

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

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

November 12, 2019
8:30 A.M.
Department for Public Health
Conference Room Suite C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Beth Ennis
CHAIR

Renea Sageser
Charlie Workman
(via video)
Linda Derossett
(via video)
Dale Lynn
(via video)
TAC MEMBERS

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APPEARANCES
(Continued)

Sharley Hughes
Judy Theriot
David Gray
MEDICAID SERVICES

Jennifer Handley
Lisa Lucchese
AETNA BETTER HEALTH

Pat Russell
WELLCARE

Holly Owens
ANTHEM

Shannon Thornton
PASSPORT

Thomas Brown
HUMANA-CARESOURCE

Hilary Armstrong
FOUNDATION HAND &
PHYSICAL THERAPY

Appearing Telephonically:

Kathleen Ryan
ANTHEM

Pam Marshall
MARSHALL PEDIATRIC THERAPY

AGENDA

Welcome & Introductions

Review and approval of July and September minutes

OLD BUSINESS

1. Any update on Medicare rules such as a PT/PTA team seeing more than one patient at a time? Confusion on whether KY Medicaid was requiring these rules which would make treatment impossible in many clinics
2. Codes - updates sent to DMS - discussion on new codes sent to group for review?

NEW BUSINESS

3. Provider enrollment issues - some taking six to twelve months
4. Changes to SCL regarding therapies?
5. Other New Business from TAC members

Public Comment

Recommendations to MAC

Adjourn

1 DR. ENNIS: Good morning.
2 Let's go around the room and do introductions.

3 (INTRODUCTIONS)

4 DR. ENNIS: We do have a
5 quorum. TAC members, I sent out last meeting's
6 minutes and July's minutes. Any changes to those
7 that you saw?

8 MS. SAGESER: I didn't see any.

9 DR. ENNIS: Okay. Are we okay
10 to approve those minutes as written, then? Thank
11 you.

12 We've left this on one more
13 time just because there was a question at the last
14 meeting. The statement we had gotten from the
15 Cabinet said they were not planning on changing any
16 rules but we never got a clear answer as to whether
17 they actually use the rules or don't related to
18 Medicare. So, we were just trying to find out if
19 that was----

20 MS. HUGHES: And I went back to
21 Lee and Lee told me we've answered it. We're not
22 changing to Medicare. We're not going to change at
23 this time.

24 DR. ENNIS: They're not
25 changing the rules that are currently in place.

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MS. HUGHES: Right.

DR. ENNIS: The challenge is we don't know what the rules are that are currently in place. That's what we've never got an answer on.

MS. HUGHES: Okay. Then, I would suggest that you send an email to Lee, then, and ask her because when I keep going back and asking her, she tells me she's answered this four or five times.

DR. ENNIS: Okay. I will do that. I guess we weren't clear enough.

MR. WORKMAN: Beth, can we request a written response? Is that appropriate?

DR. ENNIS: Yes, and I will do that in the email. And Lee is sometimes at the MAC meetings as well, so, I can also follow up while I'm there just to clarify because apparently we're not being clear enough.

In the email that I sent to the TAC in preparation for this meeting, I did include the code changes that have come across from CMS. And I know, David, we sent a list to the Cabinet.

MR. GRAY: Yes. I've shared those with Charles Douglass and I will follow up again and see what the status is but he's had those

1 following when you sent those to me.

2 DR. ENNIS: Okay. Great. And
3 I had asked the TAC members to look at their fee
4 schedule list from 2019 and see if there was anything
5 that was still incorrect. Were those all up to date?
6 Dale, you're muted.

7 MR. LYNN: The OT fee schedule
8 looks correct to me.

9 DR. ENNIS: Okay. And I know
10 PT was. Renea, did you have a chance to see if
11 speech was good?

12 MS. SAGESER: I liked it.

13 DR. ENNIS: Okay. So, we just
14 have these additional codes that we're looking at.
15 Some are additional codes from CMS. Some are
16 replacement codes for current codes. So, if there's
17 any questions on those, David, can you just have him
18 get in touch with us? We're happy to support in any
19 way.

20 DR. GRAY: I'll route back
21 through you.

22 DR. ENNIS: That will be great.

23 MS. MARSHALL: Beth, it's Pam.
24 I have a question about the OT fee schedule proposal
25 for next year.

1 upper extremity serial casting?

2 MS. MARSHALL: Yes, upper
3 extremity serial casting, yes.

4 DR. ENNIS: Okay. Can you send
5 me those codes, Pam, and I will forward them on? I
6 believe that they are on a fee schedule somewhere.
7 So, it's not a problem as far as getting them
8 proposed as a new code.

9 MS. MARSHALL: Yes. And there
10 are PT fee schedules, but when MCOs load off those
11 fee schedules, they won't pay for an OT.

12 DR. ENNIS: Sure. If you can
13 shoot me those codes, I will forward them on.

14 MS. MARSHALL: Okay. Thanks.

15 DR. ENNIS: And I apologize for
16 those on the phone. Again, there was no phone in
17 this room, so, you are on speakerphone on my cell.
18 So, if you do speak, please go loudly because you are
19 at one end of the room by a very tiny digital
20 recorder.

21 Down to the New Business side
22 of things, we've had several folks come to us with
23 prolonged enrollment issues and we forwarded those to
24 David, and I know you were going to follow up.

25 MR. GRAY: And I have and

1 there's been activity.

2 DR. ENNIS: Good.

3 MS. HUGHES: Just to clarify, I
4 believe there was one provider group----

5 MR. GRAY: Two MCOs.

6 MS. HUGHES: With two MCOs.

7 So, you've not been experiencing multiple
8 providers----

9 DR. ENNIS: We had one provider
10 send examples. We had several providers call us with
11 concerns.

12 MR. GRAY: And at least I've
13 been involved with one provider with the MCOs that I
14 received.

15 DR. ENNIS: Right. I know you
16 guys were having trouble, too.

17 MS. ARMSTRONG: Yes, but I
18 ended up having to work with each individual MCO.
19 And after pulling teeth, we have moved forward.

20 DR. ENNIS: So, my question
21 related to this, then, I know with the legislation
22 from the last Legislative Session as far as the
23 credentialing process and there was an RFP being
24 considered for credentialing and we had made a
25 suggestion at the MAC meeting about CAQH since it's

1 something that all of the MCOs are using anyway.
2 Do we know where we are in that
3 process?
4 MR. GRAY: All I can say is I
5 know there was an RFP issued.
6 DR. ENNIS: It was issued.
7 Okay.
8 MR. GRAY: I can't tell you
9 whether or not who responded.
10 DR. ENNIS: If it's been
11 issued, it's in legal process. We get it.
12 MR. GRAY: It's been issued.
13 DR. ENNIS: Okay. It hadn't
14 been the last time we met.
15 MR. GRAY: It has been.
16 DR. ENNIS: Okay. Then, we
17 will await further updates.
18 MS. SAGESER: Do you know when
19 that's due?
20 MR. GRAY: I do not. I don't.
21 MS. HUGHES: Once an RFP is
22 issued, we are not allowed to discuss it on any part.
23 DR. ENNIS: Not even a
24 deadline?
25 MS. HUGHES: You can go to the

1 website and pull the thing down but it's not going to
2 tell you when it will be decided or anything like
3 that. There are state laws that prohibit us from
4 talking about that. We would have to completely
5 start the process over if we do not adhere to those
6 strict guidelines.

7 DR. ENNIS: Okay. We had
8 something come across. There was a workgroup with
9 the Supports for Community Living Waiver and
10 something came across our desk that was proposing
11 some changes to therapies in that waiver and, so,
12 that's where this line item came from because I
13 believe SCL is still on--oh, I lost the word.

14 MS. SAGESER: Community-Based
15 Waiver?

16 DR. ENNIS: No. They're
17 billing the per visit billing through--oh, man, not
18 enough coffee this morning. Therapies used to be
19 paid for through Medicaid completely for kids.

20 MS. ARMSTRONG: EPSDT.

21 DR. ENNIS: EPSDT. Thank you.
22 And they're proposing moving it out to State Plan
23 which is what they've been doing with most of the
24 waivers. There was some talk of number of visits and
25 rate increases, decreases, depending on brain injury

1 versus. Do we know where that process is, what is
2 happening with the waivers? We've got a lot of kids
3 predominantly on waivers that we're trying to stay on
4 top of.

5 MS. HUGHES: There was supposed
6 to be some information released, and I don't know if
7 it was released last week or if it's going to be this
8 week but I know at one of the TACs----

9 DR. ENNIS: I haven't seen
10 anything.

11 MS. HUGHES: ----the IDD TAC,
12 Pam just said that some new appendices were going out
13 on the website and a Q&A and there was going to be a
14 webinar recorded that would tell exactly what changes
15 were being proposed and it would be opened up to a
16 30-day comment period----

17 DR. ENNIS: What they are and
18 when.

19 MS. HUGHES: ----but as for
20 what services because I've not actually looked at it
21 but at the IDD TAC last week, they had said they were
22 going to try to get them out on the website last
23 week. If not, they would be out the first part of
24 this week and we were off yesterday.

25 DR. ENNIS: Okay. So, we'll

1 check the website and see what's going on there. It
2 was brought to our attention and it came from
3 nowhere. So, we weren't sure what was happening.
4 So, I just wanted to put that on the radar because I
5 know there's a lot of groups in our areas that work
6 with kids on waivers of various types.

7 And I know they've been kind of
8 in a constant process of change and some have moved
9 to State Plan and some have not yet.

10 MS. HUGHES: I thought they had
11 all moved to State Plan.

12 DR. ENNIS: I thought they had,
13 too, but apparently that was saying one had not yet.

14 MS. HUGHES: Because we went
15 through this a couple of years ago. You cannot have
16 duplication of services. So, if a benefit is covered
17 in the State Plan, it can't be covered through the
18 waivers.

19 DR. ENNIS: Right.

20 MS. HUGHES: So, I thought that
21 had all changed already.

22 DR. ENNIS: I thought it had,
23 too. That's why this was confusing. All right. So,
24 we'll check the waiver website to clarify that.

25 I do want to go to TAC members

1 and see if there's anything new from their regions.
2 Renea, you're in the room, so, I'll start with you.

3 MS. SAGESER: No, other than I
4 wanted to talk about if the State could help with,
5 when then new MCOs are chosen, about putting some
6 kind of stipulation in there to protect providers.

7 MS. HUGHES: Obviously, I'm not
8 the one and we can't really at this point because
9 that RFP has not been announced yet.

10 MS. SAGESER: Well, just to be
11 thinking about it before because my understanding
12 with the TAC is that we're to help the Commissioner
13 which I had requested the Commissioner come to this
14 meeting----

15 MS. HUGHES: Well, she's out of
16 town.

17 MS. SAGESER: Okay, or if
18 Commissioner Bates.

19 MS. HUGHES: She's out of town.

20 MS. SAGESER: Okay.

21 MS. HUGHES: Any stipulations
22 that would have been put in, any requirements that we
23 would have had to have put in on the MCOs would have
24 had to have been included in that RFP if this is what
25 is required. So, if it's not already in the RFP, I'm

1 not sure they're going to put something in there to
2 change it because all----

3 MS. SAGESER: So, it would have
4 to go through the Legislature.

5 DR. ENNIS: I would say the
6 Department of Insurance is the place to start from
7 what I'm getting from our payment policy groups and
8 our three organizations because they're the ones that
9 deal with contract kinds of issues with the payors in
10 the state.

11 The challenge that we're having
12 just so it's on your radar is that there's a
13 stipulation in the orange envelope law that says that
14 they have to give ninety days' notice.

15 Well, what's happening is every
16 ninety days, a contract is changing which is making
17 providers run in circles to try and keep up and make
18 sure that they can live within whatever those
19 proposed changes are. So, it has become a pretty big
20 burden.

21 MS. HUGHES: Well, I know that
22 since MCOs were introduced into Medicaid, the
23 Department's stance has always been your contract is
24 with them and we don't get involved in the
25 contracting.

1 DR. ENNIS: And that's why our
2 organizations are saying let's start with the
3 Department of Insurance and go from there.

4 MS. SAGESER: And it's not
5 necessarily just the contract but one of my mentors
6 had worked at the state level and suggested that the
7 Commissioner could possibly help with that as well.
8 So, that's why I was bringing it to your attention.

9 MS. HUGHES: Like I said, from
10 the Commissioner or actually from the Secretary's
11 level all the way down, ever since MCOs have been in,
12 your contracts with the MCOs is not----

13 MS. SAGESER: There are some
14 statutes that they had suggested could possibly be
15 put in place. So, that's where I was just bringing
16 that to see if the Commissioner--you know, I've sort
17 of been like what as a TAC are we supposed to do
18 because how are we helping her?

19 And, to me, we are the
20 providers saying these are the issues we're
21 experiencing with the people that the State has
22 contracted with. And, so, I look at it as it's their
23 job to help take some of these burdens off of us, and
24 as a TAC, we're to bring these to help her.

25 MS. HUGHES: Is the contract,

1 when you're signing them, are they good for a year or
2 you're signing them that they're good for ninety
3 days?

4 MS. SAGESER: We're signing
5 them good for a year----

6 DR. ENNIS: But they're
7 changing them every ninety days.

8 MS. SAGESER: ----but the
9 contracts, they're changing them every ninety. For
10 example, Passport this year, I'm on my fourth
11 contract with them. How are you supposed to budget?
12 How are you supposed to move forward as a business if
13 every ninety days they're changing? And they don't
14 even want to pay you based on the old contract.

15 MS. HUGHES: But does this
16 happen in non-Medicaid business?

17 MS. SAGESER: No. No. So, the
18 point is I think as TACs, we are an advisory
19 committee and we are speaking of what the issues are
20 out in the state.

21 And I feel like sometimes we're
22 fighting this battle in these TAC meetings - I'm just
23 going to be honest - that it's like everything is
24 sort of really negative about what we're bringing to
25 the table, and we just need you guys help and we want

1 to be an advocate for the State and I just feel like
2 lately it's a burden. I mean, I have to be honest.
3 I just feel like there's so much tension that I dread
4 coming to the meetings some days.

5 DR. ENNIS: Well, and we're
6 losing providers. We have fewer and fewer people
7 willing to provide services for Medicaid recipients
8 because they don't want to deal with this kind of
9 stuff.

10 MS. SAGESER: I would love for
11 the Commissioner to come to a meeting because she
12 hasn't been to one yet since she has been here.

13 DR. ENNIS: She's been to one.

14 MS. HUGHES: Yes. I know she's
15 been to at least one.

16 DR. ENNIS: Because we were in
17 this room. She's been to one.

18 MS. SAGESER: Okay. I don't
19 remember. Maybe I wasn't here.

20 DR. ENNIS: She's had a lot of
21 other stuff going on, too.

22 MS. SAGESER: How can we help?
23 Like, I would love for her to bring that to the table
24 to give us some examples of ways that she really
25 wants us to help her team because that's what we all

1 want to do. We want to help her. We want to make
2 sure to operate by the rules and the guidelines.

3 MS. HUGHES: And I think the
4 Commissioner has stated previously that the role of
5 the TACs is to be an advisory committee on
6 benefitting the members; and I know if we don't have
7 providers out there, it's not going to benefit the
8 members. I've been here since MCOs were introduced,
9 and the consensus of this Cabinet and this Department
10 has usually been, has always been that we don't get
11 involved in contracting issues with providers and the
12 MCOs.

13 MS. SAGESER: I'm not asking
14 you to get involved in a contract issue. I'm asking
15 you to put a statute in there to protect the
16 providers throughout all of the MCOs. It is dealing
17 with contracting but it's a statute to protect us
18 that says that an MCO has to uphold the contract for
19 a minimum of a year, something along those lines.

20 MS. HUGHES: Well, you all can
21 certainly make that recommendation from this TAC.
22 You're free to make that as a recommendation to the
23 MAC and the Commissioner will respond to it once the
24 recommendation is made.

25 After last week, I don't know

1 that this Commissioner, how long she is going to be
2 with us and she has been the only Commissioner that
3 has ever attended any TAC meeting. So, whether she
4 will be here at your next TAC is unknown.

5 MS. SAGESER: I understand.

6 DR. ENNIS: I think it's just
7 hard to propose anything innovative when we can't
8 keep the doors open.

9 DR. THERIOT: When you look at
10 those contracts, can you take that clause out about
11 ninety days?

12 DR. ENNIS: So, it is in
13 statute, but the orange envelope law that was passed
14 says that if they're going to make major changes that
15 are going to have a financial or fiscal impact to a
16 contract, they have to give ninety days' notice. It
17 has to come in a big, giant orange envelope and have
18 all this verbiage.

19 And how that has been
20 interpreted by some payors is we're going to make
21 changes every ninety days - now, not all of them -
22 but some of them are every ninety days send in a new
23 orange envelope that says we're changing your fee
24 schedule or we're changing how you have to provide
25 things or how you have to get pre-certed.

1 you're with----

2 DR. ENNIS: Well, no. Even in
3 my private practice, I couldn't do it because I'm
4 small potatoes. Now, she has got----

5 MS. SAGESER: I'm a small
6 potato.

7 DR. ENNIS: But you've got
8 multiple offices. You've got a little more power
9 than I do. If you look at a large entity like Kort,
10 they can negotiate.

11 MS. HUGHES: Do you work with
12 the MCOs to----

13 MS. SAGESER: We try to work
14 with the MCOs----

15 DR. ENNIS: And most of the
16 time, it's here's what we're giving you.

17 MS. SAGESER: Yeah, and we're
18 giving you 100% of the Medicaid fee schedule, like,
19 you're getting 100% of the Medicaid fee schedule
20 because this is what we're getting. We got cut by
21 the State, dah, dah, dah, dah, dah. We can only give
22 you 100%. There's not a lot of negotiating room.

23 DR. ENNIS: And in some cases,
24 it's less than that.

25 MS. SAGESER: So, for them to--

1 I know you can say that we can, but as providers,
2 we're pretty much all small fish compared to
3 hospitals and we don't have that power.

4 MS. ARMSTRONG: We have one
5 individual clinic involved, and in the last six
6 months, I've made it my goal to try and negotiate
7 each individual contract with each MCO and there's
8 only been one that I've actually had success with and
9 that's after multiple hours, multiple letters, I
10 mean, everything I know to do and it only raised it
11 10%. So, from 90% to 100% of the Medicaid fee
12 schedule.

13 MS. HUGHES: I thought they
14 were required to pay at least the Medicaid fee
15 schedule.

16 DR. ENNIS: No. They're
17 required to cover the services that are on the
18 schedule. They can pay whatever they want.

19 MS. HUGHES: I'm going to make
20 an assumption here, that any MCO that's making
21 changes every ninety days - and you all don't really
22 have to answer - is not just doing that to
23 therapists, physical therapists or occupational
24 therapists. They're probably doing it to every
25 provider type other than maybe the hospitals. So,

1 I'm not sure----

2 DR. ENNIS: I don't know that
3 I'd make that assumption. I think we're easy prey
4 for them to do that with.

5 MR. WORKMAN: That's not an
6 accurate statement.

7 DR. ENNIS: I think therapies
8 are a real easy target for them to do that one, and,
9 so, we're probably one of the ones that they're
10 making changes with. I'm not convinced that
11 physicians' offices and things like that are having
12 the same kinds of issues.

13 MR. GRAY: I would say that
14 therapy is not the only--I can accurately say that
15 therapies are not the only areas that are receiving
16 yellow envelopes more than once a year. Therapy is
17 one of the services but there are other entities that
18 are also.

19 MS. SAGESER: Therapies and
20 probably pharmacy, I would assume.

21 MR. GRAY: Yeah, labs.

22 DR. ENNIS: I was going to say,
23 I get pharmacy stuff all the time and I don't know
24 why.

25 MS. HUGHES: I mean, obviously

1 I'm not the person----

2 MR. GRAY: So, I think it is
3 appropriate for this TAC to make that type of
4 recommendation to the MAC. That's very appropriate.
5 I think reaching out to the Department of Insurance
6 is also very appropriate. And I think given those
7 two things, if it becomes untenable, then, certainly
8 anybody has the opportunity to work with legislation
9 to try to modify that.

10 DR. ENNIS: And, Renea, we've
11 got legislative in February.

12 MS. HUGHES: Unless the
13 policies have changed from a couple of years ago, if
14 we wish to make any legislative changes, we have to
15 have those in in August. So, I don't think we would
16 be able to clear through the process at this point to
17 try to get legislation changed from DMS' standpoint.

18 DR. ENNIS: But our legislative
19 groups can work on something if we need to. Okay. I
20 will add that as a recommendation to the MAC and
21 Sharley, I'll send you a letter to put in their
22 binder for next week with that recommendation.

23 MR. GRAY: The credentialing
24 legislation, that was championed by the Hospital
25 Association. So, that was not something that the

1 Cabinet put forth. We worked with them but we did
2 not----

3 DR. ENNIS: That was Alvarado's
4 piece, right?

5 MR. GRAY: No. That was
6 Senator Steve Meredith. The most recent was a
7 cleanup originally to Alvarado's bill. This was kind
8 of Phase 2.

9 DR. ENNIS: Gotcha. I've lost
10 track of my legislation.

11 MR. GRAY: One ten was Phase 2
12 to originally House Bill 69.

13 MS. HUGHES: When you get down
14 here for recommendations, you all have to vote on the
15 language and so forth of what you're going to put
16 forth.

17 DR. ENNIS: We'll do that at
18 the end. Charlie, anything from you?

19 MR. WORKMAN: No report at this
20 point from any issues.

21 DR. ENNIS: Okay. Dale?

22 MR. LYNN: No. We haven't
23 experienced any changes in fees in our area lately.
24 So, what Renea is talking about, that's kind of new
25 to me but it is concerning.

1 DR. ENNIS: It's a particular
2 provider in our region that's predominantly
3 responsible for most of it and I don't know that
4 they're out in your region that much, Dale.

5 MR. LYNN: That's something we
6 need to address for sure but I haven't had an orange
7 envelope in probably a year.

8 DR. ENNIS: Don't say that out
9 loud. You'll get flooded. Linda, anything from your
10 region?

11 MS. DEROSSETT: No.

12 MS. HUGHES: So, when you say
13 it's just one provider, do you mean one MCO?

14 DR. ENNIS: No. It's one MCO.
15 I'm sorry. I'll work on my verbiage there.

16 MS. HUGHES: Okay. So, that
17 helps a little bit that it's not all five MCOs.

18 MS. SAGESER: And next meeting,
19 we may have a whole other conversation because I
20 think we're supposed to find out at the end of the
21 week who the new MCOs are, correct?

22 DR. THERIOT: Some time in the
23 next several weeks.

24 MS. HUGHES: We can't say that.

25 MR. GRAY: Frankly, you'll

1 probably know before we do.

2 DR. ENNIS: In the future,
3 we're going to hear the result of that RFP.

4 MS. SAGESER: So, at our next
5 meeting, we'll probably know and it might be a whole
6 different ball game.

7 DR. ENNIS: Before we work on
8 language, we do need to look at the schedule for
9 2020 because I know they asked us to plan those
10 dates.

11 Does Tuesday mornings work for
12 people? Let's just start there. Yes, yes. Dale, is
13 Tuesday mornings okay for you?

14 MR. LYNN: Yes.

15 DR. ENNIS: Then, let's look at
16 January. Is the 7th too early in the month for
17 folks?

18 MS. HUGHES: Now, I had sent
19 some proposed dates.

20 DR. ENNIS: I'm sorry, Sharley.
21 I didn't even see them. Where were they?

22 MS. HUGHES: I had sent them
23 out probably in September.

24 DR. ENNIS: Let me check my
25 email because I don't delete anything.

1 MS. HUGHES: What I tried to do
2 when proposing these meeting dates was look at your
3 dates you met in 2019 and keep you on the Tuesday of
4 the same week.

5 DR. ENNIS: Do you have those
6 in front of you?

7 MS. HUGHES: I do. I have
8 January 14th, March 17th, May 19th, July 14th,
9 September 15th and November 10th. Now, I may have
10 moved you a week before because we have thirteen TACs
11 that meet regularly. I had ten last week and this
12 week in a five-day period.

13 So, what I tried to do is this
14 two weeks before the MAC meetings is swamped, so, I
15 tried to separate all of them meeting in that two-
16 week period. So, it may be a week earlier for you.

17 DR. ENNIS: Actually, the March
18 17th, I think, is a week later and I didn't know if
19 there was any way to move that one up.

20 MS. HUGHES: I was trying to
21 not get that two-week period right before the MAC to
22 have everybody meeting then.

23 DR. ENNIS: Can you check? We
24 can't move to March 3rd because that's spring break
25 week for most universities.

1 MS. HUGHES: I've got March
2 17th.

3 DR. ENNIS: I know. I was
4 going to ask you if we could move to March 10th but
5 that's probably what you moved us off of to
6 decompress that week.

7 MS. HUGHES: I'm not sure. Is
8 everybody okay with the 17th of March? The MAC is
9 the 26th.

10 DR. ENNIS: It gives us at
11 least a week before each MAC, sometimes two weeks.
12 So, that should give us turnaround time. I'll shoot
13 them out in an email again if everybody is good with
14 them.

15 MS. HUGHES: And if that's the
16 case, then, because they won't allow me to reserve
17 any rooms in this side of the building in advance, we
18 will be in the Commissioner's Conference Room for all
19 of them.

20 DR. ENNIS: That will work.

21 MS. HUGHES: And there will at
22 least be a phone in there. Now, I cannot guarantee
23 that it works.

24 DR. ENNIS: I will continue to
25 haul my projector and hotspot and everything but as

1 long as we've got a phone, we're good.

2 So, wording for the
3 recommendation to the MAC. I think it's probably
4 best if we start with just the fact that there is
5 concern regarding frequent contract changes.

6 MS. HUGHES: And, Renea, I will
7 mention to the Commissioner that it is just one MCO
8 that's doing this and I have a feeling I know which
9 one.

10 MS. SAGESER: Sure you do.

11 DR. ENNIS: And provide
12 appropriate services. I said difficult for providers
13 to budget, project and provide appropriate services.

14 MS. SAGESER: Yes. Currently,
15 Chapter 304, insurance code, Subtitle 17A, health
16 benefits plans, 304.17A-235, notice of proposed
17 material change and health benefits agreement with
18 participating providers, aka orange envelope.

19 Currently, this was originally
20 to be a shield for providers but my wordage was it
21 had turned into a sword.

22 There is one particular MCO
23 that is using this wordage to renegotiate contracts
24 every ninety days with therapy providers. It is hard
25 for a company to budget and sustain business under

1 these circumstances.

2 MS. HUGHES: And that was
3 304.17A-235?

4 DR. ENNIS: Yes.

5 MS. SAGESER: So, we were
6 wanting to see if there was a regulation that a
7 Commissioner could possibly put in place that would
8 protect that and we also understand that that is a
9 statute that also needs to be changed.

10 DR. ENNIS: So, since I know
11 that the Department can't get involved right now with
12 legislation and we're asking for support from the
13 Cabinet to prevent this from happening, I'm trying to
14 figure out that last sentence wording.

15 Any ideas from the folks on the
16 screens?

17 MS. SAGESER: I'm personally
18 reaching out to all of the Senators and State
19 Representatives, too, about this, but I think that
20 when they reach out to the Cabinet, it would be very
21 important that the Cabinet also supports that if they
22 ask for feedback.

23 DR. ENNIS: So, I'm adding at
24 the end of that wording contact with legislators
25 regarding this issue but would ask for the Cabinet's

1 support as well. How is that? Guys, did you get
2 most of that? Do you want me to read it again?

3 COURT REPORTER: Yes.

4 DR. ENNIS: My stenographer
5 here is asking me to read it again, so, we will do
6 that.

7 We're having concern regarding
8 frequent contract changes that are making it
9 difficult for providers to budget, project and
10 provide appropriate services.

11 Currently, Chapter 34.17A-235,
12 aka the orange envelope law, states that a ninety-day
13 notice must be given as a shield for providers but in
14 some cases has turned into a sword - I used your
15 wording.

16 There is one MCO currently
17 using this to renegotiate contracts every ninety
18 days. It is difficult to sustain services and budget
19 under these circumstances.

20 We're asking for support from
21 the Cabinet in alleviating this situation. We're in
22 contact with legislators regarding this issue but
23 would ask for the Cabinet's support as well. That
24 way it leaves it broad so that anything that can be
25 done from DMS' side.

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Sound good, guys? Anybody want something different or are we okay with that language?

MS. DEROSSETT: I think it sounds good.

MR. WORKMAN: Sounds good to me.

MR. LYNN: That sounds good.

DR. ENNIS: All right. Any other issues from TAC? We'll start there and, then, I'll see if there's any from public members on the phone. Any issues from public members on the phone?

All right. Then, I will be at the MAC meeting in a week. We are now adjourned.

MEETING ADJOURNED