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

Via Videoconference
December 14, 2023
Commencing at 12 p.m.

Tiffany Felts, CVR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Dr. Eva Stone

Jennifer Wiseman

Lisa Lockhart, TAC Chair

Dolores Polito (Not present).

April Hester (Not present).

1 MS. BICKERS: Good afternoon, Eva.
2 This is Erin. As of right now, you're the
3 only TAC member I currently see -- oh,
4 Lisa's coming in as we speak, so we'll give
5 it just a few more minutes to see if we have
6 anybody else.

7 MS. STONE: Okay.

8 MS. BICKERS: I do know D's not going
9 to be in today.

10 MS. STONE: Okay.

11 MS. LOCKHART: Hi, guys. Sorry.

12 MS. STONE: Hi, Lisa.

13 MS. LOCKHART: I was on a meeting. I
14 said, "I have a hard stop," but it didn't
15 work. They weren't listening.

16 (Laughter).

17 MS. LOCKHART: But I'm here now.

18 MS. BICKERS: No worries. Good
19 afternoon, Lisa. This is Erin. I was just
20 letting Eva know as of now, it's just the
21 two of you on as members. So if you want to
22 give it another second longer, or if you
23 want to go ahead and start in the interest
24 of time with our presentations, we can
25 always come back and approve minutes if you

1 would like to move forward.

2 MS. LOCKHART: I would like to do
3 that because I want to respect the time that
4 our guests -- I mean, they do a lot of work
5 preparing these for us, and we respect their
6 efforts. And, I mean, Dr. Stone, are you
7 okay with that if we go ahead and let them
8 start with their presentations?

9 MS. STONE: Absolutely.

10 MS. LOCKHART: Okay. So thank you.
11 Welcome, everyone. Happy holidays. Thank
12 you for being here. We really appreciate
13 you being here. And whoever wants to start
14 first, I guess, unless there's an order of
15 participation.

16 MS. BICKERS: If you don't mind, I'll
17 go through who I've made a cohost first. If
18 that works for the MCOs.

19 MS. LOCKHART: Oh, that's fine with
20 me.

21 MS. BICKERS: Okay.

22 MS. LOCKHART: We're ready to go.

23 MS. BICKERS: Victoria with Anthem,
24 you're up.

25 MS. MESKA: Thank you.

1 MS. BICKERS: That's the downside of
2 being the first person in the chat.

3 MS. MESKA: No worries. Thank you.
4 All right. Let me share my screen. Let's
5 see here, okay, can you see my screen?

6 MS. LOCKHART: I cannot.

7 MS. STONE: Not yet.

8 MS. MESKA: Okay.

9 MS. STONE: Here it comes.

10 MS. LOCKHART: There we go. I see it
11 now.

12 MS. MESKA: All right, great. All
13 right. Thank you so much. I'm Vicki Meska.
14 I am the director of Healthcare Management
15 Services for Anthem Kentucky Medicaid. And
16 I'll be walking you through how members are
17 educated on their benefits and incentives.

18 What I want to talk about first is
19 our member engagement. So at Anthem
20 Medicaid, we're fully committed to a whole
21 health model, so improving the health and
22 well-being of the members in Kentucky. And
23 you'll see later that we do have -- some of
24 our benefits are sort of compartmentalized,
25 or you'll see the benefit of certain chronic

1 conditions that we have incentives for later
2 in the presentation.

3 So how do our members actually get
4 access to these incentives and value-added
5 benefits? And there are several ways. One
6 is through the Anthem Medicaid mobile app.
7 So they can log into our Sydney app, and
8 they can have access to multitudes of
9 things, like education, case management
10 programs. But they can also get familiar
11 with their value-added benefits and healthy
12 rewards incentives. They can also access
13 these benefits from home just by logging
14 into, also, our public portal. Meaning our
15 publicly faced on the Internet portal. They
16 actually have to log in privately to their
17 account, and then they'll see the benefits
18 and the rewards.

19 Also, we have a monthly member
20 orientation webinar where we have our team
21 at Anthem will welcome new enrollees into
22 the plan. They can log into the webinar,
23 and we go through the whole list of
24 benefits. Also value-added benefits and
25 healthy rewards, and this orientation is

1 offered in both English and Spanish.

2 And then, we also make our community
3 education available. Everywhere there are
4 population health teams outreaching many
5 community-based organizations throughout the
6 state. And they have done numerous
7 presentations to those organizations
8 informing them of our incentives and healthy
9 rewards so that they can get the word out to
10 the members.

11 And then also, we have an entire team
12 of community health workers that are
13 dedicated to providing and helping with
14 social determinants of health. And along
15 with assessing for that, they will connect
16 them to, again, value-added benefits or
17 incentivize them to do certain things to get
18 healthy rewards, certain preventative care.

19 And then lastly, we support our
20 members through our provider connections.
21 We have a lot of meetings directly with
22 providers and provider groups, also
23 facilities, where we let them know -- we go
24 through the value-added benefits and the
25 healthy rewards. And then they can also, if

1 they prefer, just log in and get training
2 through their virtual platform for
3 providers.

4 So as you can see here, there's
5 different categories. For example, maternal
6 and child health: A member can receive up
7 to 175 dollars in gift cards to purchase
8 baby items, a breast pump, Boys and Girls
9 Club memberships, an asthma catalog.

10 There's education and employment supports,
11 as you can see here, like transportation,
12 criminal record expungement, Lifeline
13 phones, a community resource link that links
14 them to community-based organizations that
15 help with food, clothing.

16 There's a promoting healthy lifestyle
17 value-added benefit. For example, for
18 members with diabetes, they are eligible for
19 a fresh fruit and veggie program, or home
20 delivered medically tailored meals. There
21 is gym memberships, fitness coaches, and
22 healthy families programs to help people
23 with weight management. We also have
24 wellness programs and -- such as smoking
25 distraction kits, lifestyle aids, Amazon

1 health and wellness gift cards, dental kits.
2 In 2024, we'll even start providing air
3 fryers.

4 And then, opioid supports: Medicine
5 safety kits, online well-being programs and
6 apps that helps with substance use disorder
7 recovery.

8 Our members can sign up for these
9 programs. They can sign up by calling
10 member services. Again, they can even go
11 through their online account, and they can
12 choose from an array of gifts, like a Visa
13 gift card or gift cards from a variety of
14 retailers. They're rewarded for things like
15 flu shots, dental exams, wellness exams, and
16 preventative screenings.

17 And then, these are some examples.
18 When -- if a member -- if we get a call from
19 a member, and we do our health risk
20 assessment, and we assess the member. And
21 let's say they are pregnant or a new mom,
22 then the case manager will go over the
23 incentives that are pertinent to her and her
24 needs. Same thing with someone who has
25 diabetes or hypertension so that way they

1 really can take a look at their -- at all of
2 the things that are available to them to
3 help them keep healthy.

4 So how many people have utilized
5 healthy rewards? We had 21,000 -- year to
6 date, 2023, 21,171 members enrolled and
7 engaged in the healthy rewards program. And
8 38,894 monetary rewards were granted for
9 active member participation in health
10 decisions, like wellness -- a well-child
11 visit, suicide prevention, or a blood
12 pressure med fill.

13 Some of the things that our members
14 did with the gift cards that they received:
15 They purchased clothing, food, or
16 over-the-counter products. And some of the
17 top trends in value-added benefits is the
18 Amazon health and wellness gift card, gas
19 cards -- we do give a \$100 gas card for
20 those that complete the health risk
21 assessment -- medicine safety kits, fresh
22 fruits and veggies, and healthy lifestyle
23 aids.

24 So that concludes our presentation
25 here on healthy rewards and value-added

1 benefits. Can answer any questions for you?

2 MS. STONE: I do have just a few
3 questions, Vicki, if you don't mind.

4 MS. MESKA: Sure, yeah.

5 MS. STONE: So for those members who
6 don't -- and when I say this, like, Lisa
7 might have another perspective she can share
8 when she asks questions. I'm asking my
9 questions from the perspective of being in a
10 school system --

11 MS. MESKA: Uh-huh.

12 MS. STONE: -- and just what we
13 encounter with services we're providing.

14 MS. MESKA: Sure.

15 MS. STONE: So one question is what
16 we know is a lot of our families do not have
17 computer access.

18 MS. MESKA: Mm-hmm.

19 MS. STONE: And when they do have a
20 phone, it's a pay-as-you-go phone.

21 MS. MESKA: Mm-hmm.

22 MS. STONE: And so, they're not able
23 to use apps, and they're not able to get
24 online to register for things, but I think I
25 heard you say they could call the member

1 services number to enroll.

2 MS. MESKA: Yep.

3 MS. STONE: Correct? Okay.

4 MS. MESKA: That is correct. Mm-hmm.
5 Yes.

6 MS. STONE: Okay. And so --

7 MS. MESKA: And we'll help them
8 through that, yep.

9 MS. STONE: Okay. So if somebody
10 speaks Kinyarwanda, or --

11 MS. MESKA: Mm-hmm.

12 MS. STONE: -- something outside of
13 Spanish, when they call --

14 MS. MESKA: Yep.

15 MS. STONE: -- that number, there's
16 services, right? I think I've heard you --

17 MS. MESKA: Correct.

18 MS. STONE: Okay.

19 MS. MESKA: Yes. We do have
20 interpreter services that are accessible by
21 member services to help them through that.

22 MS. STONE: Okay. So when we do --
23 like, in our school district, we do clinics,
24 vaccination clinics at schools, and we do
25 physical clinics.

1 MS. MESKA: Yep.

2 MS. STONE: So what documentation
3 would we need to provide? Because we can
4 certainly communicate with families, you
5 know, how they can access rewards. I would
6 ask if there's a -- I know we got a flyer
7 that kind of summarized everything, but what
8 I'm looking for is what can we hand people
9 that would let them know how to access their
10 rewards? And I guess that would be my
11 question, you know, do you have a handout --

12 MS. MESKA: Yeah.

13 MS. STONE: -- that we can give to
14 people that would tell them how to access
15 their rewards, and how do we document --

16 MS. MESKA: Oh, sure.

17 MS. STONE: -- for them what service
18 has been provided?

19 MS. MESKA: Yeah, so yes, we
20 definitely have a flyer that you could
21 provide, and we could have that submitted to
22 the TAC committee. Now, as far as
23 documentation, these are all based around
24 claim submissions. So for those clinics, I
25 imagine -- are you billing a claim?

1 MS. STONE: Yes, but it's through
2 school-based --

3 MS. MESKA: Okay.

4 MS. STONE: -- Medicaid billing, so
5 it's not --

6 MS. MESKA: Okay.

7 MS. STONE: -- going to go through
8 your system.

9 MS. MESKA: Okay. That is where the
10 challenge may lie. I mean, these are based
11 on -- so we have to, you know, account for
12 the service being rendered through a claim
13 submission.

14 MS. STONE: Okay, so that's one thing
15 I would just like for the TAC to be aware of
16 because in Jefferson County, for example,
17 right now, we have 30 -- about 33,000
18 students who are not current on their
19 immunizations. About 80 percent, 85 percent
20 or so of those students are children who
21 have Medicaid. And then, we've got a small
22 percentage that have private insurance, and
23 then another percentage that have no
24 insurance.

25 And so, you know, that volume is --

1 while we're doing vaccination clinics, it's
2 kind of going to take an all hands on deck,
3 but we don't have anything if we provide
4 that service in school that we can say,
5 "Hey, this is a preventive health service
6 that's going to benefit you, and here are
7 some things that you can get for having this
8 done". So I just want to make the TAC aware
9 of that gap to see if there are
10 possibilities to address that.

11 MS. MESKA: Yeah, that's a good
12 point. And something that I can take back
13 and see if there is anything else that could
14 be done for those members that are getting
15 those preventative health services.

16 MS. JUDE: Yeah, we do have an
17 escalation process in place. So say the
18 member, for some reason, is not showing up
19 in our system, but they have documentation
20 that they did complete the screening.
21 Obviously, say it was a community-based
22 event, then we can kind of look and review
23 those processes, and then identify what the
24 next best action item is to make sure that
25 they do get accounted for that healthy

1 behavior.

2 But with us, you know, our processes
3 being accounted for through in-network
4 services, and our claims, we do just need to
5 make sure we have a streamlined approach to
6 that. So I would just, if you want, Eva --

7 MS. STONE: Mm-hmm.

8 MS. JUDE: -- put your contact
9 information in the chat, and I --

10 MS. STONE: Okay.

11 MS. JUDE: -- definitely think we can
12 discuss, you know, what are some avenues to
13 make sure that, you know, those that we
14 either can partner, or there's ways that
15 those members can either get a process in
16 place to be -- utilize those services a
17 little better.

18 MS. STONE: Okay. Well, and just to
19 -- like, we're working to address it in
20 Jefferson County, we're getting ready --
21 because it's something that matters to the
22 managed-care organizations as well because,
23 you know, you're tracking that. You're
24 trying to make sure your members are
25 receiving preventive health services.

1 So we're moving to an electronic
2 health record that participants can offer to
3 opt into that will actually connect and work
4 with the managed-care organization. That's
5 a really succinct way of saying it, but if
6 the MCOs are willing to partner with them,
7 that's one avenue. But CMS may have another
8 thought in mind since those claims are
9 submitted with a modifier. There might be
10 some linkages, I don't know.

11 MS. MESKA: Agreed.

12 MS. STONE: Someone from CMS might be
13 able to -- can definitely answer that better
14 than me, but you just made me think about it
15 when you were talking about access. Because
16 we had great success, at least in our
17 district, we had some gift cards. When we
18 had gift cards to give out to people then we
19 were able to address immunization things,
20 and so thank you, by the way.

21 MS. MESKA: Thank you. Are there any
22 other questions?

23 MS. ROEHRIG: Hi, Victoria. This is
24 Rachael Roehrig with the Department for
25 Medicaid Services. I just had a quick

1 question for you if I could.

2 MS. MESKA: Yes.

3 MS. ROEHRIG: Do you all have
4 anything in place, like a feedback system
5 for the members that are utilizing these
6 value-added benefits to give you all
7 valuable feedback on utilizing the vendors
8 that you all go through, say for the free
9 cell phone, for the computer, to make sure
10 that it's in place where that it's easy to
11 navigate and easy to obtain the benefit?

12 MS. MESKA: So do we have an avenue
13 in terms of making sure that the member has
14 a satisfactory -- or they feel that it's an
15 easier way or a satisfactory way to obtain
16 the benefit? Like, do we have sort of a
17 satisfaction survey; is that what you're
18 asking?

19 MS. ROEHRIG: Yeah, like a feedback
20 loop to let you all know -- because I know
21 that some people have, I think it's SafeLink
22 --

23 MS. MESKA: Yes.

24 MS. ROEHRIG: -- for the cell phones.

25 MS. MESKA: Right.

1 MS. ROEHRIG: You know, they can wait
2 a very long time, if not a year. And so
3 it's, you know, going through with these
4 members to make sure, "Hey, you said that
5 you needed this. Did you get this? Were
6 you able to access it? And if not, let us
7 help you do it." Do you have anything like
8 that that's in place?

9 MS. MESKA: Now, I would say that
10 when a member generally is trying to access
11 something and they don't receive it,
12 generally we get a call through our member
13 services line, and then they are transferred
14 into our case management area where they
15 assist them more closely. So -- and help
16 them. That's generally the feedback loop
17 that goes on, unless, Victoria Jude, is
18 there another loop?

19 But generally, we get the feedback
20 right back into our plan, and that goes to a
21 specific case manager, or we even have
22 community health workers that would assist
23 them further. And to make sure that they
24 get the value-added benefit or the healthy
25 reward.

1 MS. ROEHRIG: Okay. Yeah, thank you.
2 It might be good, if it's not already in
3 place, something like you were saying, a
4 satisfaction --

5 MS. MESKA: Satisfaction survey?

6 MS. ROEHRIG: -- survey. Yeah.
7 Something where you all have a better idea
8 of their journey. And was this easy for you
9 all to navigate and to get: Yes, or no? If
10 no, why not? Just throwing that out there
11 as something to take back.

12 MS. MESKA: Yeah, I think we could
13 also, you know, share that in one of our
14 QMAC meetings, too, with members to see what
15 their -- yeah, what the feedback is.
16 Absolutely, would be happy to do that.

17 MS. ROEHRIG: Yeah, that would be
18 perfect. Thank you.

19 MS. MESKA: Thank you. All right.
20 Any other --

21 MS. BICKERS: Tristin, with Aetna,
22 you're up.

23 MS. MOERER: Good afternoon. And
24 actually, I'd like to just start real quick,
25 my name is Tristin with Aetna Better Health

1 of Kentucky. Rachael, I just wanted to give
2 some feedback from the Aetna perspective.
3 We do have a text survey that we use. Not
4 for all value-added benefits, but some of
5 those more interactive programs that we
6 administer a short little survey via text to
7 our members that participate in some of our
8 programs to start initiating some of that
9 feedback loop.

10 Again, it doesn't apply to every
11 program, and we're currently working to
12 revamp it just a bit to make sure it's going
13 out to members, you know, within recent
14 usage of those VABs. Because sometimes
15 after some time has passed folks, you know,
16 lose sight of the programs that they
17 participated in and things like that, but we
18 do have a text survey and use many of our
19 member advisory councils and things like
20 that to intake feedback from members
21 regarding those VAB services. So just
22 wanted to share that real quick.

23 MS. ROEHRIG: Yeah, wonderful. Thank
24 you.

25 MS. MOERER: Yeah. Okey-doke. Can

1 you all see this value-added benefit
2 overview screen?

3 MS. STONE: Yes.

4 MS. MOERER: Okay, perfect. All
5 right. So many of the processes and things
6 that were mentioned in the previous
7 presentation, you're going to see similar
8 things in place here for Aetna. So we have
9 an array of bonus benefits that we also
10 offer our members. This first slide here
11 captures just some of our VAB usage with the
12 incentive-based rewards programs being some
13 of the most utilized VABs: Nearly 12,000
14 members in 2023.

15 We also have a home delivered meals
16 program where we have administered over
17 200,000 meals to members. In 2023, you can
18 see some of the top gift cards spend
19 categories and top trending products that
20 are being purchased with gift cards. Things
21 such as utilities, telecom services, service
22 stations, like gas stations, gym memberships
23 and clubs. And then, those top trending
24 products, things like milk, eggs, bananas,
25 ground beef, water, veggies, bread, and

1 diapers are some of the top trending
2 products.

3 And then, also included there, we
4 have completed 469 trips through our
5 enhanced transportation value-added benefit
6 in 2023. Also wanted to share the link here
7 on this slide takes you out to our website
8 where you can find a more in-depth member
9 value-added benefit guide which really walks
10 through all of the eligibility criteria and
11 exclusions for each of the benefits.
12 Because as we know, it can vary benefit to
13 benefit. So it gives members a more
14 comprehensive look at the services we offer,
15 and how to access each of those. So that's
16 linked here.

17 So let's go ahead and jump into the
18 rewards. So we have an Aetna Better Care
19 Rewards program. So these are incentives
20 that we provide that really require no
21 action on behalf of the member, the claims
22 based programs. So we'll -- once those
23 claims come through, we go out and we verify
24 addresses, and ship out these gift cards for
25 various rewards. Things like our diabetic

1 retinal eye exams, A1C tests, mammograms,
2 HRA incentives, well visits, vaccine
3 incentives, and a few others that you can
4 see listed here.

5 We also have some programs that are
6 geared more toward women's health. So we
7 have a maternity matters program, which is
8 partially an incentive program, as well for
9 prenatal and postpartum visits. Members can
10 receive up to \$150 for completing those
11 prenatal and postpartum visits. They also
12 have an opportunity to earn up to \$90 to
13 purchase a crib or a car seat, which is done
14 through a gift card as well. In 2024, we'll
15 also be offering a program for our high-risk
16 pregnant members and new moms through
17 Pacify, which is a tech-enabled platform
18 offering perinatal and infant feeding
19 support, and virtual doulas.

20 We also have a program called Period
21 Promise. This is currently only in region
22 5. Members ages 15 to 55 can receive \$20 a
23 month stipend to spend on period products,
24 like tampons, panty liners, and maxi pads.

25 We have some other programs that are

1 geared more specifically for behavioral
2 health. Pyx Health: This is another app
3 and human connection-based program where
4 adult members who experience loneliness and
5 isolation can access the Pyx Health
6 platform. They can either talk to a human
7 being to get that companionship, or they can
8 interact with the app where they can connect
9 with different activities such as Pyx pets.
10 They can get linked to different SDOH
11 resources or be connected back to health
12 plan resources as well.

13 And then we have an Alternative to
14 Opioids benefit. This is a gift card-based
15 benefit as well, where members can receive
16 up to \$150 quarterly for pain management
17 services like acupuncture, massage therapy,
18 and yoga.

19 Chronic condition management: This
20 is our remote patient monitoring, which is a
21 telemonitoring program for our members that
22 are living with certain chronic conditions
23 that can get access to education and
24 self-management tools to help them monitor
25 those conditions and keep them under

1 control. So for this program, members
2 receive an iPhone, and then other peripheral
3 devices depending on what condition they're
4 managing and what the need is. So it could
5 be a glucometer, a weight scale, a pulse
6 oximeter, again, just depending on the need.
7 And then, the phone that they receive
8 through this program they can use, as well,
9 to make calls and connect to member
10 resources.

11 We also have home delivered meals
12 where members can receive nutritious and
13 medically appropriate meals delivered to
14 their home. This is a 4-to-12-week program
15 that they can get for certain qualifying
16 chronic conditions after an inpatient stay.
17 The program is 4 to 12 weeks depending on
18 the member need. They also can get tailored
19 nutritional counseling as part of this as
20 well.

21 And then we have a slow cooker
22 nutrition. This is an online course that's
23 taught by our community outreach team.
24 There's one or two classes that's part of
25 the series where we offer nutrition 101 and

1 wellness activities, healthy meals, and
2 recipes for a crockpot. And then at the
3 completion of the course, participants can
4 receive a crockpot.

5 Some of our additional programs:
6 2024 will have a Social Needs Assistance
7 program where members can receive support if
8 they're facing conditions of extreme
9 hardship. The program combines a financial
10 assistance component, as well as those
11 referrals to local and community resources
12 to help address needs when those members are
13 experiencing hardship.

14 We have a children's over-the-counter
15 \$15 monthly stipend to cover health and
16 hygiene items that members can access
17 through the link listed here.

18 And then, as I mentioned earlier, we
19 have an enhanced transportation. So members
20 can receive transportation up to ten round
21 trips per year to things such as job
22 interviews, job training, grocery store,
23 food bank, and potentially other community
24 health services.

25 And then, in 2024, we'll offer

1 criminal record expungement with assistance
2 with those certification fees that are tied
3 to the criminal record expungement up to \$40
4 received in the form of a gift card.

5 After school activities: So in 2024,
6 members will be able to receive a \$50 gift
7 card to help pay for some of those after
8 school programs, such as Boys and Girls
9 Club, 4-H, Boy Scouts/Girl Scouts. We also
10 do a community outreach school-based program
11 for back-to-school assistance where we
12 coordinate with family resource coordinators
13 in schools to fill backpacks with school
14 supplies.

15 And then, we have a GED and job
16 skills program where members can have access
17 to a job skills training platform and get
18 their GED. And then, for those that
19 complete the specific GED program, they're
20 also eligible to receive a scholarship for
21 trade school and/or college.

22 And then, Keeping Kids Safe: This is
23 a lockbox for members that have opioid
24 medications and children in the home to help
25 secure those for safety.

1 We also have some SKY specific
2 programs. Birthday in a Box, where the
3 child receives a birthday box. Calming
4 Comfort Collection for members with high
5 adverse childhood experiences. Connections
6 for Life: This is a smartphone and wireless
7 plan for SKY members that are ages 13 to 17
8 who are not in stable placement. Or they
9 can receive a laptop for SKY members aged 18
10 years of age or older who are aging out and
11 need a laptop. We have a foster care duffel
12 bag program, where we provide personalized
13 duffel bags filled with some of those
14 hygiene items, supplies, and blankets.

15 And then, we have a LACES program for
16 SKY members who have been identified as deaf
17 or hard of hearing where they can get
18 screened for unidentified language access
19 needs and provide recommendations.

20 We have some new SKY value-added
21 benefits coming in 2024. YMCA was a current
22 one, we're just shifting to a gift
23 card-based program for those YMCA
24 memberships. We have some opportunities for
25 our transitional age youth for moving

1 expenses, tattoo removal, and driver's
2 license fees. And then, the
3 over-the-counter children's benefit is being
4 expanded to our SKY as well.

5 And the last slide there is just our
6 contact information for member services. As
7 the previous MCO mentioned, many of these
8 services can be accessed by calling into
9 member services, as well as being found on
10 our website.

11 Any questions?

12 MS. STONE: You just answered them,
13 thank you.

14 MS. LOCKHART: Very good, thank you.

15 MS. MOERER: Perfect. Thank you.

16 MS. STONE: I do have one because --

17 MS. MOERER: Yeah.

18 MS. STONE: -- I don't know, off the
19 top of my head, what region 5 is. So why
20 the Period Promise just in region 5? I'm
21 just curious.

22 MS. MOERER: It was just to start off
23 kind of a pilot area.

24 MS. STONE: Uh-huh.

25 MS. MOERER: We just haven't chosen

1 to expand that yet. That was a new benefit
2 that we started this year.

3 MS. STONE: Okay.

4 MS. MOERER: I'm hoping that --

5 MS. STONE: I was just curious.

6 MS. MOERER: I'm hoping at some
7 point, maybe we'll be able to expand that,
8 but currently just focusing in that area.

9 MS. STONE: Thanks.

10 MS. BICKERS: Carrie with Humana,
11 you're up.

12 MS. WILSON: Hello. Can you hear me?
13 And can you see my screen?

14 MS. BICKERS: Yes.

15 MS. WILSON: All right. So, hello.
16 I'm Carrie Wilson, one of the managers with
17 utilization management at Humana Healthy
18 Horizons. And so, we're just going to go
19 ahead and present to you. We just did a
20 group effort of all the different areas on
21 one PowerPoint.

22 Oh, my. Can you all see -- let's see
23 if I can move that a little. There we go.
24 So we are going to go ahead and cover first
25 the value-added services that we're

1 offering, and I won't read this to you
2 step-by-step, but just some that I'd like to
3 highlight that we have is Humana healthy --
4 Humana Beginnings. So the portable crib and
5 car seat, which I heard you say that as
6 well, Tristin, you guys offer that at Aetna.
7 And then, meals after delivery. We also
8 have Pacify, and smartphone apps for the
9 prenatal care, breastfeeding, newborn/infant
10 care.

11 Cell phone services, weight
12 management, the criminal expungement
13 services -- I'm just kind of skipping
14 through just to highlight. The haircuts for
15 children was something new. I think we
16 started that about two years ago, maybe it
17 was a year ago. So a lot of people have
18 taken advantage of the haircut for children.
19 We do have the workforce development and the
20 GED Works as well.

21 And some of the healthy activity
22 rewards where they get rewarded back, here's
23 a list of the different rewards that were
24 given. If you see the well-child one, which
25 was a major one, \$60. Pediatric dental,

1 wellness, prenatal, and postpartum. Also,
2 for vaccines, we're giving rewards out for
3 that, and they can get to that from the app
4 as well. And it's also claims. They could
5 submit to claims, and then it will
6 automatically show up in the patient's
7 account after it's filled. The patients
8 must download the app and create an account
9 to earn rewards though.

10 Access is simple. So you can scan --
11 you can go to the Apple Store/Google Play to
12 get access to it.

13 And then, member utilization: So I
14 just kind of wanted to highlight the members
15 that are using these services that we've
16 had. The GED testing support, as you can
17 see, the post discharge meals and fresh
18 produce boxes. That's a really nice number
19 to see, the active phones, so access to
20 smartphones. Portable cribs: We've got 266
21 of those that went out this year. I think
22 we have the date, yeah. The date range was
23 1/1 to 11/21. This was the date it was
24 pulled from. Sports physicals: 971. So
25 the blood pressure devices, it was 360,

1 which is great. Getting those out there.

2 And Go365 utilizations, this is --
3 we'll go over the wellness and education.
4 So for haircuts for kids -- weight
5 management: How many enrolled was 216, how
6 many completed was 66. Same with the
7 tobacco: It looks like enrolled was 138;
8 completed, 44. It is nice to see this
9 number, the A1C: Over 18,000 members have
10 utilized that training.

11 And here we'll go on down to the
12 vaccines, the flu: It's nice to see that
13 number, too, as well. I'm not trying to
14 highlight all the nice numbers, but it is
15 nice to see that they're getting out there.
16 I think the community is really good -- our
17 community outreach, our providers, our care
18 management -- of just really pushing these
19 preventative measures. Well-child visits:
20 Over 15,000 utilizing it. Wellness visits:
21 Look at that. That's a great number.

22 And then, we just have it broken down
23 into graphs just for easy read for you on
24 the 365 utilization on the overall
25 demographics of the different types of

1 members based on the age, and language, and
2 sex, and race. So if you look, I was kind
3 of surprised to see that for membership, it
4 was over 50 percent more women. I thought
5 that the Spanish would've been higher, but
6 yeah. So around 3 percent for
7 Spanish-speaking.

8 And again, same with everyone else,
9 we do have bilingual associates that can
10 speak both English and Spanish. And if they
11 speak another language, then we do have a
12 language line that we bring in, and we'll
13 communicate that way.

14 And then, member education
15 accessibility: So again, they can scan,
16 we've got our care management, we've got
17 Humana Beginnings. And then, if the --
18 we've got the handbook that's on our website
19 on Humana.com, as well, with the value-added
20 benefits on page 48 to 59. But if someone
21 is having problems or don't have access,
22 again, they can contact our member services,
23 and we can always help them through that
24 process.

25 And then, just a reminder: Certain

1 value-added services are claims based, so
2 others will require members to be rolled in
3 the Go365 to get that money for it.

4 And then, integrated care management
5 that we have right now is, for example, the
6 provider plan collaboration: Ensure the
7 patients are scheduling and attending
8 appointments, identify and assist with
9 social needs if they need assistance with
10 that, or to review plan benefits and
11 incentives to the members just to make them
12 educated on the different advantages that we
13 have to help them take advantage of it,
14 direct referrals for high acuity/high-risk
15 patients, and increase the collaboration
16 around the disease management and
17 specialized initiatives that we have.

18 We do have some specialized programs:
19 The Humana Beginnings for pregnant and
20 postpartum members. And then, the
21 transition team for members transitioning
22 from inpatient care. We just want to make
23 sure that everybody, when they're
24 discharged, is discharged with a safe
25 discharge plan, and that they have all the

1 needs met they have when they are discharged
2 at home. Dedicated care managers for
3 members returning to society from
4 incarceration. And then, the adult
5 guardianship oversight and collaboration.

6 To request care management services,
7 we have them different ways, so we can refer
8 it here. So you have the utilization
9 management nurse review, and that inpatient
10 can see that they're going to need it, they
11 can send a referral over. And same with
12 outpatient. If they see something in the
13 clinicals that stick out, they can always
14 send a referral over to our care management
15 team. They can call the care management
16 line. We can e-mail -- anybody can e-mail
17 the care management or do the care
18 management referral.

19 Some member education on the
20 benefits: We do have an enrollee handbook.
21 We have that on Humana.com. We really try
22 to drive that. We have videos on there. We
23 have it broken down to different -- you
24 might see some for kids, for EPSDT, some for
25 adults, some for disease management. So we

1 also have videos, as well as an enrollee
2 handbook.

3 We've got our community engagement
4 team that goes to these different events,
5 and they'll hand out flyers. We've got our
6 QMAC meetings with the community, and this
7 will be in person and virtual, both starting
8 in 2024.

9 And then, member connections:
10 Integrated care management assessment to
11 identify members that meet the needs and
12 connect them to the resources that we have.
13 Then we have a Humana Healthy Horizons
14 Kentucky website. We do have different
15 things that show up on Facebook, and we do
16 have YouTube videos as well.

17 And then, member education on
18 benefits: Again, our community engagement
19 team are very engaged with our communities
20 in all regions. They go to -- they use
21 different events. They'll work with
22 providers, they'll work with different
23 workstations -- worship, learn, and play.
24 And our goal is growing and retaining our
25 membership, building community and

1 faith-based organizations and partnerships
2 who are branding, marketing, and
3 storytelling, developing and delivering
4 educational resources.

5 We've been trying to -- the community
6 outreach team is -- can I speak --
7 contributing to the VAS and Go365 reward
8 development. And we try and obtain feedback
9 from the members when we're at the QMAC and
10 community forums to try and understand if
11 there is a better process or a better way to
12 communicate to our members.

13 And then, support the quality
14 improvement initiatives that we have to help
15 address the HEDIS gaps. And then,
16 co-creating and managing strategic pilot
17 programs, and creating joint outreach
18 opportunities with our community health
19 workers.

20 And this is just a graph of our
21 region, and our associates that are in those
22 different zones.

23 And then, our provider education
24 benefits, our value-added services, we have
25 flyers that we send out every quarter with

1 the -- we send a packet out to those
2 providers, and then we have a provider
3 conference. And in 2023, we had a provider
4 lunch and learn. We had 8 of those across
5 the state, and 61 providers attended those.
6 And then, we have the VAS presentation as
7 well.

8 And then, one of the questions asked
9 here was the immigration preparedness that
10 we're trying to implement here at Humana to
11 help with the surge that we've had. We have
12 utilized the CHWs and engagement
13 specialists. We have both bilingual English
14 and Spanish with deep ties to the Hispanic
15 community. We've helped to ensure Spanish
16 speaking members have access to a Humana
17 associate to communicate with them
18 effectively to help close those gaps in
19 care.

20 The frustration that they would get,
21 and I've seen that in the past, as long as
22 they can get someone that can understand
23 them, and if we are not able to get someone
24 on there, then we'll get someone on the
25 language line to assist. We don't want

1 anyone to be frustrated trying to get the
2 care that they need.

3 And then, maintain established
4 relationships with community organizations
5 that are focused on supporting immigration
6 and refugees. So, for example, the American
7 World Community Center in Louisville.

8 And do I have any questions for
9 Humana?

10 (No response).

11 MS. WILSON: All right, thank you.

12 MS. STONE: Thanks.

13 MS. BICKERS: Stuart?

14 MR. OWEN: I'm queued up now. Can
15 you all see -- whoops.

16 MS. STONE: We see you.

17 MR. OWEN: That's not good.

18 MS. STONE: Here it comes.

19 MR. OWEN: The slide --

20 MS. STONE: Yes.

21 MR. OWEN: -- voilà. So first with a
22 couple of questions. So, Rachael, about the
23 feedback loop, that's a very good question.
24 I do know we have member focus groups. We
25 have some member advisory committees. I

1 mean, all the MCOs do. We do have an annual
2 consumer satisfaction survey, but I have no
3 idea if it asks any questions about
4 value-added benefits. But anyway, I'm going
5 to share that back with the team. That's an
6 excellent point.

7 I guess I would like to start with --
8 I've just got one slide here and start on
9 the far right column: How our members are
10 educated. You know, one thing, DMS sends an
11 annual side-by-side comparison, which is
12 real handy. I don't know, maybe three pages
13 long? Two or three pages long or so with
14 all the MCOs, and, you know, there is some
15 variance a little bit, but a lot of us do
16 offer, you know, a lot of the same
17 value-added benefits.

18 But anyway, it's really helpful so
19 that members can see that. Typically goes
20 out during open enrollment. I know things
21 are a little bit different this year because
22 of eligibility redeterminations, but anyway,
23 that's one way that they're educated.

24 We send annually evaluated -- a VAB
25 to all -- you know, a brochure to all the

1 Medicaid households. We also have a member
2 handbook, which, you know, all the MCOs do,
3 which also addresses the value-added
4 benefits. We have a brochure included in
5 the value-added benefits as a health and
6 wellness, which is similar to I think what
7 Aetna was talking about. I'm sure others
8 do, too. We have, basically, a catalog of
9 the stuff you can buy at, for example, a
10 pharmacy. I think we've got over 300 health
11 and wellness items that you can buy in the
12 catalog, and there's a dollar amount
13 basically per member or per household that
14 every month you can buy so much from the
15 catalog.

16 Of course, we have our member
17 website. We send, as far as -- Dr. Stone?
18 Is "doctor" correct? Eva? Okay. I just --
19 all right.

20 MS. STONE: Well, yeah. You don't
21 need to say that. Eva is fine.

22 MR. OWEN: Okay. Thank you, just
23 wanted to check. You know, as far as how do
24 we educate schools, and so I, like,
25 frantically pinged somebody to find out, and

1 we do have -- it's on the slide. We do send
2 our value-added benefits guides to family
3 resource and youth centers who work closely
4 with schools. So they said that's how, you
5 know, we kind of relay the information to
6 schools, but, I mean, that's a really good
7 call out there.

8 And, you know, really, you're talking
9 about immunizations. That has been, for all
10 of us, all the MCOs, a huge focus because we
11 have seen immunizations decline, you know,
12 part of the Covid whatever misinformation
13 has spilled over we've seen into other
14 vaccinations, and we're seeing a reluctance.

15 And so that's a huge thing, and
16 that's something that all the MCOs -- DMS
17 has made a huge key with a value-based
18 program for all the MCOs that launches next
19 year. And there's two of those -- there's
20 six core measures, and I think two of them
21 are related to immunizations. So that's
22 absolutely -- you're right, an all hands-on
23 deck thing.

24 And we do -- we train kynectors, you
25 know, with Kynect, and like I mentioned, the

1 family resource youth centers. We do
2 webinars and conferences about our
3 value-added benefits. We share them, we
4 have -- of course, all the MCOs -- we have
5 community events, all kinds of community
6 events and we share them there as well. Any
7 kind of member-facing event, and then our
8 care and management team also shares them.

9 As far as utilizations: So for the
10 prior full calendar year 2022, over 230,000
11 benefits. So that's benefits that were
12 used, so there could be cases where you have
13 a given member that's using -- obtaining
14 multiple benefits, so that doesn't mean
15 232,000 people. But it could be, you know,
16 because you could have some individuals
17 getting multiple benefits. And we spent 9.1
18 million on that -- on value-added benefits
19 for that calendar year.

20 And how to receive them? You know,
21 the key thing with really all the MCOs I
22 think, is you call customer services. And,
23 you know, we have, you know, a member
24 homepage, but to your point, a lot of
25 members don't have Internet or reliable

1 Internet, but, you know, that's certainly an
2 option.

3 You get into -- actually, on the
4 member homepage, you can create -- the
5 members have to create a home -- create
6 their own portal because it has personal
7 information in it. So they get access, and
8 that's how they specifically can -- that's
9 one way they can request it, but also, they
10 could just simply call our member services
11 customer services number, and they'll
12 arrange for it to be sent.

13 You know, some of the benefits
14 related to, like, for example, Internet,
15 we've been -- we started doing this during
16 the Covid pandemic: Hotspot, Internet
17 hotspot. If you've got children 8 to 18 in
18 the house because we know that's critical
19 for school. Of course, you know for a while
20 schools were closed, but we've continued to
21 do that. You know, obviously, you need
22 Internet access to do your homework and
23 stuff, so we've continued to do that.

24 Tutoring is something else that we
25 began launching then, you know, about three

1 years ago, and we're continuing to do that,
2 as well, for members 8 to 18. We do offer
3 some scholarships, some \$1,000 scholarships.
4 A couple of -- something that we did last
5 year that we continue to do is we offer --
6 we pay for a state issued ID, you know,
7 which is absolutely critical. A lot of
8 individuals, obviously, they don't have a
9 driver's license. You need an ID for
10 anything, and, you know, there's been more
11 focus on that in the past couple years with
12 different states. And so, if, you know, you
13 think about it, if you don't have a car, you
14 don't have a driver's license, how do you
15 prove your ID? So anyway, that's one thing
16 that we've definitely seen has been popular.
17 We pay for criminal record expungement as
18 well. You know, I know other plans do as
19 well, which is critical for individuals that
20 are reentering society.

21 I mean, you know, there's a lot of
22 stuff. But anyway, I guess I'll just stop
23 there and see if anybody has any questions.

24 (No response).

25 MR. OWEN: I do want to mention one

1 thing a little bit related: All the MCOs,
2 all -- because this is really cool. All the
3 MCOs, a couple weeks ago, had a free dental
4 clinic day in Mayfield, Kentucky. We paid
5 for a dentist to come in, and we had over
6 230 people, I think, that got dental care
7 that day for free. And it began, I think,
8 at 7 a.m. people were already lined up, to
9 7 p.m. And, I mean, it was extremely well
10 received. All the MCOs came together to do
11 that, so I just want to mention that as well
12 since I'm talking.

13 MS. LOCKHART: That was a great
14 thing, thank you.

15 MS. STONE: Yeah, thanks.

16 MS. BICKERS: Ashley, with United.

17 MS. LEWIS: Hey, everyone, this is
18 Suzanne. I'm the population health director
19 with United Healthcare, and Ashley Hobbs is
20 our enrollee services director, and she's
21 going to go over the value-added benefits.
22 I asked her to join me here today, but a
23 couple of things I wanted to just speak to
24 real quickly as I've heard others. And I
25 love -- thank you, Stuart, for shouting out

1 about Mayfield. That was awesome. Dental
2 is such a big issue across the state:
3 Dental providers and access to dentists, so
4 thanks for talking that one up. That was
5 awesome.

6 So as far as United Healthcare, we
7 provide many of the, you know, similar
8 services with regard to case management
9 services, maternal health programs. We have
10 a NICU case management program. We have
11 chronic condition management programs, and
12 we do remote monitoring programs. So we
13 have hypertension, we focus on diabetes
14 prevention/weight management.

15 And we have platforms that provide
16 remote monitoring. They get blood pressure
17 cuffs for the hypertension program. They
18 get a scale for the weight management and
19 the diabetes prevention. We have platforms
20 that members can access. Coaching through
21 either telephonic, or through an app, and
22 they have 24/7 nurse monitoring as well. We
23 have engagement tools through apps for
24 different types of outreach reminders, and
25 educational tools for our members to access.

1 We also, just as far as our
2 immigration and refugee preparedness, I want
3 to speak to that real quickly. We didn't
4 include that in our slides, but I will speak
5 to that. I think we're kind of been in a
6 unique position being the newest MCO here in
7 Kentucky, and a lot of our members are all
8 new, and I think we're like hitting, what is
9 it, Ashley, 18 months, 20 months of
10 continuous enrollment --

11 MS. HOBBS: Mm-hmm.

12 MS. LEWIS: -- with the plan. So
13 we're still, you know, learning our
14 population, and so we do see a lot of
15 refugees and members who are working on
16 immigration status, and so I feel like we've
17 learned that along the way. We have a
18 wonderful relationship with an
19 interpretation and translation service.
20 We're able to provide those services for our
21 providers if they don't have it, and we also
22 have that for our members. Our member
23 services line can also access translation
24 services -- oh, sorry, interpretation
25 services. My care management teams, they

1 can all do that as well. I have bilingual
2 associates on our team.

3 And then, we have experienced
4 multiple languages, so I think somebody
5 mentioned Kinyarwanda. We were able to
6 locate and source someone who spoke
7 Kinyarwanda, and there was a dialect from
8 Guatemala that was very specific that we,
9 you know, had to find someone that could
10 provide interpretation for us as well for
11 one of our moms that we were working with.

12 And so, through all of that, we also
13 identified the challenge that our members
14 have going into access care when they don't
15 have someone, a family member, that can
16 translate for them, or the provider office
17 isn't prepared for or knows how to access
18 interpretation services. So we're able to
19 -- working with our members, we're able to
20 set up in person appointments to have an
21 interpreter meet them at the doctor's office
22 if that's needed. And so, we've been able
23 to do that this year. I was super excited
24 about that.

25 So, Ashley, I want to have you go

1 ahead and go into our value-added benefits
2 that are available for our members. I know
3 you'll probably see some things that are
4 consistent across the MCOs, but I'll let
5 Ashley tell you what's unique, and what we
6 offer for United Healthcare.

7 MS. HOBBS: Thanks, Suzanne. Can you
8 confirm you see the presentation on the
9 screen?

10 MS. LEWIS: Not yet. I just see your
11 name on there.

12 MS. HOBBS: Let me try that again.
13 Do you happen to see it now?

14 MS. LEWIS: I don't. Does anybody
15 else? I don't see it. No, not yet. Ah,
16 now it's something. Yep --

17 MS. HOBBS: Did that work?

18 MS. LEWIS: Yes.

19 MS. HOBBS: Okay. I'm not as
20 familiar with Teams -- or with Zoom. I'm
21 more familiar with Teams, so my apologies on
22 that.

23 So, like Suzanne said, my name is
24 Ashley Hobbs. I am our enrollee services
25 director for the Kentucky Medicaid plan here

1 at UHC to talk through some of our
2 value-added services or value-added
3 benefits. We're actively seeking feedback
4 from our members through member advisory
5 councils, surveys, community-based
6 organizations, and providers to understand
7 what medical and social needs the members
8 face. And then, we try to be intentional
9 about what value-added services we have, and
10 then -- what we currently have, and then
11 what we're looking to add in 2024 and
12 beyond.

13 Each of our value-added benefits,
14 there is a different method for the member
15 to go through to request the service. So
16 some value-added benefits require the member
17 to contact the member services number that's
18 on the back of their card. Other benefits
19 may be accessed directly through a
20 subcontractor. So in general, our members
21 don't really have to sign up for value-added
22 benefits. As long as they meet the general
23 criteria, then they're eligible for the
24 benefit.

25 I won't read through all of these

1 because there's two pages of them, but
2 there's some I want to highlight, and then
3 definitely new ones that we're adding for
4 2024 based on the feedback we got from the
5 community. So the ones that have the light
6 blue background will be the new ones for
7 '24. So you can see transportation: So 24
8 free one-way trips to community and medical
9 services. So I think Aetna had something
10 similar, but the grocery store, food banks,
11 job interviews, baby showers, any type of
12 social community setting. It could also be
13 used for medical. We do know there's a
14 transportation broker, so that's always
15 going to be our first effort, but this is
16 another backup if needed.

17 Right now -- we started this this
18 year, but if a mom attends her 6 -- 8-week
19 postpartum appointment, she can get a case
20 of 200 diapers mailed directly to her home.
21 That's been very successful, so we've added
22 car seats to that as well. And this is not
23 an "or" situation, it can be an "and". So
24 if the mom does attend that postpartum
25 appointment, she can get diapers and a car

1 seat if she wants.

2 We also have a doula program. So
3 this is going to --

4 MS. LEWIS: Sorry.

5 MS. HOBBS: Oh, go ahead, Suzanne.
6 Sorry.

7 MS. LEWIS: I just wanted to throw
8 in: Our moms also get meals. It's not on
9 this. It's part of what we do for our
10 maternity program. So when we call the mom
11 post discharge at that first post discharge
12 call, they also receive two weeks of meals
13 delivered to their home for mom, and up to
14 four members of their family. Go ahead.

15 MS. HOBBS: Thanks, Suzanne.

16 MS. LEWIS: I know you're going to
17 talk about doulas next.

18 MS. HOBBS: Perfect. Yep. And then,
19 we also have the doula program, so our
20 pregnant members can get support during
21 their pregnancy, and then after. And this
22 helps with SDOH, any resources, they can be
23 there, I believe it's up to five
24 appointments, maybe more if they need it.
25 They can also talk to them on the phone as

1 well.

2 Then we have our Boys & Girls Club,
3 free membership. We have -- another new one
4 for '24 is a Health & Hygiene/Healthy Foods
5 over-the-counter program. So members would
6 be eligible for \$25 a quarter, and we're
7 breaking it up, but they would be able to
8 get any over-the-counter type products, like
9 -- I'm sorry, like Q-tips -- I was blanking
10 on the word, Q-tips. They can get healthy
11 foods, like bananas, breads, anything like
12 that. We have hundreds of retailers that
13 are a part of the program, so members should
14 have no issue being able to find one near
15 them.

16 We also are adding our GED Works. A
17 couple of the other MCOs had this, but it
18 will be prep and testing for members who
19 want to get their diploma. We're adding a
20 new Care Tablet program, so we're looking at
21 members with an A1C over eight who live in
22 certain counties that have low access to
23 PCPs. They have access barriers, so we're
24 hoping to bridge that gap. Any
25 transportation issues they may have, we're

1 hoping having the tablet and being more
2 virtual will help.

3 One -- was it on this? I guess it's
4 not on here. One of the other ones that I
5 wanted to talk about was our Member Advisory
6 Council, so some of the other MCOs have
7 mentioned that. We have our Member Advisory
8 Council. We actually just had one Tuesday.
9 So ours are virtual and on-site. So this
10 past one we had one virtual. We had a site
11 at the Dare to Care location in Louisville,
12 and then we had one of the Jessamine County
13 Library. We had six members attend, very
14 successful. All of our members can get a
15 \$50 stipend for participating and providing
16 their feedback. It's such valuable
17 feedback -- oh, it's right here: Stipend
18 for participating, sorry. They can get \$50,
19 so they just have to fill out a form, we
20 send it to them. It takes about four to six
21 weeks to get it initially, but they can get
22 that every time, they're quarterly.

23 That's one of the successes we had on
24 Tuesday's meeting. I went through a similar
25 slide to this talking about our upcoming

1 VABs, and one of our members was almost in
2 tears. She had been wanting to get her GED
3 for a while, and life just happened and got
4 in the way. And I told her, as soon as this
5 went live 1/1, she could be our first person
6 signed up. So it really -- these VABs, I do
7 a lot of presentations around these, but
8 they really affect our members' lives. So
9 that's why they're so important for us to
10 listen to our community feedback.

11 And then, this healthy rewards,
12 members can earn gift cards for important
13 services, and this slide just goes into a
14 little bit more detail about what services
15 the member can get. And then, it's a \$25
16 gift card if they were to close any of these
17 gaps in care.

18 Lastly, we do education through our
19 community facing website, our member portal,
20 member handbook. We do through providers'
21 offices, our community-based organizations,
22 faith-based organizations, and then we have
23 member materials we hand out when we're out
24 in the community at different events or
25 programs.

1 And that's all I had. If there's any
2 questions?

3 MS. LEWIS: Thank you, Ashley.

4 MS. HOBBS: Thanks.

5 MS. STONE: Thanks.

6 MS. LOCKHART: Thank you. Excellent
7 presentations, everybody.

8 MS. BICKERS: Do we have anyone from
9 Passport?

10 MS. PAGE: Hello.

11 MS. BICKERS: No one dropped a name
12 in the chat.

13 MS. PAGE: Oh, I'm sorry, I
14 apologize. This is Anna Page from Passport
15 Health Plans; I will be presenting today.

16 MS. BICKERS: Thank you.

17 MS. PAGE: I was wondering when I was
18 going to come up.

19 MS. BICKERS: I didn't -- I wasn't
20 sure, there was no name in the chat.

21 MS. PAGE: Yeah.

22 MS. BICKERS: Give me just a second.

23 MS. PAGE: Okay.

24 MS. BICKERS: You should be able to
25 share now.

1 MS. PAGE: Okay. Are you all able to
2 see the screen?

3 MS. STONE: Not yet.

4 MS. PAGE: Okay. How about now?

5 MS. STONE: Yep.

6 MS. PAGE: Perfect, thank you. So I
7 will go over some of the member incentives,
8 and they are very similar to all of the
9 other MCOs.

10 So how are members educated on their
11 incentives? Of course, when they enroll
12 with the Medicaid Passport plan, they do get
13 a member packet containing all of the
14 information about our healthy rewards and
15 incentives through a welcome kit. Of
16 course, our website, and I will talk a
17 little bit in a minute if members don't have
18 access to a computer.

19 Our website has a lot of information
20 -- this is just an example. I'll go into
21 more -- it's pretty small -- that contains
22 information on the healthy incentives and
23 rewards. We have flyers on our website
24 detailing the extra benefits. We talk about
25 what the members can receive and what they

1 need to do to receive those additional
2 rewards.

3 For a member to receive some of the
4 incentives, they have to fill out an
5 attestation form that the provider also has
6 to sign. So when you were talking about
7 school-based services, you all can use that
8 form and sign it if there is services
9 provided to a member. So that is available
10 on our web as well.

11 We also send out a quarterly
12 newsletter. And every quarterly newsletter
13 there is something about the value-added
14 benefits and the rewards. It is also in our
15 member handbook. So clearly, we are
16 advertising this quite a bit.

17 These are the members that are
18 available. Now, the Covid was discontinued
19 in July of 2023, but it was available at the
20 beginning of the year. The majority of the
21 incentives are based around gift cards. A
22 little bit of that will be changing in 2024.
23 But they get incentives for things like a
24 diabetic retinol exam, prenatal visits, we
25 had that for Covid, follow-up visits from an

1 inpatient stay.

2 We also offer the free phone and data
3 plan, the sports -- school and sports
4 physicals, up to \$100 for contact lenses,
5 Weight Watchers programs, blood pressure
6 cuffs we were offering, but since those are
7 now a covered benefit, those are not a
8 value-added benefit anymore. They're just
9 under regular coverage. We offer GED, an
10 exam voucher, and a gift card for passing.
11 And we do have an extensive asthma program.

12 Passport does have one-stop shops
13 located throughout Kentucky. And we have
14 one in Owensboro, Covington, Lexington,
15 Hazard, Bowling Green, and a soon to be open
16 one-stop shop in Louisville. That is where
17 members can go and access a Passport person.
18 We have computers there available for them
19 to use. We're open Monday through Friday, 9
20 to 5.

21 And we also do have community
22 engagement events for those members who may
23 not have access to our one-stop shop. We do
24 have, as other MCOs, our community
25 engagement events all throughout the state

1 of Kentucky.

2 Overall, in 2023, over 9,000 members
3 received rewards, 35 percent of those were
4 rewards for completing their HRAs.

5 So what's new in 2024? We'll be
6 offering credits. So members can earn up to
7 \$140 in gift cards if they get the
8 immunizations, completing the HPV series, up
9 to \$125 in maternity credits. The free GED
10 test, and the \$50 gift card for passing is a
11 benefit in 2023. And we have some
12 incentives for using the smartphone.

13 And a touch a little bit upon the
14 refugee. We do have a case manager who is
15 at the Kentucky Refugee Ministries and
16 Catholic Health Charities who assists
17 immigrants. We have not necessarily seen an
18 increase in services, but what she has seen,
19 is an increase in demand for assisting
20 members in getting on Medicaid.

21 And that is all that Passport has.
22 Any questions?

23 MS. STONE: I just thank you for all
24 of this by the way. And so, if I understood
25 you correctly then, you all take an

1 attestation form --

2 MS. PAGE: Yes.

3 MS. STONE: -- that's available on
4 the website, and then, does that have to
5 come directly to you from the member or can
6 the provider submit that, and then the
7 member reach out to member services? Is my
8 first question.

9 MS. PAGE: Yeah, the provider can
10 submit it -- submit the form.

11 MS. STONE: Okay.

12 MS. PAGE: Yeah.

13 MS. STONE: Okay. Okay. And I was
14 just, as a random, I know you said that you
15 all haven't seen an increase as far as
16 immigrant refugees. We've gone from just
17 under 8,000 multilingual learners in JCPS in
18 2018, to we're close to 18,000 --

19 MS. PAGE: Yeah.

20 MS. STONE: -- multilingual learners
21 at this point predicted to be over 21,000
22 next year.

23 MS. PAGE: Yeah.

24 MS. STONE: So we are seeing a huge
25 influx of immigrant refugees.

1 MS. PAGE: Yeah.

2 MS. LOCKHART: And I knew the impact
3 was going to be huge.

4 MS. PAGE: Yes, she has seen an
5 increase in members asking for assistance in
6 how to get Medicaid --

7 MS. STONE: I see, I see, yeah.

8 MS. PAGE: -- and how to complete the
9 forms and so forth, but as far as the case
10 management, we've not seen an increase at
11 this point. But looking at maybe increasing
12 some of our exposure into the ministries and
13 Catholic health charities.

14 MS. STONE: Thanks so much.

15 MS. PAGE: Thank you, all.

16 MS. LOCKHART: Yeah, thank you very
17 much. Great presentations, everybody. Very
18 informative. Very well done. We appreciate
19 the effort you put into that.

20 New business: We have a data
21 request, which will come back to us, right,
22 at our next meeting? And, Eva, you put
23 update on CMS on the updated school-based
24 Medicaid technical assistance guide and
25 plans to get updated document to schools.

1 MS. STONE: I just wanted to get an
2 update for the TAC on the new technical
3 assistance guide for schools and when that's
4 going to be posted on the website for the
5 school districts to access.

6 MR. DEARINGER: Hi, this is Justin
7 Dearinger with the Department for Medicaid
8 Services Division of Healthcare Policy. So
9 that is completed and will be updated within
10 the next couple of days added to our website
11 here in the Department for Medicaid
12 Services. It will also be added to the
13 website for the Kentucky Department of
14 Education, and we're going to try to e-mail
15 those out to all the school districts as
16 well. And all the schools that have signed
17 up as school-based service providers. So
18 that will all be coming out -- that just got
19 approved this week, finalized, so that will
20 all be coming out within the next few days.

21 MS. STONE: Thank you.

22 MR. DEARINGER: You're welcome.

23 MS. LOCKHART: And, Dr. Stone, an
24 update?

25 MS. STONE: I'm laughing at you,

1 Lisa. I just wanted to make sure the TAC
2 was aware that -- and Kentucky's been very
3 progressive, and so, you know, hats off to
4 DMS for all the work that's happened. But
5 Kentucky was one of the earlier states to
6 expand school-based Medicaid billing to
7 allow for services outside of a student's
8 individual education plan, and so, there's
9 been a lot of work happened for that. And
10 so, as a state, you know, that's a great
11 benefit to ensuring that children -- it's
12 just a great equity move to help ensure that
13 all children have access to health care.

14 And so, when that work started --
15 there is a national collaborative: Healthy
16 Students, Promising Futures that has state
17 committees for states that have groups who
18 are working on expanded billing in their
19 states. And so, I just wanted to make the
20 TAC aware that we've got this learning
21 collaborative that's been in place for some
22 time. But it's got Erica and Annette from
23 DMS who are a part of that group, Lindsey
24 Kimbleton with Department of Education, and
25 then some advocacy groups, and some local

1 school districts are part of that work.

2 And so, we have recognized, or we've
3 set goals within our group for this year,
4 and one is the concern that not many school
5 districts are taking advantage of this
6 opportunity for expanded billing. So I
7 think we've got 52 -- 56 districts, excuse
8 me, that have signed up to expand -- to
9 participate in expanded billing out of our
10 171 districts. And so, part of our work is
11 going to be helping to educate districts,
12 and I know that that's something that we
13 just want to make sure that the TACs are
14 aware of.

15 MS. LOCKHART: Mm-hmm.

16 MS. STONE: That, you know, there is
17 low participation on the school services.
18 And this is physical health, mental health
19 services as well. And so, that's really --

20 MS. LOCKHART: I think it would be
21 valuable to take to the MAC, and make sure
22 that that message gets presented there, I
23 would think.

24 MS. STONE: Well, I don't think
25 there's -- do we -- we have to vote on that,

1 right, Lisa?

2 MS. LOCKHART: Yeah, we do. We do.

3 MS. STONE: So if that's something we
4 want to do, I think we've got to --

5 MS. LOCKHART: We will have to bump
6 that I'm afraid, but -- because of a lack of
7 quorum, but --

8 MS. STONE: Anyway, I --

9 MS. WISEMAN: This is Jen Wiseman. I
10 don't know if -- I've been chiming in -- I'm
11 on my phone because I was leaving work when
12 this meeting started. So I don't know if
13 you all have accounted me as being here --

14 MS. LOCKHART: Oh, no, we didn't.

15 MS. WISEMAN: -- if that makes a
16 difference.

17 MS. BICKERS: No, we have not.

18 MS. LOCKHART: We didn't know you
19 were here.

20 MS. WISEMAN: Yeah, I've been here
21 through the presentations.

22 MS. LOCKHART: Great.

23 MS. WISEMAN: I got disconnected once
24 and came back in. I don't know what's going
25 on with my phone either. It says my video's

1 on, but I don't see an image of myself, so I
2 don't know if you guys can see me, or --

3 MS. STONE: We can, yes.

4 MS. LOCKHART: We can now.

5 MS. WISEMAN: Okay. I was like, my
6 phone could be turned around and you could
7 be seeing my couch right now. I don't know.

8 MS. LOCKHART: And all it says is
9 "Zoom user".

10 MS. STONE: Yeah.

11 MS. LOCKHART: So that may be why we
12 didn't know you were there. That might be
13 the other --

14 MS. WISEMAN: Yeah, my phone has,
15 like, a weird update, so -- but I had two
16 suggestions. One, I feel like it's almost
17 worth maybe to increase participation within
18 the schools for a lot of this school-based
19 health stuff, there should -- is there,
20 like, an education TAC or a specific
21 school-based TAC that would allow the
22 opportunity for more school-based people to
23 meet? Because I know we're the Nursing TAC,
24 and there's certainly nurses, you know,
25 within school systems providing this care,

1 and billing, and doing all that. But I'm
2 just wondering because there's so many
3 issues related to schools. Is that an
4 option to have, like, a formal school or
5 education health care TAC?

6 MS. BICKERS: We have a Children's
7 TAC that also tackles some of these.

8 MS. LOCKHART: Before you answer,
9 just one thing: I have a little emergency
10 that's just happened at work. I have to
11 step away.

12 MS. BICKERS: Oh, okay.

13 MS. LOCKHART: I'm going to pass this
14 over to Dr. Eva Stone to close us out here
15 because I know we're almost finished. I'm
16 very sorry.

17 MS. WISEMAN: It's all right, Lisa.

18 Are you guys still there?

19 MS. BICKERS: So to answer your
20 question, all of the TACs come from -- I'm
21 sorry, I'm having a total brain not working
22 moment -- legislation, sorry. They all come
23 down that way. So we do have the Children's
24 TAC that also does talk about a lot of
25 school-based services, and I see Justin's

1 hand's raised, and he's this subject expert,
2 so I'm going to hand it off to him.

3 MR. DEARINGER: So we do have --
4 there is a group of individuals that -- and
5 Erica Jones would know what that group is
6 called, but it's basically an advisory
7 workgroup committee that has school nurses
8 on it. It has other providers on it, and
9 they look at this topic.

10 They look at -- you know, they review
11 the technical advisory guide that goes out
12 to schools, but they also look at other
13 topics of, you know, how best to increase
14 participation for school-based services and
15 other care that's provided in schools to
16 school-aged children. They look at all the
17 different topics that come up -- we see from
18 various provider-types, including schools.
19 They send questions in, and we'll send that
20 to that group to research and to look at.

21 So there's all kinds of good work
22 being done on that committee. So that's --
23 there is not a specific technical advisory
24 committee, as this one is, but there is a
25 group of individuals that meet that are

1 discussing these topics and have some
2 amusing ideas to move forward. And we've
3 already tackled a lot of problems so far in
4 2023. Erica Jones is the branch manager of
5 the child and maternal health branch. She's
6 done an amazing job to get rid of a lot of
7 these roadblocks, remove some of the red
8 tape, and clear the way for providers to be
9 able to get some work done with these
10 school-based services and providing care in
11 school-based settings.

12 MS. STONE: And, Jenny, to just kind
13 of add to that, so the different TACs look
14 at it from a different -- like, there's a
15 Mental Health TAC, and so the school-based
16 issues are discussed in the Mental Health
17 TAC. Nursing issues are significant to this
18 TAC because it impacts nurses in clinical
19 services as well. So when we look at
20 value-based payments and ensuring that kids
21 have access to care, it's a nursing and
22 population health issue. It's discussed in
23 the Pediatric TAC. It's discussed in the
24 Equity TAC as well.

25 MS. WISEMAN: Well, I'm just thinking

1 -- and sorry, I don't know what's going on,
2 if you all can still see me or if it's
3 flipped my camera around.

4 MS. STONE: We can.

5 MS. WISEMAN: I just tried to log
6 back in on my iPad, so I don't know what's
7 going on. But anyway, I'm just thinking as
8 far as, like, these presentations. Like, I
9 would hate logistically for people to give
10 these on three separate occasions, or for --
11 -- you know what I'm saying?

12 MS. STONE: Yeah.

13 MS. WISEMAN: Because I feel like
14 it's good information, and you were just
15 talking about a third of -- not even a third
16 of school districts participating with the
17 expanded billing and stuff. I just -- I was
18 just thinking from a logistics standpoint,
19 like, how do you disseminate the information
20 here to ensure that it's not just JCPS.
21 That it truly is all the school systems are
22 hearing what you get to hear because of
23 being on the Nursing TAC.

24 MS. STONE: Absolutely.

25 MS. WISEMAN: So I guess my question

1 is how is this information, besides
2 potentially going to the MAC and other TACs
3 hearing it, how is the information that
4 we're discovering and these benefits, and
5 the work that you're putting in to ensure
6 that JCPS kids get, you know, the most
7 benefit out of programs offered to them?
8 How is that being disseminated across the
9 entire state?

10 MS. STONE: So a couple of things.
11 So I can speak to JCPS, but the work isn't
12 just about JCPS. So KNA has a school-based
13 nurse at every school initiative, so there
14 are multiple groups involved with that, so
15 there's dissemination through that. The
16 Healthy Students, Promising Futures
17 collaborative I was just talking about,
18 that's part of our agenda to disseminate
19 information out to additional groups. That
20 it gets out to school systems. That it gets
21 out to the public so there's more
22 information.

23 This information that the MCOs just
24 presented is pertinent to everybody. I
25 don't know if you were on at the very

1 beginning when we were talking about how the
2 school-based services, members can't access
3 these claims that these --

4 MS. WISEMAN: Yes, because they're
5 submitted under the health based, yes.

6 MS. STONE: That's right. So this is
7 information that needs to be out to the
8 clinics and the providers so they can be
9 sharing with patients how they can access
10 these benefits. So it's not information
11 that's just specific to one school district,
12 or even just a school-based care.

13 MS. WISEMAN: Right. I understand
14 that.

15 MS. STONE: You are 100 percent
16 right.

17 MS. WISEMAN: I guess my concern is
18 even when you look at professional
19 organizations, I know that KNA is in charge
20 of putting all of us here, as nurses, on
21 this Nursing TAC. But even in some of the
22 most rural areas where they may benefit from
23 this the most because they have the highest
24 patient populations on these Medicaid plans
25 in general, the nurses there are not members

1 of the KNA.

2 MS. STONE: Absolutely, that's right.

3 MS. WISEMAN: So how -- you know what
4 I'm saying?

5 MS. STONE: I do.

6 MS. WISEMAN: So, like, how is all --
7 what's our goal in getting this information
8 for, like -- put anything school related
9 aside. How do we get this information that
10 we're being presented with as KNA members on
11 this TAC to the nurses, and providers, and
12 the APRNs in the areas who need it who are
13 not even members of KNA?

14 MS. STONE: So that's through the
15 state's school nurse list serve for nurses.
16 There is also -- and we have a learning
17 collaborative of school nurses. We're
18 starting -- "we" being the learning
19 collaborative for the state --

20 MS. WISEMAN: Right.

21 MS. STONE: -- starting a community
22 of practice for mental health practitioners
23 who will also be groups that the information
24 is disseminated out to.

25 So -- and then, of course, you know,

1 DMS has their process. I believe they're
2 getting ready to do some work on
3 communication out to districts and providers
4 in general.

5 MS. WISEMAN: Okay. That was my -- I
6 mean, because even, like, the whole, you
7 know, hemoglobin A1C of greater than eight,
8 and that technology of getting them the
9 ability to be more compliant through iPads,
10 that's, like, phenomenal thinking.

11 MS. STONE: Mm-hmm.

12 MS. WISEMAN: I'm sure that's going
13 to be fairly effective honestly. Especially
14 with our state right now just putting the
15 initiative to get Internet access across the
16 state in general. So in my head, I'm
17 thinking, this is great. We're looking at
18 it. You're able to help disseminate it to
19 schools, but -- and all the other groups,
20 but how are we getting to people unrelated
21 to any --

22 MS. STONE: Mm-hmm.

23 MS. WISEMAN: -- you know, just our
24 providers who are not members of any
25 professional association. They're just out

1 there working and treating patients. Like,
2 how --

3 MS. STONE: I'm not -- I think there
4 are visits to the clinics, and the MCOs can
5 speak --

6 MS. WISEMAN: Okay.

7 MS. STONE: -- to this better, and I
8 don't know if it varies by MCO, but, like,
9 when I worked in a clinic, the MCOs visited
10 on a regular basis and brought information
11 about the benefits that their members could
12 have. And I think a couple of you mentioned
13 how you were doing that and disseminating
14 this out to providers, correct?

15 MR. OWEN: Yes. This is Stuart with
16 WellCare. We did, and we mentioned too, you
17 know, we work with family resource youth
18 centers as well, who also communicate with
19 schools. And we educate them on what they
20 share with schools, so that's another
21 avenue.

22 MS. STONE: And -- but providers
23 specifically, Stuart, outside of school
24 districts.

25 MR. OWEN: Oh, yes, yes, yes. We do.

1 We do. We do share them with providers as
2 well -- educate providers as well.

3 MS. MESKA: Yeah, Anthem does as
4 well, and we have a provider training
5 program that has a virtual platform for them
6 to log into. They can learn at their own
7 pace, or we'll connect with them where they
8 are.

9 MS. LEWIS: Same with United. We do
10 a lot of provider education. We do a lot of
11 outreach, and I believe we have, like,
12 quarterly meetings with different topics
13 where we do education. And then, again,
14 when we're in the community, we try to make
15 sure that we educate folks. And we have
16 people that go into provider offices, so,
17 like, our community health workers will
18 attend appointments sometimes with our
19 members. They'll talk about information and
20 try to help educate as well.

21 MS. STONE: Thank you, all.

22 MS. WISEMAN: Yeah, I'm just rattling
23 my brain on how to try to help because
24 historically speaking, this TAC has been
25 around for a long time. The five members

1 who were on it up until we were all placed
2 on this TAC were not active, and this -- the
3 way that this all came about to even start
4 back up in the Nursing TAC meeting -- I'm
5 just not sure of a lot of providers who work
6 clinically know about this stuff at all, and
7 so, that's my goal the more I'm learning
8 about this. Because I know I only work
9 clinically. I do not work in primary care.

10 MS. STONE: Mm-hmm .

11 MS. WISEMAN: I do not offer a lot of
12 these billable services with my --

13 MS. STONE: Gotcha.

14 MS. WISEMAN: -- ability as a nurse
15 anesthetist. I just don't deal with
16 immunizations --

17 MS. STONE: Right.

18 MS. WISEMAN: -- and vaccines, and
19 trying to get people into, you know, that
20 setting. But I do know, as a provider who
21 does bill Medicaid that a lot of, you know,
22 MCO changes, MCO rules, things that would
23 help providers treat more people, a lot of
24 providers really don't know. The providers
25 who are truly just treating patients, they

1 don't know about any of this, and --

2 MS. STONE: Yeah.

3 MS. WISEMAN: -- that's why I'm
4 bringing up the whole thing about the TAC.
5 The Nursing TAC, and the way I discovered
6 the Nursing TAC was a Medicaid issue that I
7 had.

8 MS. STONE: Yeah.

9 MS. WISEMAN: And when I took it to
10 the KNA, and the KNA was like, "Oh, well,
11 we're supposed to be putting the people on
12 this TAC".

13 MS. STONE: Mm-hmm. Yeah.

14 MS. WISEMAN: You know, and that was
15 fairly recent, so I'm just trying to make
16 sure that A, to save work for all the people
17 at DMS and everybody, you know, presenting,
18 that it's not needing to be duplicated
19 because that seems wasteful in time and
20 energy to do the same presentations over and
21 over, but I do think that we're getting such
22 good information that I'm trying to ensure
23 it's not just -- it's not just sent one
24 direction. That we're truly, even as a TAC,
25 helping these MCOs figure out how to reach

1 our colleagues --

2 MS. STONE: Yeah.

3 MS. WISEMAN: -- because I'm not sure
4 that they're all being reached. I
5 understand it's the same with kids. The
6 options are out there, but they're not
7 utilizing the options. The MCOs are taking
8 the time to put the options out there for
9 these providers to login and get this
10 training and understand, but they're not
11 doing it. So, you know, how do we bridge
12 that gap I guess is my --

13 MS. BICKERS: Jennifer, this is Erin
14 with DMS. If I could step in for just a
15 minute.

16 MS. WISEMAN: Sure, yeah.

17 MS. BICKERS: We do have several TACs
18 that work in conjunction with each other.
19 Just recently, the chair from I believe it
20 was the Therapy TAC had an issue he wanted
21 to bring to the Physicians TAC.

22 MS. WISEMAN: Mm-hmm.

23 MS. BICKERS: So we did some e-mails,
24 we got them on the agenda. I think when it
25 comes to school-based services in

1 particular, you guys and the Children's TAC
2 may have some agenda items that you guys
3 could maybe work hand-in-hand with.

4 We do have a lot of TACs that work
5 together. We do have a lot of presentations
6 that are given over and over, and I'm sure
7 MCOs are -- they just switch the names on
8 them and update them just a tad, which we're
9 always happy to do.

10 But one of the things as far as
11 getting that information out to the public
12 that I wanted to address: One, invite
13 people to these meetings. They're open to
14 the public. Two, there was another thing --
15 that's another thing that I think is
16 wonderful about the TACs is you guys bring
17 some issues here, we bring information back,
18 and you guys help us -- I know DMS does
19 provider letters, we do stuff on all of our
20 websites, our MCO partners are wonderful
21 about sending out the same notifications.
22 However, it's you guys out in the field who
23 say, Jennifer, you know this nurse that
24 works in this place over here who isn't a
25 part of the association, who's never heard

1 of the TAC meetings. Let them know, "Hey,
2 this is some information I heard". And so,
3 we are hoping that the providers are also --
4 you guys are also going back out into your
5 fields and sharing the information that
6 you're learning and gathering any questions
7 -- you know, the nurse you may reach out to,
8 "Hey, I was in this meeting. We were
9 talking about value-added services." And
10 they may say, "What are you talking about?"

11 And so, you're able to share and
12 educate along with us to people that we may
13 not always get to be in contact with daily.
14 So I always encourage everybody to invite
15 people to these meetings. They're open
16 forums, they're completely open to the
17 public. If you come across someone who, you
18 know, you're educating on something, and
19 they have questions write them down and add
20 them to your agenda. You're always welcome
21 to e-mail me, and I can send them out to the
22 MCO partner or somebody within DMS and try
23 to get you answers before your next meeting.

24 So that is our hope. That the
25 members of the TAC are also helping DMS and

1 the MCO partners help funnel as much
2 information out as we can to some of those
3 providers we might not be reaching in other
4 manners.

5 MS. WISEMAN: Yeah.

6 MS. STONE: Jenny, you know, the list
7 of, like -- I'm no longer on the coalition's
8 list. I'm not a part of that group anymore.
9 But you have access -- your nurse
10 anesthetist group --

11 MS. WISEMAN: Mm-hmm.

12 MS. STONE: -- a lot of the questions
13 and things that end up on the agenda, if I
14 request to be on there, it's because I've
15 seen it from our communities that practice,
16 or they're questions that have come my way.
17 So this group isn't all about school-based
18 health. It just turns out that way because
19 that's where the questions are coming from
20 right now.

21 MS. WISEMAN: Right. And I wasn't
22 trying to say that it's that way. I was
23 just thinking along the lines of how do we
24 disseminate, you know, information --

25 MS. STONE: Right.

1 MS. WISEMAN: -- in general?
2 Especially this school stuff because, like,
3 JCPS is fortunate to have you and have you
4 here and participating so you can ensure a
5 relay to that district. Do you know what
6 I'm saying? But I was -- and I don't know
7 any other school-based meetings beyond that
8 because I'm not in any school-based
9 anything.

10 MS. STONE: Right, right.

11 MS. WISEMAN: So you know more I was
12 just asking, you know, along the lines of us
13 as members sitting here right now. How are
14 we going to help get this out because, like
15 I said, a lot of people who are truly just
16 treating patients, they're not the ones
17 logging in --

18 MS. STONE: Yeah.

19 MS. WISEMAN: -- to read this on the
20 DMS website or MCO website. At best,
21 they're going to call an MCO if there is a
22 billing problem. You know what I'm saying?

23 MS. STONE: Yeah.

24 MS. WISEMAN: But I think it's great
25 information. That's just kind of I was

1 asking for us, like, what's the best way to
2 go about helping this get pushed.

3 MS. STONE: I think it's a good
4 question. Thank you.

5 And the only other thing -- and I see
6 that we are at time -- is just a data
7 request for last year on expanded billing
8 and schools to look at what types of
9 services were provided by quarter for
10 expanded billing. I know those have the 99
11 modifiers, so hopefully that's something
12 that -- and that actually might feed in a
13 little bit to Jenny's point. What services
14 are being provided, where are there gaps,
15 and then, how do we use that data to educate
16 providers in Kentucky with opportunities to
17 partner?

18 MS. STONE: And maybe if -- I mean,
19 maybe there's a way to even have data pulled
20 that just says what are the 15 lowest
21 counties utilizing these services? And
22 maybe KNA can take a role and say, okay,
23 we're going to contact people in this area
24 who are members, and let them know because
25 statistically, these areas are not taking

1 advantage of this. You know, maybe it's --

2 MS. BICKERS: Erica Jones has her
3 hand raised. Oh, sorry, Jennifer. Erica?

4 MS. JONES: Hi, good afternoon. And
5 I know we're short on time, so I'll try to
6 make this brief. We did get the data
7 yesterday for state fiscal year 2022 on the
8 school-based services, and we can present
9 that at our next TAC meeting. But just a
10 couple of highlights: We have noticed
11 already that the -- there is an increase in
12 services from state fiscal year '22 to '23.
13 So there was a total of 15,612 claims in
14 fiscal year '22. And of very incomplete
15 data, as of now for 2023 -- of course school
16 districts have until June 30th of 2024 to
17 submit their final claims for that state
18 fiscal year. But already we are over 6,000
19 additional claims --

20 MS. STONE: Yay.

21 MS. JONES: -- for the newer -- yes.
22 And then we had 2,486 members served in
23 fiscal year '22. We have already over 6,600
24 members served for state fiscal year '23.
25 So we are on the right trajectory. It's

1 still, you know, a process.

2 And we do have a survey that is going
3 out to every single school, and that's going
4 out in January. It's a comprehensive survey
5 asking them if they participate in
6 school-based services, if they do, what type
7 of services are they performing? If it's
8 strictly IEP, if they're involved in
9 expanded access. If they're not, what are
10 those concerns, what are some barriers, so
11 we know what we need to address. And also,
12 if they're partnering with SQHCs or rural
13 health centers because we wouldn't see that
14 data as school-based services, but that
15 doesn't mean that there aren't services
16 being provided in the school setting. So
17 we're just wanting to see, like, that
18 comprehensive picture of what's actually
19 being done in the schools so we can better
20 serve our members there.

21 MS. STONE: Thank you, Erica. Okay,
22 everybody, is there anything else?

23 (No response).

24 MS. STONE: I believe our next
25 meeting is scheduled for February 15th. Do

1 we have to formally adjourn?

2 MS. WISEMAN: Thank you.

3 MS. STONE: It's just you and I
4 without Lisa.

5 MS. WISEMAN: I'll make a motion if I
6 need to.

7 MS. STONE: And I'll second it.

8 MS. WISEMAN: Okay. Thank you.
9 everybody.

10 MS. STONE: Thanks, everyone.

11 (Meeting adjourned at 1:40 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim 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 8th day of January, 2024

Tiffany Felts, CVR
Tiffany Felts, CVR