25 currently developing a methodology to address the

1 concerns of the Primary Care Association and its
2 members. On June 28, 2019, the Department signed a
3 "Mutual Tolling Agreement" that "tolled" the statute
4 of limitations beginning June 28, 2019 until June 30,
5 2020.

6 Response to Item B: Possible
7 issues with KYMMIS - confirm that all ICNs are
8 available on the system and the ICNs do not expire.

9 The response is: ICNs are in
10 the system and remain in the system unless a claim
11 has thresholded. If it thresholds, it will only be
12 held for approximately 90 days. If a thresholded
13 claim is corrected either by the MCO or the provider,
14 it will be assigned a new ICN.

15 Under Agenda Item C: DMS PE
16 Portal - update, the response is: The Provider
17 Portal went live for all providers on July 1 of 2019.

18 Item D: Due to House Bill 444,
19 what documentation works instead of licensure for FQs
20 and RHCs? The response is: FQHCs (Provide Type 31)
21 and RHCs (Provider Type 35) applications must be
22 submitted to the appropriate URL address listed in
23 the letter. DMS also notes: 907 KAR 1:055 and 907
24 KAR 1:082 require submission of the Health Resources
25 and Services Administration (HRSA) certification for

1 FQHCs and FQHC look-alikes, or the Electronic
2 Handbook document. Please review the full regulation
3 for all requirements for enrollment.

4 And, then, under New Business
5 which we will get to, their response is: If the
6 Primary Care TAC wishes an update on any of these
7 items from DMS, please provide more detailed
8 information so information can be researched and
9 provided in an accurate and timely manner.

10 So, the Chair would enter a
11 motion to enter this as an exhibit for today's
12 meeting.

13 MS. AGAN: I move that we
14 accept the letter response and we enter that as an
15 exhibit in the minutes.

16 MS. KEYSER: Do I have a
17 second?

18 MR. MARTIN: I'll second.

19 MS. KEYSER: Are there any
20 questions regarding that? All those in favor, say
21 aye. Those opposed, like sign. Then, we will enter
22 this letter as an exhibit to today's meeting.

23 Are there any comments from the
24 committee or a guest present in regard to the
25 Commissioner's response to those items? The Chair

1 recognizes David Bolt.

2 MR. BOLT: While I appreciate
3 the Commissioner's comment regarding the settlement
4 of unpaid wrap and crossover payments, our demand was
5 to rectify the inability of the Department to resolve
6 the problem. It was not just to extend the statute
7 of limitations.

8 We clearly laid out our
9 approach, process and time frame involving clinics in
10 developing a process as we did in the last
11 reconciliation.

12 While the Commissioner, as
13 noted in my letter to her, inherited the problem, our
14 request to resolve the problem began in July of 2014.
15 Our efforts, meetings with DMS, etcetera resulted in
16 limited progress and many unresolved questions and
17 little progress.

18 The clinics bill the MCOs.
19 When the MCOs pay those claims, the contractual
20 obligation between the clinic and the MCO is met. At
21 that point, the finalization of the federal statutory
22 obligation of the State is between DMS and the MCOs.

23 The responsibility cannot be
24 transferred. It is not the responsibility of the
25 clinics to defend the fact that they have been paid

1 on submitted claims that have not been processed to
2 DMS correctly, timely or have not been processed at
3 all.

4 Further, the DMS requirement to
5 use taxonomy codes on crossover claims was
6 inappropriate and the failure of MCOs to process
7 crossover claims properly, whether it's through
8 misunderstanding or avoidance of direction, is not
9 the responsibility of the clinics.

10 KCPA, as the Health Services
11 Resource Administration recognized State Primary Care
12 Association and as the official State Affiliate of
13 the National Association of Rural Health Clinics, at
14 the direction of our Board of Directors and on behalf
15 of all FQHCs and RHCs serving Kentucky's Medicaid
16 population, did not solely request for a Tolling
17 Agreement to extend the time DMS has to fulfill its
18 legal obligation.

19 While necessary to avoid any
20 potential for a statute-of-limitations issue denying
21 providers be rightfully paid, the intent was not to
22 allow the problem to linger another year, the issue
23 back to 2014.

24 It should not be allowed to
25 proceed any longer. We will proceed along the time

1 frame we established in a process agreed to by the
2 representatives of the affected clinics. The problem
3 must be resolved by the responsible parties and
4 feedback to the adversely affected parties. The
5 response by DMS must be timely and supported by
6 irrefutable evidence.

7 And as we have asked since
8 2014, moving forward, the State must be more diligent
9 and timely in avoiding the continuation of the
10 problem that devours time, effort and cost for the
11 clinics and the State.

12 MS. KEYSER: Thank you, Mr.
13 Bolt. The Chair will just add to the fact that the
14 amount of time, effort and cost that Mr. Bolt
15 mentioned in his statement is at the heart of our
16 issue in resolving this problem.

17 The manpower, the focus of
18 attention that we have to do on reviewing all that
19 paid claim data back to July of 2014 is daunting for
20 all of us who are running clinics, whose focus should
21 be on providing patient care and seeing patients and
22 not having to chase down dollars that we are owed.
23 So, we thank Mr. Bolt for your comments.

24 I would like for the committee
25 members that are present to receive a motion to get

1 the official Tolling Agreement letter or the letter
2 from the KPCA to the Commissioner dated June 11, 2019
3 which details in great depth our issue with this.
4 And, then, the attached Tolling Agreement which was
5 signed by David Bolt and the Commissioner on June
6 28th so that these can be official exhibits into
7 today's meeting. So, I will entertain a motion.

8 MS. AGAN: I move that we
9 present the letter dated June 11, 2019 between KPCA
10 and Commissioner Steckel and the Tolling Agreement
11 that was also presented and signed dated June 28,
12 2019 be presented as exhibits.

13 MS. KEYSER: Is there a second?

14 DR. BISHNOI: Second.

15 MS. KEYSER: Okay Mods. Are
16 there any questions regarding this? All those in
17 favor of moving the KPCA letter and the attached
18 Tolling Agreement signed as an exhibit to today's
19 meeting say aye. Those opposed, a like sign. There
20 being none, then, we will officially get these
21 attached as exhibits.

22 That moves us on under New
23 Business, the update on a request for 30-day window.
24 I'll have Noel give us an update on that, please.

25 MR. HARILSON: In an email

1 communication with Kate Hackett after our last TAC
2 meeting, I had asked about the issue that was
3 responded to about House Bill 444.

4 And in addition to that, I had
5 requested consideration for a 30-day window be
6 provided to the RHCs and the FQHCs in submitting that
7 paperwork, as I know that there have been times where
8 these letters from CMS and things have come.

9 I know that even the Chair of
10 the committee talked about that they had dropped off
11 the file and the resources that are put to then have
12 to fix those claims that have been denied because
13 they've dropped off the file and the letter may come
14 just a few days after the actual date on the Medicaid
15 file to drop off.

16 So, I had requested
17 consideration of a 30-day window be provided to the
18 FQs and the RHCs to submit that paperwork before
19 they actually drop off the file.

20 So, that's where that agenda
21 item comes from. It had not been responded to, and,
22 so, that's why it was on the agenda.

23 And, so, per the letter from
24 Commissioner Steckel, I will continue to follow up
25 with that if it so pleases the committee until we

1 have a resolution or an answer from DMS on that item.

2 MS. KEYSER: Unless the
3 committee has any strong objections to not. We
4 didn't get a response and they need more information.
5 And, so, I would think that Noel would be the person
6 to convey that to us. Is that all right, everybody?

7 MS. AGAN: I'm in agreement
8 with that and I think a 30-day request would be
9 reasonable for all parties.

10 MS. KEYSER: Okay. Well, then,
11 we will look for this to be under Old Business at our
12 next meeting, then. Thank you.

13 Moving on to the UB modifier is
14 still not working as intended. And do I have Mary
15 Elam from Precision? Thank you.

16 MS. ELAM: I'm Mary Elam with
17 Precision and KPCA. It appears we've identified a
18 system limitation with the use of the UB modifier
19 and the codes that we consider to be non-face-to-face
20 encounters.

21 For example, we intended the
22 use of the UB modifier on codes like CCM 99490, nurse
23 visits, anything that we did not consider to be a
24 wrap eligible code per CMS standards. And we are
25 seeing several of these codes and others like

1 administration codes, 96372, allergy injections,
2 95117, and, then, 90460, several codes that are
3 receiving wrap.

4 And I think the question is
5 what codes do you all have flagged in your system at
6 DMS that actually would not trigger a wrap payment.

7 MS. KEYSER: Mary, let me ask
8 you a question. So, on the claim, you first have the
9 E&M code and the modifier was going with the E&M
10 code, correct?

11 MS. ELAM: Yes, correct. So,
12 on 99490, there would be a UB modifier.

13 MS. KEYSER: Right, 99211 if it
14 was the nursing visit.

15 MS. ELAM: There would be a UB
16 modifier.

17 MS. KEYSER: But, then, in the
18 claim also would be CPT codes.

19 MS. ELAM: Correct.

20 MS. KEYSER: So, it's CPT codes
21 that are triggering, not an E&M code.

22 MS. ELAM: They are off the CPT
23 codes, correct.

24 MS. KEYSER: Yes. These are
25 all CPT codes that are triggering them which should

1 not because the trigger should always be from the E&M
2 visit code.

3 MS. ELAM: Yes. So, what codes
4 is the UB modifier applicable and acceptable to would
5 be my question to not pay that face-to-face
6 encounter. And, then, also I understand that there's
7 a list of codes at DMS that actually show what CPT
8 codes you all consider to be wrap eligible, and those
9 examples have been sent to Jacob Wilson, the
10 Commissioner and Steve Bechtel.

11 MS. KEYSER: But should they
12 not also, I mean, be tied to, again, the E&M code?

13 MS. ELAM: Technically yes.

14 MS. KEYSER: Yes, exactly.

15 MS. ELAM: And how you're
16 billing and what would be on the claim. So, if 96372
17 for a B-12, let's say, injection, so, you would have
18 96372 for someone who comes in for a standing B-12
19 shot that would be a standing order by a provider.
20 And, then, the serum, you would not anticipate for
21 that ten minutes of face-to-face time a wrap payment.

22 MS. AGAN: You're not expecting
23 the wrap payment on the administration of an
24 injectable.

25 MS. ELAM: Correct.

1 MS. AGAN: That is typically
2 provided by a N.A., a nurse and you're not expecting
3 that. And if you have an office visit and that's
4 done, then, you're expecting the wrap.

5 MS. ELAM: You're expecting the
6 wrap.

7 MS. AGAN: And, you're right,
8 it should trigger off the E&M code, and that's the
9 reason with the 99211 because the 99211 can be a
10 face-to-face----

11 MS. ELAM: Yes, it could be
12 potentially.

13 MS. AGAN: ----and it could be
14 non-face-to-face; and with the UB, you should be able
15 to distinguish that. So, the question is, if you're
16 sending in on a claim an administration of an
17 injectable and the injectable, it shouldn't trigger a
18 wrap. You should not have to put a UB modifier on
19 that.

20 MS. ELAM: You shouldn't.

21 MS. AGAN: But if you're
22 getting the wrap, then, we need to make sure why is
23 that happening because it should not trigger that.

24 MS. KEYSER: And can you put a
25 modifier on the CPT code?

1 MS. ELAM: Yes. I mean, I
2 don't see why you couldn't.

3 MS. AGAN: But if you're doing
4 an administration-only, I don't think we should be
5 required to put the UB modifier on there.

6 MS. KEYSER: No. I would agree
7 with you. I would agree with you. I'm just saying I
8 think when we hashed this out a year or so ago, the
9 focus was, on the claim, it starts with the E&M visit
10 and, then, the line items below it.

11 And, so, if the E&M had the
12 modifier, our understanding would be that everything
13 below it would not be eligible.

14 MS. ELAM: And I know that the
15 claims that were tested with the UB modifier
16 initially did pass through all the MCOs and DMS and
17 did not trigger a wrap payment. So, I don't know if
18 something has changed with that list of payable
19 encounter CPT codes or exactly what has happened.

20 MS. HUGHES: I'm not the one
21 that could give you an answer.

22 MR. HARILSON: We understand
23 that. I think this is just like the 30-day. I can
24 work with Mary and submit, per the request from the
25 Commissioner for new business, further information

1 and, then, move this to Old Business for the next
2 meeting with hopefully either someone from Medicaid
3 in attendance to respond or a response prior to based
4 on that information.

5 MS. KEYSER: Okay. I've got
6 one quick question. Mary, crossovers you didn't
7 mention. What's the issue? Is it the same with
8 crossovers and the modifier?

9 MS. ELAM: Not to my knowledge
10 because usually crossovers are not--I mean, there are
11 some administration codes but----

12 MS. KEYSER: But as far as on
13 the secondary payors, because I don't think--I still
14 think there is a problem with the----

15 MS. ELAM: The UB modifier on
16 secondary?

17 MS. KEYSER: Not the UB
18 modifier but crossover payments in general as far as
19 for secondaries.

20 MS. ELAM: Oh, yes, most
21 definitely.

22 MS. KEYSER: Yes, exactly. So,
23 again, bringing that back up. We thought we had that
24 worked out as well, something in place, but we have
25 two things now. So, we have nursing visit issues

1 getting paid when we're not supposed to and, then, we
2 have a continued problem with----

3 MS. ELAM: Crossovers.

4 MS. KEYSER: ----Crossovers,
5 exactly. So, those two things, Noel, need to be
6 moved so DMS can respond.

7 MS. ELAM: And we do have
8 examples of all of these items.

9 MS. KEYSER: Right. Then, it's
10 important that we send those.

11 Mr. Bolt, you had a comment?

12 MR. BOLT: Historically, the UB
13 modifier was tested on 99211's as a result of
14 Medicaid forcing RHCs and FQHCs into a fee-for-
15 service payment model. The idea behind the UB
16 modifier was to limit overpayments by paying wrap for
17 non-wrap-eligible encounters.

18 We stretched that out to
19 include CCM. It was always the stated intent to
20 expand this modifier to other codes that would enable
21 FQHCs and RHCs to have access to the tools they need
22 to manage care and control cost.

23 I think that speaks to the
24 history of the discussion that goes back more than
25 four years and to the intent, and, obviously, the

1 Department has forgotten the intent or realized the
2 situation they've created limiting FQHCs and RHCs in
3 their ability to actually participate in managed
4 care.

5 MS. KEYSER: Thank you, Mr.
6 Bolt. Any committee members have any comments in
7 regard to the UB modifier as it relates to nursing
8 visits and then crossover issues that we have? We're
9 going to send those up to DMS. Wonderful. Thank
10 you.

11 Moving on, a recommendation to
12 DMS for preventive pediatric health care for
13 adolescents for high school entry. I believe the
14 committee has a copy of those recommendations.

15 I think this ties into our
16 efforts to work on improving adolescent well visits
17 that we are all tasked with getting in as far as a
18 quality measure and that we see that maybe the best
19 way to approach this is for something to be
20 mandatory.

21 So, the recommendations for
22 preventive--Noel, do I need to read all of these?

23 MR. HARILSON: I don't think
24 you need to go through the entire thing. It's just
25 the committee has received it and reviewed it.

1 MS. KEYSER: Sure. So, again,
2 the Chair will be asking for our MAC recommendations
3 shortly and this is one that I would suggest that we
4 send up to the MAC.

5 So, I will move on to Item D,
6 the joint telehealth letter of concern, that being in
7 the same vain as the pediatric is that we are
8 drafting a letter to the Commissioner to identify our
9 concerns with the implementation of Kentucky's new
10 telehealth law.

11 So, this letter as well, the
12 Chair would like to suggest that we recommend it and
13 move it up to the MAC as well.

14 MR. HARILSON: Along with the
15 recommendations.

16 MS. KEYSER: And with the
17 recommendations of the regulation for telehealth as
18 well.

19 MR. BOLT: May I point out that
20 this is in cooperation with KMA and the Kentucky
21 Academy of Family Practice.

22 MS. KEYSER: Yes. Thank you.
23 So, does the committee have any questions about these
24 two recommendations?

25 So, then, the Chair would

1 entertain a motion to make formal recommendations to
2 the next MAC meeting which is July 25th for both of
3 these items.

4 DR. BISHNOI: So moved.

5 MS. KEYSER: And a second?

6 MR. MARTIN: Second.

7 MS. KEYSER: Okay. Is there
8 any further discussion of questions?

9 There being none, all those in
10 favor of sending the recommendations to the MAC for
11 both preventive pediatric health care and for the
12 telehealth letter and regulations as well, say aye.
13 Those opposed, like sign. There being none, then, we
14 will move forward with this.

15 My understanding is that a
16 member of the TAC needs to attend the MAC formally to
17 bring these recommendations. Does the committee have
18 a preference as to who on the committee should do
19 this because it needs to be from the committee?

20 MR. MARTIN: I make a
21 recommendation our Chair.

22 MS. KEYSER: The Chair will
23 check her schedule and confirm that that's not a
24 problem.

25 MR. BOLT: Point of order. It

1 can be the Chair or Vice-Chair or a representative
2 but it has to be a TAC member.

3 MS. KEYSER: Right. So, then,
4 Mr. Martin, would you be willing to be the second if
5 I'm not able to?

6 MR. MARTIN: I'd be more than
7 happy to.

8 MS. KEYSER: Wonderful. Okay.
9 So, then, I will check my schedule and confirm with
10 the committee that I will, indeed, attend, and we'll
11 get the recommendations prepared.

12 All right. Moving on to
13 updates or announcements from the MCOs, we've got a
14 full house here. And I'm sorry. I've kind of lost
15 track of where everybody is sitting. So, I'm just
16 going to call an MCO, and if there is a
17 representation there, please stand up and introduce
18 yourself so that our court reporter can hear who is
19 speaking.

20 Do I have a representative from
21 Anthem, please?

22 MS. SMITH: I'm Jennifer Smith.
23 I'm with Anthem. So, just a couple of updates, one
24 to let you know that our new territory maps are going
25 to be coming out soon. We're just waiting on final

1 approval from DMS. The territory is a little smaller
2 for the consultants because they're covering all
3 lines of business. So, I just wanted to make you
4 aware to be expecting that.

5 And, then, also Availity will
6 soon have our claim dispute capability. So, this is
7 going to be for Medicare and Medicaid. So, that is
8 to come out July 22nd, so, something to look forward
9 to.

10 MS. KEYSER: Thank you,
11 Jennifer. From Passport.

12 MS. THORNTON: I'm Shannon
13 Thornton from Passport Health Plan. I don't believe
14 we have any updates at this time.

15 MS. KEYSER: Thank you,
16 Shannon. Humana.

17 MS. DAY: Beth Day with Humana-
18 CareSource. We have a little bit of a shift to our
19 territories as well and there will be a map
20 forthcoming. It's through approval with Humana. The
21 geographic line is no longer going to follow the
22 traditional Medicaid regions. We are basing it
23 geographically on member saturation and we're hoping
24 that that will be more effective for providers and
25 clinicians.

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MS. KEYSER: Thank you.

WellCare.

MS. RUSSELL: Pat Russell with WellCare. I just wanted to remind you guys on some of the topics you all have been talking about, tomorrow afternoon, we're doing a webinar on the new telehealth on how we're going to administer that program and our insight around it. So, it would be very timely and very helpful for the providers. If anybody needs that number, just let me know and I'll be glad to share it.

MS. KEYSER: Thank you. And, then, Anthem.

MS. PACK: Jacquelyne Pack, Aetna Better Health of Kentucky. We do have a new, exciting opportunity for providers on their provider portal. You may submit your appeals and grievances per the regulation passed January 1 of this year. So, if you need portal access, make sure you reach out to your Provider Relations Representative or in this case the network manager.

We also encourage everyone to take advantage of the KHIE meeting that's coming up August 16th. If you would like more information on that, you can go to Aetnabetterhealth.com\ky.

1 Under Provider News, you can find a link to register
2 for that.

3 We have some new faces that
4 we're really excited to bring to Aetna Better Health
5 of Kentucky. There's going to be a press release out
6 very soon to identify who those are and we have some
7 new folks coming on to our network management team
8 and also our contracting team. So, thank you very
9 much.

10 MS. KEYSER: Thank you. Did I
11 miss anybody? Great. Thank you.

12 Is there any other New Business
13 that needs to come before this committee today?

14 There being none, then, the
15 Chair will entertain a motion for adjournment.

16 MS. AGAN: I move that we
17 adjourn.

18 MR. MARTIN: Second.

19 MS. KEYSER: All those in
20 favor. Thank you.

21 MEETING ADJOURNED
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24