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2 CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
3 NURSING SERVICES
TECHNICAL ADVISORY COMMITTEE MEETING
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Via Videoconference
14 August 10, 2023
Commencing at 3:00 p.m.
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Shana W. Spencer, RPR, CRR
24 Court Reporter
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1 **APPEARANCES**
2
3 **BOARD MEMBERS**:
4 Lisa Lockhart, Chair
5 Dolores (Dee) Polito
6 April Hester
7 Jennifer Wiseman
8 Dr. Eva Stone
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1 P R O C E E D I N G S

2 MS. BICKERS: It is just now 3:00,
3 so if you want, you're welcome to start,
4 Lisa. If you want to give it a moment longer
5 to see if we have anyone else join us, it's
6 completely up to you.

7 CHAIR LOCKHART: Okay. Well, let's
8 just give them another, let's say, two
9 minutes and just see if at least Dr. Stone
10 pops in because I was expecting her.

11 MS. BICKERS: Yes, ma'am.

12 CHAIR LOCKHART: A lot of these
13 questions on here are things that have been
14 burning for her so...

15 MS. POLITO: Well, since we have a
16 quorum, Lisa, I move that we approve the
17 April minutes.

18 CHAIR LOCKHART: Yes. We
19 absolutely can do that so -- and who was that
20 that just spoke?

21 MS. POLITO: It's Dee.

22 CHAIR LOCKHART: That's Dee. Okay.
23 So we want to go ahead and approve the
24 minutes for April, and I already have a first
25 from Dee Polito. And do I have a second?

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1 MS. BICKERS: Friendly reminder.
2 Your camera must be on to vote.
3 CHAIR LOCKHART: Oh. Hang on. Let
4 me -- let me do that. Sorry. I forget. Can
5 you see me?
6 MS. POLITO: Yes.
7 MS. BICKERS: Yes, ma'am.
8 CHAIR LOCKHART: I don't see any --
9 MS. BICKERS: April, can you also
10 turn your camera on?
11 MS. HESTER: I'll intermittently
12 have my camera on and off, but I can't turn
13 it on right now. I'm sorry.
14 MS. BICKERS: Okay.
15 MS. HESTER: I'm in a care area.
16 MS. BICKERS: I understand. We
17 will -- it looks like Dr. Stone is logging
18 in, so as long as she can turn her camera on,
19 we have three voting members.
20 MS. HESTER: When I vote, I can run
21 to the bathroom or hide somewhere.
22 MS. BICKERS: Yes, ma'am. And I
23 completely understand. That just keeps us
24 covered. Okay. It looks like Dr. Stone --
25 I'm assuming that's Eva -- is on.

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1 CHAIR LOCKHART: Yes. Yep. That's
2 her. Okay. All righty. So if we could have
3 somebody visual that can give me a second,
4 we'll approve the minutes from April.
5 DR. STONE: I'll second it.
6 CHAIR LOCKHART: Yay. How you
7 doing? Thanks for joining. So we've got
8 four out of five. That's pretty good. Okay.
9 All right. Wonderful. All right. Thank you
10 very, very much.
11 And as we all know, we took a little
12 summer break last time. So we did not
13 meet -- let's see, April, May -- in June. So
14 here we are in August, August 10th. I hope
15 this finds everybody well.
16 We really were kind of caught up on old
17 business. What we had was new business that
18 carried over on the agenda because we didn't
19 meet. And some of these were questions that
20 Eva Stone had brought forward, Dr. Stone had
21 brought forward wanting to see addressed.
22 Great questions. We all want to see them
23 addressed. So if it's all right with the
24 team, we will go ahead and move through the
25 agenda.

1 So the first question is: With the end
2 of the pandemic emergency, we would like an
3 update from the Cabinet on the Medicaid
4 unwinding and how things are going. We
5 talked a lot when we got together the last
6 time about all the plans they had to make
7 sure that nobody got lost in the shuffle of
8 transition as benefits came to an end for
9 some people. So we're wanting to see how
10 things are going, where we are with people
11 losing their coverage.
12 I know there's a lot of concern about
13 maternal health and child health from this
14 particular group, a vantage point. But we
15 care about all Kentuckians, of course. But
16 if we could hear from the group with how
17 that's going, that would be great.
18 MS. BICKERS: Lisa, I'm scrolling
19 through to see who's on from DMS that might
20 be able to answer that.
21 CHAIR LOCKHART: Okay.
22 MS. BICKERS: If one of the MCOs
23 has any information they would like to
24 provide, they're welcome to speak while I
25 scroll through the list --

1 CHAIR LOCKHART: Because we did
2 have some --
3 MS. BICKERS: -- really quick.
4 CHAIR LOCKHART: Yeah. We did have
5 some great presentations from them when last
6 we met because I was actually amazed at how
7 diligent everyone was and what robust
8 programs they had planned. So we're eager to
9 hear what you got.
10 MR. OWEN: I do know -- I think
11 that the admin denials, which is -- sorry.
12 This is Stuart Owen with WellCare.
13 CHAIR LOCKHART: Hi.
14 MR. OWEN: That the procedural
15 denials -- basically, somebody has to do
16 something but hasn't done it -- was higher
17 than anticipated. However, on our recent
18 call with other WellCare markets, I learned
19 that 12 different states, I believe it is,
20 CMS has shut down the state because they're
21 not doing it well. Kentucky is --
22 CHAIR LOCKHART: Oh.
23 MR. OWEN: -- not one of those
24 states, but those other states have been shut
25 down on that. They've had to stop basically

1 because they haven't been doing it in a
2 compliant -- you know, well enough to satisfy
3 CMS, but that's not the case with Kentucky.
4 CHAIR LOCKHART: Okay.
5 MR. OWEN: And I know DMS has been
6 extremely aggressive, a whole lot of
7 outreach, I mean, ongoing outreach to members
8 and phone calls. I mean, it's a very, very,
9 very high -- whatever -- intense program that
10 DMS --
11 CHAIR LOCKHART: Yeah. Yeah. I
12 know the plans. Because when we met last
13 time in April, I was -- I think we all were a
14 little pleasantly surprised and impressed by
15 the aggressive plan that was there.
16 So when you say that to me -- did you
17 say Stuart? I'm sorry.
18 MR. OWEN: Yes. Yes.
19 CHAIR LOCKHART: So, Stuart, when
20 you say that to me, you mean people are
21 reaching out to keep their coverage, but
22 they're not completing the process correctly?
23 MR. OWEN: Yeah. So procedural
24 denials, basically, somebody has been
25 notified, a member, that they need to take --

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1 they need to do something, and they're not
2 doing it.
3 CHAIR LOCKHART: Gotcha. Okay.
4 MR. OWEN: To basically, you know,
5 re-prove that they're eligible, and they're
6 not doing it.
7 CHAIR LOCKHART: Okay. And we
8 don't know what -- maybe DMS does know what
9 those -- I mean, there may be reasons that
10 we've identified. Maybe there's a -- because
11 I know there were preplanned ways to address
12 issues with language barriers and access
13 barriers and --
14 MR. OWEN: And some are people that
15 probably realize they don't qualify. It's
16 just -- you know, from what the --
17 CHAIR LOCKHART: Oh, right.
18 MR. OWEN: -- records we have, they
19 need to reattest, but they realize, well,
20 I've -- you know, I've got a job or whatever.
21 I make too much now, and they're just not
22 bothering to do it.
23 CHAIR LOCKHART: That makes sense.
24 MR. OWEN: Because they're probably
25 not eligible.

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1 CHAIR LOCKHART: Okay. All right.
2 Well, thank you. That's very helpful.
3 DR. THERIOT: Hi. This is
4 Dr. Theriot with Medicaid, and Stuart is
5 right. Up to a third to -- you know, 33 to
6 40 percent of people that are not following
7 through have a different insurance. So
8 either they've gone on to Medicare, or they
9 have a commercial plan. So it's not -- not
10 as, I guess, shockingly horrible as --
11 CHAIR LOCKHART: As it sounds on
12 the surface.
13 DR. THERIOT: As it sounds, yeah.
14 MS. JUDE: Lisa.
15 CHAIR LOCKHART: Yes.
16 MS. JUDE: This is Victoria with
17 Anthem Medicaid. I can speak to our efforts
18 as it relates to redeterminations. We do
19 have -- as many MCOs, I believe, probably
20 have something similar -- but extensive
21 education campaigns going, from updating the
22 address to making sure they take those next
23 steps to renew, and then also targeted
24 disenrollment outreach up to 90 days.
25 We're also actively leveraging our

1 community partnerships to assist members and
2 the community with this process. Anthem
3 Medicaid has diaper pantries, health and
4 hygiene closets, and community resource rooms
5 across the state.
6 So we have individuals actively going
7 there on a monthly basis to try to make sure
8 that members have a place to go. If they
9 have questions, the community can ask
10 questions, and we're actively providing and
11 distributing those resources.
12 In addition, we're working with the CBOs
13 to make sure there's -- we are providing
14 renewal lunch and learns and pop-up outreach
15 such as, like, the state fair. We're going
16 to be there educating on renewals. And then
17 also just communicating with providers and
18 community partners and members around keeping
19 them up to date through our newsletter
20 outreach and working internally with our
21 teams to make sure individuals don't fall
22 through the gaps during this time.
23 We, to date, have sent out over 50,000
24 communication efforts to our members, and we
25 are -- thankfully, I'm proud to say that we

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1 are seeing a 72 percent engagement rate. SMS
2 is leading in engagement for Anthem Medicaid
3 so...
4 CHAIR LOCKHART: That's awesome.
5 Thank you.
6 Do we -- did you find anyone else, Erin,
7 for us?
8 MS. BICKERS: I didn't. Kelli was
9 kind enough to reach out to Veronica
10 Judy-Cecil who is actually hopping on a
11 meeting with CMS regarding unwinding, so she
12 can't join us.
13 CHAIR LOCKHART: Okay.
14 MS. BICKERS: But she asked us to
15 let you guys know that there is a
16 stakeholders meeting, I believe she said,
17 next Thursday, so I'll email you guys the
18 link to that. She said there's a lot of
19 wonderful information about unwinding, and
20 she encourages -- encourages, excuse me,
21 everyone who can to attend. So I will send
22 that in a follow-up email after the meeting.
23 CHAIR LOCKHART: That's wonderful.
24 Thank you very, very much.
25 MS. BICKERS: You're welcome.

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1 CHAIR LOCKHART: Okay. So then
2 we'll go ahead with that unless anyone else
3 has anything else they want to add to that
4 topic.
5 (No response.)
6 CHAIR LOCKHART: No. Okay. So,
7 then, next on the agenda --
8 DR. STONE: No. Just -- Lisa, I
9 will say -- just to echo the thanks for all
10 the work that's happening.
11 CHAIR LOCKHART: Yeah. Yeah. A
12 lot. It is impressive. I mean, a lot of
13 good effort has been made. And to know that
14 Kentucky has managed to stay off the no-no
15 list is also very encouraging. Yay. Okay.
16 So good job there, guys.
17 CMS just issued new guidance for
18 delivering school-based Medicaid services.
19 We request that DMS, which may be difficult
20 since they're not going to be able to join
21 us, discuss their upcoming work around the
22 guidelines and any implications for nursing.
23 Is that something we're not going to be
24 able to address at this meeting? Will this
25 be a holdover?

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1 MS. JONES: We should be able to --
2 MS. BICKERS: I believe I saw
3 Erica. Oh, I'm sorry, Erica. There you are.
4 MS. JONES: Hi. Good afternoon.
5 I'm Erica Jones. I am the manager over
6 maternal and child health, which includes
7 fiscal-based services.
8 And in reference to the bullet point on
9 the agenda, in May of this year, CMS did
10 release the *Delivering Service in*
11 *School-Based Settings, a Comprehensive Guide*
12 *to Medicaid Services and Administrative*
13 *Claiming*. It's the first comprehensive guide
14 for school-based services that Medicaid has
15 released since 1997, so it has been met with
16 some eager anticipation to get into it.
17 In addition to the written guide,
18 there's also a technical assistance center
19 that's available to states and school
20 districts. The goal of -- or the goals of
21 the new guide are to further explain how
22 payments can be made for school-based
23 services including examples from various
24 states; also, to simplify billing which will
25 assist rural and small communities where

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1 access to health care may be challenging; and
2 also enrolling qualified healthcare providers
3 to offer services in the school setting. And
4 that's with that acknowledgment that some
5 schools are not able to hire all of the staff
6 that would be needed.
7 We're also awaiting further guidance
8 regarding a proposed rule to streamline
9 consent provisions under the IDEA that would
10 diminish some of the red tape for school
11 districts, but it would not interfere with
12 FERPA and parental consents.
13 And DMS is also hiring a Medicaid
14 specialist. We are in the final steps of
15 getting that person hired on, and they will
16 be coordinating the school-based services and
17 should be a resource for all of our school
18 district.
19 CHAIR LOCKHART: That's wonderful
20 news.
21 DR. STONE: Thank you, Erica.
22 CHAIR LOCKHART: To have somebody
23 just in charge of that is -- gives you the
24 focus that, I think, folks like Dr. Stone are
25 looking for; right?

1 MS. JONES: Yes. And you're very
2 welcome. And if there are any specific
3 details that you're wanting to -- us to
4 present, we can do that at the next meeting
5 once we have that staff in place and also
6 have a chance to dig through those 184 pages
7 of new guidance.
8 CHAIR LOCKHART: My, my. They
9 never make it easy, do they?
10 DR. STONE: Much appreciated.
11 MS. JONES: Thank you.
12 CHAIR LOCKHART: 184 pages. Just a
13 little light reading. And then they wonder
14 why people have so many questions. Thank
15 goodness there's so many talented,
16 well-educated, well-informed individuals
17 working on this. We appreciate everybody
18 that works on these items. It makes a
19 difference in the lives of so many
20 Kentuckians.
21 Health disparities for black mothers.
22 Dr. Theriot, I saw, is on the meeting. You
23 were going to come back to us with some
24 information, and you weren't able to make the
25 April meeting.

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1 DR. THERIOT: That's right. And
2 I'm glad you left me on the agenda and didn't
3 just forget about me.
4 CHAIR LOCKHART: No, ma'am.
5 DR. THERIOT: Erin, can you let me
6 share my screen?
7 MS. BICKERS: Yes, ma'am. Or I
8 have your presentation pulled up that you
9 sent -- that we sent out in June, whichever
10 is easiest.
11 DR. THERIOT: Oh, I updated it a
12 little bit.
13 MS. BICKERS: Oh, absolutely.
14 DR. THERIOT: When I looked at it,
15 it's like, oh, my gosh. That seems like a
16 really long time ago, so I added a few little
17 things.
18 MS. BICKERS: You should be a
19 cohost, ma'am.
20 DR. THERIOT: Thank you. This
21 will -- can you guys see it?
22 CHAIR LOCKHART: Yes, I can.
23 DR. THERIOT: It's not very long.
24 So if I remember right, this was mainly to
25 talk about health disparities for black

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1 mothers as far as maternal health goes, and
2 so I tried to focus on that.
3 And just a little definition because we
4 have so many different ones when you're
5 talking about maternal deaths.
6 Pregnancy-related deaths are the deaths that
7 occur because they have something to do with
8 the pregnancy, so they presumably would not
9 have occurred if the mom wasn't pregnant;
10 versus pregnancy-associated deaths where the
11 pregnancy -- the mom died either while she
12 was pregnant or within a year of being
13 pregnant from some cause that had nothing to
14 do with the pregnancy, you know, like
15 earthquake or something.
16 And so when you see the different
17 numbers, you really have to make -- or the
18 rates, you have to, you know, look and say,
19 okay, is this pregnancy related, or is this
20 pregnancy associated? But when we focus down
21 primarily on the pregnancy-related deaths --
22 so these people died because they were
23 pregnant -- there were more than 1,200 deaths
24 in 2021.
25 And this was one of the things I went to

1 see if they updated it because I thought, you
2 know, that's a long time ago. But,
3 unfortunately, they have not updated that.
4 And, you know, this came from, you know,
5 national sources, so it takes them, you know,
6 more than a year to kind of get the data.
7 But that's an enormous amount of
8 pregnancy-related deaths.
9 CHAIR LOCKHART: Yes.
10 DR. THERIOT: Now, getting into
11 Kentucky specifically, on our census, we
12 had -- 87.5 percent of our population is
13 white and 8.5 percent black. And the
14 majority of women that give birth are in
15 metropolitan areas with access to, you know,
16 those tertiary care centers, yet our
17 pregnancy-related deaths are much higher for
18 black mothers in Kentucky than white moms.
19 Now, this follows, you know, the
20 national numbers, but it doesn't make any
21 sense because there is access to care. So
22 you can't blame access on these deaths.
23 Oh, and that's my little definition.
24 So when we looked at -- this is from our
25 Maternal Mortality Review Report that comes

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1 out every year, and this is actually the 2022
2 report. And we looked at deaths -- maternal
3 deaths from any cause. So any cause, the
4 rate of death for black women was double the
5 rate of death for white women in Kentucky.
6 So 230.4 per 100,000 live births for black
7 women and 114.2 per thousand live births for
8 white women, so an enormous disparity there.
9 Then when we looked at pregnancy-related
10 deaths -- so these numbers are much smaller
11 than the all-cause deaths. But the
12 pregnancy-related deaths were even more than
13 double higher in black women compared to
14 white women, which is horrible, so 40.2 per
15 100,000 versus 13.1 per 100,000. And, again,
16 these are Kentucky numbers.
17 So when you're looking at those
18 pregnancy-related deaths, why are people
19 dying? And this is from the CDC. So I just
20 circled the highest. If you look at the red
21 circle on the slide, 22.7 percent of the
22 deaths are caused by mental health
23 conditions, and that is total out of every
24 pregnancy-related death.
25 But when you -- I forgot I did that.

1 When you look at black women, only 7 percent
2 are due to mental health conditions. The big
3 things that black women are dying from are
4 cardiac and coronary conditions,
5 cardiomyopathies. And then when you look at
6 the other ones that are highest, embolisms
7 and hemorrhage. But when you look at white
8 women, when you break it down, the highest is
9 still mental health conditions.
10 So that -- you know, that's a big
11 problem, I think, because what we do in the
12 state to address the problems for black women
13 are going to be different than what we do for
14 white women. And it appears that for black
15 women, there's a whole lot of cardiac
16 conditions or hemorrhage, things like that,
17 that need to be addressed.
18 So our all-cause deaths are increasing
19 steadily, and this is, what, 140.9 in 2018.
20 We'll have to update that number. But you
21 can just see it just keeps going up. And
22 then from national numbers, this is over time
23 as well. And it's the mortality rates broken
24 down by black, non-Hispanic, white, and
25 Hispanic. And I can't point to it, but the

1 highest cluster are the different -- or the
2 highest rates of deaths are the
3 African-American women in every year, in
4 every year from 2018 to 2021.
5 And then, of course, if you are having
6 problems with pregnancy, you know, what's the
7 other part of that dyad is the baby. And so
8 black women also have much higher rates of
9 preterm births. You know, white is 9.1;
10 black is 14.4. And also low birth weight.
11 So, again, much higher than the rest of the
12 racial breakdown for our black moms.
13 And I think part of -- you know, it's a
14 lot of data, and you think: Well, what can
15 we do about it? I mean, part of it is
16 defining the data and looking at it and then
17 you can try to piecemeal, you know, what are
18 we going to do? What are some things we can
19 do?
20 Because -- and this is just personally
21 for me. Because a lot of our black moms are
22 in the metropolitan areas with those tertiary
23 care hospitals, and access to care is there.
24 And it's the same doctors and the same, you
25 know, staff and everybody -- you know, the

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1 same system taking care of the -- these moms,
2 I think it kind of boils down to the human
3 factor, is what the difference is in, you
4 know, the white moms and the black moms.
5 And so we have to maybe address things
6 like bias training, implicit bias training
7 and things like that to try and get some of
8 this addressed.
9 Yep. And that's all I have. I shall
10 stop sharing.
11 CHAIR LOCKHART: Thank you. That
12 was very informative and sad. The numbers
13 are just disturbing.
14 DR. THERIOT: Yep. I'm sorry.
15 CHAIR LOCKHART: Yeah. Yeah. We
16 all -- we all are. But it's interesting you
17 bring up implicit bias because there is
18 education through KNA available on implicit
19 bias. It's very well done, and that is
20 available -- (audio glitch) -- to make an
21 effort to get that statewide. It needs to be
22 done. Yeah. Absolute -- all level of
23 caregivers. So thank you very, very much.
24 Any questions for Dr. Theriot? Any
25 comments?

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1 DR. STONE: Just a question. Thank
2 you, Dr. Theriot, because that was -- I mean,
3 that was a great presentation. It's
4 heart-wrenching, but it's great.
5 And I'm assuming this is a yes, but I
6 know that there's been a lot of work done on
7 your all's end for equity across the state.
8 And can you just tell us how this is folded
9 into the equity work that you're doing? Can
10 you tell us a little bit about -- because
11 this is so disturbing in areas where -- you
12 know, metropolitan areas especially, there
13 has been so much education and awareness done
14 that we just aren't making gains.
15 DR. THERIOT: I think we just have
16 to do more. I think -- honestly, I think
17 we're still in the stage of -- you know, a
18 lot of people don't believe racism exists.
19 And, you know, so you have to kind of get
20 over that barrier before you can do other
21 things to address the issue.
22 So I think we just have to keep trying
23 on all fronts. Keep it in the front of what
24 we're doing. You know, when we're working on
25 projects, make sure that we are, you know,

1 considering, you know, race and ethnicity
2 when we create projects and things like that.
3 It has to be part of everything we do.
4 DR. STONE: Thank you.
5 CHAIR LOCKHART: Anyone else?
6 (No response.)
7 CHAIR LOCKHART: That was
8 wonderful, Dr. Theriot. Thank you very, very
9 much. We appreciate the information.
10 And, of course, Erin, we're going to
11 make sure that that PowerPoint is shared with
12 the team?
13 MS. BICKERS: Yes, ma'am.
14 CHAIR LOCKHART: Okay. Perfect.
15 Okay.
16 All right, then. We're moving along
17 rather quickly. The state plan was amended
18 to allow billing for community health
19 workers. We'd like an update on that. And
20 there was a lot of robust conversation about
21 that, especially looking at ARNPs and just
22 wondering where those conversations are or
23 where we are with any of that.
24 MS. BICKERS: Jonathan did drop
25 some information in the chat that I've copied

1 to send to you in an email as well, but is
2 there anyone on that would like to give an
3 update?
4 MS. PARKER: Well, this is Angie
5 Parker. I am the Director of Quality and
6 Population Health within the division --
7 within the Department For Medicaid Services.
8 The community health worker did -- for
9 the providers to be able to bill did start
10 July 1st. A -- the information regarding an
11 FAQ is on our website. And I do have a --
12 we've already done some adjustments to that.
13 But as Jonathan has put in the chat regarding
14 the regulation, that will probably be of
15 benefit for you all as well.
16 CHAIR LOCKHART: Thank you. I just
17 now saw that link, and that'll be sent out to
18 everyone as well, is what Erin just stated.
19 Thank you. That'll be very helpful.
20 Team, any questions?
21 DR. STONE: Just a thanks to
22 everybody.
23 CHAIR LOCKHART: Very much so.
24 Okay. Do we have any reports from our MCOs
25 that are on the call?

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1 MR. OWEN: This is Stuart. I don't
2 have any reports. But, earlier -- you know,
3 we're talking about racial equity, and there
4 is a concerted effort, all MCOs and DMS. We
5 kind of have a collaborative workgroup
6 regarding that and regarding tools that we
7 all have to address that.
8 And so it definitely is something that
9 we all are, you know, planning and developing
10 and, obviously, it's a critical need.
11 Probably should have, you know, been better,
12 I guess, in the past, but it is definitely a
13 point of emphasis, you know, with all the
14 MCOs and DMS. And there is a -- there is a
15 collaborative workgroup going on.
16 CHAIR LOCKHART: That's great.
17 That's great. I didn't -- you know, that's
18 wonderful. Thank you very much, Stuart.
19 MR. OWEN: Sure.
20 CHAIR LOCKHART: Anyone else?
21 MS. PARKER: Well, I just want to
22 add to that. I mean -- again, this is Angie
23 Parker with Medicaid. A little over a year
24 ago, the Department did a reorganization, and
25 part of that reorganization was the

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1 development of the Quality and Population
2 Health Division, and within that division is
3 the Equity and Determinants of Health branch.
4 So it's been -- that's where we have
5 kind of forced the topic, and we are looking
6 at this very holistically. And as Stuart
7 mentioned, that we are working with the MCOs,
8 and we're ensuring that the information in
9 contracts and whatever is put out from
10 Medicaid includes equity information and how
11 to ensure that it is part of the
12 conversation.
13 CHAIR LOCKHART: Good. Excellent.
14 MS. NACHREINER: This is Jennifer
15 from Aetna Better Health. Just to add
16 additional information to, you know, managed
17 care and how we're helping to sort of tackle
18 this equity issue, what -- I think, you know,
19 we've been thinking about these topics for a
20 long time; right? And we know that they
21 exist. But identifying where they exist and
22 to the extent is sort of the first step.
23 But I feel really strongly and what
24 we've tried to do at Aetna is to understand
25 the sort of member perspective as to why

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1 these disparities exist; right? We have --
2 DMS has the data. Each MCO has data. We can
3 look and see, like Dr. Theriot provided, who
4 is seeking or not seeking services at
5 disparate rates.
6 But the question we all need to be
7 thinking about together is: Why? Why --
8 what is it about the experience of black
9 women in the west end, and why is it that
10 although they have access to services, there
11 are still barriers that exist to them
12 receiving those services?
13 So getting the voice of our members in
14 this conversation is -- is really important
15 to me. We're, as an MCO, not always the
16 first round of people that our members want
17 to talk to about these issues; right? We
18 want to be part of the solution.
19 So we've started some community health
20 councils in different areas throughout the
21 state to bring stakeholders together to ask
22 these questions and to get perspective from
23 members, from providers, from community-based
24 organizations. What is it you're seeing in
25 your area as top priority, and what can we

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1 all do across industries to try and tackle
2 it? Be it food insecurity, housing, and
3 those barriers to receiving the services that
4 DMS allows us to provide, and we feel very
5 grateful to be able to provide to our
6 members. It's there, but how do we get our
7 members to those services?
8 So I think that's just something that I
9 try to impart whenever we're having these
10 conversations, is -- identifying the
11 disparity is one piece. But, like, what's
12 the "why" there? And getting our members who
13 are impacted by these inequities is really
14 important.
15 MS. KUNTZ: Hi. And this is
16 Stephanie Kuntz with Anthem. To kind of
17 piggyback on that, we have realized that
18 doulas -- we had a doula grant in 2022, and
19 we're continuing to deliberate in 2023. In
20 2022, we focused on women of color in urban
21 areas, and this year, we're focusing on the
22 rural areas.
23 But I think that having doula services
24 really does help in members -- our members
25 advocate, you know, for themselves and

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1 understand the process, understand prenatal
2 care, understand, you know, postpartum care
3 and the importance of all that and making a
4 birth plan that works for that person.
5 So I think that -- I mean, doulas aren't
6 currently covered by Medicaid, but I know
7 quite a few MCOs are trying to lead doula,
8 you know, extra benefits, whether it's
9 through a value in the benefit or a vendor.
10 But we have seen great outcomes with our
11 doula rates, really low -- you know, really
12 great improvements in the birth outcomes, you
13 know, low C-section rates, low preterm birth
14 rates, just really good outcomes, lots of
15 breastfeeding, low postpartum depression.
16 So I really think that doulas can help
17 us play a role in this equity because they
18 are in the community. They are really boots
19 on the ground. So that's kind of a little
20 food for thought there and what we've seen
21 through our doula grants.
22 CHAIR LOCKHART: Thank you.
23 MS. KUNTZ: You're welcome.
24 MS. LEWIS: Hey, this is Suzanne
25 Lewis with UnitedHealthcare, and I would just

1 echo that and 100 percent agree with you on
2 the doula services. We also offer doula
3 services for our pregnant members and -- any
4 of our pregnant members. I have a community
5 health worker on my team who is also a
6 trained doula and works with our members.
7 So, you know, I agree. I think that's part
8 of it. I think there's an education piece.
9 And then more than that, when we look at
10 this from a population health perspective,
11 one of the things that United did earlier
12 this year was -- you know, with regards to
13 our maternity program, we implemented a
14 new -- a new program for our rising risk
15 population and focused on our BIPOC moms to
16 really look to see what those disparities
17 were, to talk with our moms, to educate,
18 provide doula services, and engage with our
19 members in the community, you know, again,
20 trying to address some of the inequities and
21 disparities for our BIPOC population.
22 So those are some things that we've been
23 doing as well just this year. And like I
24 said, I think it was, like, February, we
25 rolled that out. So I would agree. But with

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1 the doula services, I would also sing their
2 praises, and I think that that is a great
3 option for Kentuckians.
4 CHAIR LOCKHART: Thank you. Thank
5 you very much. Yeah. Doulas provide
6 invaluable service.
7 Anyone else?
8 MS. LEWIS: Lisa, the only other --
9 this is Suzanne again. The only other
10 thought I had was around -- you know, as this
11 is the Nursing TAC, I was wondering what
12 are -- you know, whether or not we're -- I
13 don't know if anybody is on from Galen or any
14 of the nursing schools.
15 You know, having more diversity in the
16 workplace and more diversity in healthcare
17 providers for our moms, I think that's huge.
18 And I'm just wondering if we're seeing any
19 effort to recruit more diversity in our
20 nursing students. I'm just thinking along
21 those lines, and I don't know the answer to
22 that. So it's really a question to the
23 group.
24 CHAIR LOCKHART: Well, now, I don't
25 know if April Hester maybe might have

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1 something to add to this conversation. But I
2 can tell you from being on the board for KNA,
3 on the board for KNAC, and working
4 extensively with different committees within
5 that structure, there is a huge effort being
6 made to look at equity and inclusion and
7 recruitment and what that looks like, and how
8 do we make that better.
9 MS. LEWIS: Okay.
10 CHAIR LOCKHART: Along with -- and
11 that sentiment is shared and is part of the
12 action agenda for both ANA and KNA and many
13 professionals organizations across the United
14 States. We realize we have a problem, and we
15 realize that our professional organizations
16 can play a huge role in that.
17 And what I understand from fellow KNA
18 members that are part of the deans and
19 directors group, which are the nursing
20 schools, the academic world that meets
21 regularly, is that they echo that concern and
22 are making great efforts in recruitment --
23 MS. LEWIS: Okay.
24 CHAIR LOCKHART: -- to try to
25 change -- so that our population that is

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1 giving care reflects the population of those
2 receiving care.
3 MS. LEWIS: Yeah. That's awesome.
4 That's awesome.
5 CHAIR LOCKHART: So there is a lot
6 of work going on there, and there is a lot of
7 recognition that we have a long way to go.
8 But there is a lot of effort being made. And
9 I feel like I can be transparent with this
10 group. The political climate can be a little
11 tough.
12 MS. LEWIS: Yep.
13 CHAIR LOCKHART: Now --
14 MS. HESTER: I was actually about
15 to -- I was about to mention that as well.
16 CHAIR LOCKHART: Yeah.
17 MS. HESTER: It's a fine line that
18 we have to walk in the legislative world as
19 well.
20 CHAIR LOCKHART: Yeah. It's a very
21 difficult time because things like pandemics
22 and health care and things that really don't
23 belong in the middle of the political arena
24 have become moving pieces inside the
25 political arena.

1 MS. LEWIS: Yeah.
2 CHAIR LOCKHART: And we all know
3 that there are issues there. Regardless of
4 what your stance is, the fact that there's a
5 great deal of discontent and disagreement
6 adds to this particular problem.
7 MS. LEWIS: Yeah.
8 CHAIR LOCKHART: So -- and we're
9 all aware of that. And how do we do that
10 judicially and with finesse? That's the
11 other piece that's being worked on.
12 MS. LEWIS: I just wonder if this
13 group -- and, again, I don't know that this
14 is the right area, so redirect me if I'm
15 wrong. But I just wonder if, like, you know,
16 again, working with some of the educators in
17 this space in nursing schools to help with
18 promoting and recruiting diversity in the
19 work -- you know, in the healthcare field.
20 One of the things that I think -- one of
21 the -- root cause, I think there's a lack of
22 trust in providers. I think people have a
23 lot of past trauma that prevents them from
24 going or seeking care. And I think those are
25 at the root of what -- of the challenge that

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1 we're having with the disparity in maternal
2 mortality.
3 And I think that, you know, again, if
4 there's a way to promote, encourage,
5 collaborate in the nursing space especially,
6 you know, nursing schools, recruiting -- I
7 don't -- you know, I'm not really sure where
8 the right place for that is. But, you know,
9 I think that has -- you know, getting some of
10 that inequity addressed in the workplace in
11 the nursing field could be very valuable and
12 very helpful.
13 And then, of course, you know, I
14 think -- and I think the nursing educators
15 could probably school me on this as well.
16 But I know we do a lot of trauma-informed
17 care with our staff, and we spend a lot of
18 time on that. And I would assume that they
19 do that in nursing school, but, you know,
20 again --
21 CHAIR LOCKHART: Yes.
22 MS. LEWIS: It's been a long time
23 since I was in nursing school, y'all.
24 CHAIR LOCKHART: Right.
25 DR. STONE: Lisa -- if I can just

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1 add to what Lisa was saying. So nationally,
2 I mean, there's a lot of work happening in
3 Kentucky with the Kentucky Nursing Action
4 Coalition and with the Kentucky Nurses
5 Association. But nationally, the whole
6 *Future of Nursing in 2020-2030* document with
7 the National Academy of Medicine is around
8 nurses advancing health equity.
9 CHAIR LOCKHART: Yes.
10 DR. STONE: And very specifically,
11 maternal/child health is addressed. How
12 nurses can improve in diversity within
13 schools of nursing is addressed. And so
14 colleges have been called on to increase what
15 they're doing and then their efforts of
16 recruitment.
17 And, then, of course, part of it is the
18 barriers that exist for folks who are
19 marginalized to access college and to have
20 the same opportunity. And so that work is
21 happening in those areas, too.
22 But, you know, there's over 80,000
23 nurses in Kentucky, and so we could do a lot
24 as far as improving health equity in moving
25 forward with the education of nurses. And

1 for our continuing education this past year,
2 everybody was required to complete training
3 on implicit bias.
4 MS. HESTER: Yeah. I remember that
5 one.
6 CHAIR LOCKHART: Yep. Excellent.
7 And these concerns, of course, are already
8 topics of conversation in the professional
9 organizations, but this conversation will be
10 displayed in the minutes, the report that I
11 give to the KNA so that they -- and I don't
12 think there's ever a wrong place to speak up
13 as far as trying to problem solve what to do
14 about what we know is an existing problem.
15 And your statement about a level of
16 distrust is evidence-based. I mean, it's
17 research-based. We know that that's there,
18 and the roots run very, very deep. And it's
19 going to take a village to make that better
20 and time, but thank you. A lot of really,
21 really good points.
22 MR. OWEN: This -- Stuart with
23 WellCare. I was just going to add something
24 just kind of related, loosely related.
25 There was a bill that was passed, and I

1 think it took effect at the end of June, that
2 created a fund. It's House Bill 200 to
3 address the nursing workforce shortage where
4 the legislature allocated funds, and then
5 private entities, anybody can donate money to
6 the funds essentially to create scholarships
7 to give to people to go to nursing school who
8 obviously can't afford it, you know, on their
9 own. So anyway, I mean, that -- that should
10 help, but that just went live, I think, at
11 the end of June.
12 CHAIR LOCKHART: Good point. Thank
13 you. That's a good point. So there's
14 efforts out there. They know we have -- they
15 know we have some distinct needs.
16 Anyone else? This is a great
17 conversation.
18 (No response.)
19 CHAIR LOCKHART: Whoa. All quiet.
20 Okay.
21 So we're 45 minutes in, but we've run
22 through our agenda. And when I asked if
23 there's any more conversation, I got silence.
24 Does that mean we're about at an adjournment
25 time, really, that quick?

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1 DR. THERIOT: I think we're all
2 depressed now.
3 CHAIR LOCKHART: It's very
4 possible, Doc. It's very possible. Or
5 overwhelmed with the amount of work we have
6 ahead of us. And it indeed is going to take
7 a village, all of us, all the efforts.
8 I'm very impressed with the MCOs
9 reporting out the efforts they're making to
10 address healthcare inequity and look at
11 racism and bias. Your efforts are applauded,
12 and it's going to take all of us being
13 diligent and steering the course.
14 And some comments that sometimes come up
15 is -- just to throw this out there -- is that
16 when you talk about inequity and inequity in
17 health care, that it's important to remember
18 that racism isn't just a black/white thing.
19 You know, we look at our gay community. We
20 look at our transgender community. We look
21 at our poor community, our poverty-stricken
22 communities.
23 Racism crosses many, many lines when you
24 look at inequity. And I think often, it's
25 viewed as just a black/white thing, and

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1 it's -- which is huge all on its own, but
2 it's certainly not the whole picture. So
3 many lives are affected in so many ways. And
4 these human beings don't get the care they
5 need, and that's a sad thing.
6 Anything from the group? What about our
7 TAC members? Anything you want to discuss?
8 (No response.)
9 CHAIR LOCKHART: No? Other ladies
10 on the phone? Dee Polito, you still there?
11 Jennifer Wiseman? April Hester?
12 MS. POLITO: I'm still here, Lisa.
13 I have nothing more.
14 CHAIR LOCKHART: Okay. All right.
15 MS. WISEMAN: I'm still here, too,
16 and I don't have anything to add.
17 CHAIR LOCKHART: Okay.
18 MS. HESTER: Same here. Same here,
19 Lisa. Thanks for asking.
20 CHAIR LOCKHART: All right. Well,
21 that was a -- that was a good, robust call I
22 think we just had today, and I appreciate
23 everybody's willingness to share and talk
24 about this important topic and for getting
25 back to us on all the agenda items. Greatly

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1 appreciated.
2 And we look forward to the report from
3 DMS that is going to be forthcoming and then
4 all of those links, and the PowerPoint from
5 Dr. Theriot will be coming to us via Erin in
6 the next couple of days. So very
7 appreciated, guys.
8 So with your permission, I'm going to
9 move to adjourn if I can have a second.
10 MS. POLITO: I will second that.
11 CHAIR LOCKHART: Okay. Wonderful.
12 Thank you so much, everyone. Take care.
13 (Meeting concluded at 3:48 p.m.)
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2 C E R T I F I C A T E

3

4 I, SHANA SPENCER, Certified

5 Realtime Reporter and Registered Professional

6 Reporter, do hereby certify that the foregoing

7 typewritten pages are a true and accurate transcript

8 of the proceedings to the best of my ability.

9

10 I further certify that I am not employed

11 by, related to, nor of counsel for any of the parties

12 herein, nor otherwise interested in the outcome of

13 this action.

14

15 Dated this 21st day of August, 2023.

16

17

18 *_/s/ Shana W. Spencer_*

19 Shana Spencer, RPR, CRR

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