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DEPARTMENT OF MEDICAID SERVICES
NURSING FACILITY TECHNICAL ADVISORY COMMITTEE

Cabinet for Health and Family Services
Public Health Building
275 East Main Street
First Floor, Suite A and B
Frankfort, Kentucky

October 8, 2019,
commencing at 1:12 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

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A P P E A R A N C E S

BOARD MEMBERS:

Jay Trumbo, Chair
Sarah McIntosh
Adam Lewandowski

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COMMISSIONER STECKEL: Thank you all for your patience. So...

MR. TRUMBO: Yeah, Terry is not going to be here today, so he asked that I step in just to Chair the meeting. And I guess you all wanted to start off before we did approval of minutes and all of that with Lee.

COMMISSIONER STECKEL: If you don't mind, she has got another appointment. Sorry.

MR. TRUMBO: That would be fine with us.

MS. GUICE: So KLOCS is back on track. We have just finished up the -- so a lot of things have changed between when we were working on it two years ago and now.

So we just went through two and a half or three, probably a month of learning where the gaps are. And the gaps would be what was built and what is needed now. And there are a lot of changes on the PASRR process from what we had previously thought it was. So that took a lot longer than we had hoped. But that's okay.

1 We're still targeting
2 implementation in April of 2020. And the
3 letter that you all sent to former
4 Commissioner Miller was forwarded to me in an
5 e-mail to respond to. And what I have to
6 tell you, there were two points in that
7 letter. One was that you asked for three
8 days, kind of leeway, for entering the
9 information into the system. Prior to his
10 departure, and I don't actually recall if it
11 was him or who, but the guidance that I had
12 gotten was to build in the three days, which
13 means that if somebody is admitted on
14 Saturday night, Monday morning you can go
15 into the system and complete the request or
16 the application, as we call it. So you
17 complete the application and you can put
18 Saturday's date on it. But it is only three
19 days. It is three calendar days, period.

20 MR. TRUMBO: So Friday, Saturday,
21 Sunday. Would Monday be the third? A Friday
22 admission, Monday would still meet the
23 criteria?

24 MS. GUICE: That was my example,
25 was Saturday. But, yes, Friday should do it.

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MR. TRUMBO: Friday, you could still do it on Monday?

MS. GUICE: (Moved head up and down).

MR. TRUMBO: Excellent. That is great news. Thank you.

MS. GUICE: So, right, you can still do it on Monday. But I don't know exactly how you are going to get around the requirement that the PASRR has to be done on or before admission. So let me say that.

For Medicaid and the LOC, yes, you can do that. You need to do something to remember that the PASRR requires, the federal regulation requires you to have that done on the day of admission.

So, and, I know that you all know the new regulations went into effect in August.

MR. TRUMBO: Uh-huh.

MS. GUICE: And the second point was, why do you have to rely on hospice if somebody admits into -- institutionalized hospice care into the nursing home?

Well, they have to submit documents

1 and you have to submit documents. That's
2 just the way it is. The hospice providers do
3 not have to do a PASRR, but you do have to do
4 a PASRR. So we built the work flow, as a
5 convenience, for everybody involved and not
6 as a, you know, obstacle. We built the work
7 flow that if I'm a hospice provider and I
8 enter the information in and enter the
9 election in and where they are going, your
10 facility's going to get a task to do the
11 PASRR. And that's it. That's done. You're
12 finished. Hit "submit," it's over. So I am
13 not sure --

14 COMMISSIONER STECKEL: Are we
15 missing something?

16 MS. GUICE: Yeah. I am not sure
17 why there was concern that you would be
18 relying on the hospice provider for your
19 payment.

20 MS. McINTOSH: I was thinking that
21 if the state had the level of care, then we
22 wouldn't be able to.

23 MS. GUICE: So, right. Hospice
24 doesn't have a level of care. They have an
25 election.

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MS. McINTOSH: Okay.

MS. GUICE: Okay. And that election is a document that is signed by the member and the doctor and they give it to us. That's their level of care.

So they upload that into the system, along with I think one more thing. When they upload that into the system and they put the demographics in, they hit "submit." And when they hit "submit," because they've said "Lee Guice is coming into your facility," you already know that. So I've put in ABC nursing facility. ABC nursing facility's going to get a task when I hit the button. 'Boom.' The task goes to ABC nursing facility. ABC nursing facility opens the task, completes the PASRR information on Lee Guice, and hits "submit." That's it.

MR. TRUMBO: I think in reading the letter that the three day issue you raised earlier actually fixes what the concern was, is that hospice didn't work weekends. And, so, we didn't understand how they were going to be able to get their level of care in.

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But if they are able to do this with the three day, then that shouldn't be an issue.

MS. GUICE: Hospice doesn't work on the weekends?

MR. JOHNSON: I think when you did the -- when we were doing the level of care back two years ago, hospice had indicated that, you know, not every hospice organization has folks in on the weekends. So if you had an individual being admitted on Friday late, hospice wouldn't be able to -- and I don't know if MAP-374 is a level of care or what it is. But that is what they have to fill out. They wouldn't do it until Monday, which means that is when the clock would start. So that was the issue.

MS. GUICE: (Moved head up and down).

MR. JOHNSON: Is that right, Jay?

MR. TRUMBO: Yeah, yeah.

MS. GUICE: Okay.

MR. TRUMBO: So it sounds like, other than the PASRR concern, which we need to take back to our folks and get some more discussion on that.

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MR. McINTOSH: Uh-huh.

MS. GUICE: I mean, you have to do it.

MR. TRUMBO: Yeah, yeah.

MS. GUICE: You have to do it for everybody that comes in through the door, right?

MR. TRUMBO: Yeah.

MS. McINTOSH: Is that a change, as far as the one day? I am not currently familiar with the PASRR.

MR. TRUMBO: I am not, either.

MS. McINTOSH: As far as the timing. I mean, they have to do it within one day now?

COMMISSIONER STECKEL: I thought PASRR from the beginning was always upon admission.

MS. GUICE: Yes.

MS. McINTOSH: Okay, okay. So that's not a change.

MS. GUICE: That's not a change, no.

MS. McINTOSH: Okay.

MR. TRUMBO: If they are doing a

1 PASRR screening, I just don't know what the
2 timing requirements are. Jeanine, if she was
3 here, would be able to tell us.

4 MS. McINTOSH: Yeah.

5 MS. GUICE: I can tell you it is on
6 or before admission, period.

7 MR. TRUMBO: Okay.

8 COMMISSIONER STECKEL: Yeah.

9 MS. GUICE: And the reality is, we
10 shouldn't be paying you until you have a
11 PASRR completed.

12 MR. TRUMBO: Right.

13 COMMISSIONER STECKEL: And I can --
14 the reality also will be that if we get
15 called on it, we will immediately stop this
16 procedure. We couldn't re-coop for going
17 backwards, but we will start adhering to that
18 policy going forward. Because they are going
19 to re-coop money from us. We're putting
20 ourselves at risk to give you all this three
21 days. Hopefully, nothing will happen. And
22 we understand why you are asking for it. But
23 also understand that if CMS questions it,
24 then we will go back to the official policy,
25 which is on or before the day of admission.

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MR. TRUMBO: Okay.

COMMISSIONER STECKEL: So...

MR. JOHNSON: I think currently we have -- I think what we have been operating on for quite a while is seven days, you know, under the old paper method.

MS. GUICE: Until the new regulation went into place.

MR. JOHNSON: Right, right.

MS. GUICE: You shouldn't be operating under seven days anymore.

MR. JOHNSON: Right. I understand. But I guess what I am saying is, in terms of take-backs, you know, that's not a per --

MS. GUICE: So far.

MR. JOHNSON: Right.

COMMISSIONER STECKEL: It is our policy. The three days is our policy. So if something happens, you all are complying with our policy. But we want to make sure you all are sensitive to the fact that if CMS calls us on this, our policy will immediately change. And there is that --

MS. GUICE: Yeah.

COMMISSIONER STECKEL: -- risk. I

1 just wanted to make sure everybody knew that.

2 MR. JOHNSON: I got you.

3 MS. GUICE: I thought of something
4 I wanted to say. I blanked. Oh. I know.

5 The other thing, and we talked a
6 lot about this prior to, when we worked on
7 KLOCS before, it is going to be critically
8 important for all of the facilities to go in
9 and discharge. That requirement is in the
10 regulation now. The regulation, like I say,
11 was effective on 8/2. Once KLOCS is up and
12 alive, we will be monitoring that. And we
13 will monitor it every week to see who is
14 complying and who is not complying.
15 So please emphasize that.

16 MR. TRUMBO: And that's just
17 Medicaid?

18 MS. GUICE: Yeah.

19 MR. TRUMBO: Okay.

20 MS. McINTOSH: You are just talking
21 about in KLOCS they have to discharge
22 immediately?

23 MS. GUICE: In KLOCS. In KLOCS
24 they need to discharge.

25 MR. TRUMBO: But if I had an issue

1 raised on Medicare, because now we have to
2 wait and see if they are gone for three days
3 before we officially discharge them on the
4 Medicare side. So...

5 MS. GUICE: Interesting.

6 COMMISSIONER STECKEL: Fortunately,
7 that's not our business.

8 MR. TRUMBO: Yeah. It is not,
9 yeah. It is not the same concern. So...

10 All right. Well, we can certainly
11 make sure that providers are aware of those
12 things.

13 MS. GUICE: Yeah. And I think that
14 with the new regulations you shouldn't be
15 having -- you should no longer require
16 clinicians to sign off on that 726. It is
17 still a lengthy form. But the regulation
18 doesn't require that anymore.

19 The same reason that we got rid of
20 it in the regulations, somebody comes and
21 puts their eyes on them.

22 COMMISSIONER STECKEL: Any other
23 questions of Lee before she has to leave us?

24 MS. GUICE: I want to see how many
25 times I can walk over here in a day.

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MR. TRUMBO: Oh. Benefind. We had had an issue on the Benefind system.

MR. JOHNSON: Sarah I think had mentioned on one of our building work group calls, about 60 to 70 percent of the admissions coming into the nursing facilities that have previously had Medicaid, you know, coming in from the community, you can't use the Benefind system to do the, you know, level of -- or not the level of care, the financial eligibility in Benefind for those that have already had community, only if they are new.

MS. GUICE: So, right. So --

MR. JOHNSON: And we brought that up to you before.

MS. GUICE: Right. If they already have -- if they currently have Medicaid, okay, then you need to become their authorized representative and you need to go in there and do whatever you need to do.

If as you are applying for an individual there is a member match, is that what is happening?

MS. McINTOSH: It is when a nursing

1 home -- a patient will be Medicaid in the
2 community.

3 MR. GUICE: Okay.

4 MS. McINTOSH: But then they come
5 to the nursing setting for the first time.
6 And we cannot, facilities cannot use Benefind
7 for that because the member is already in the
8 system.

9 MS. GUICE: Right. Well, they
10 don't need to -- you don't need to apply for
11 them the same.

12 MS. McINTOSH: They are Medicaid
13 eligible.

14 MS. GUICE: They are Medicaid
15 eligible.

16 COMMISSIONER STECKEL: So why are
17 you re-applying?

18 MS. McINTOSH: Then we have to go
19 down to the Medicaid office. I thought,
20 you know, the Benefind system we were going
21 to be able to do all of that online and kind
22 of eliminate that manual process of bogging
23 the office.

24 MS. GUICE: Okay. You still can.
25 So you have to get the MAP-14 signed, okay?

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MS. McINTOSH: Uh-huh.

MS. GUICE: And then you have to send the MAP-14 to the DCBS office or upload it. You have to send it to the DCBS office and get them to associate you to my account. When that happens, then you have the ability to go into Benefind's self-service portal as my authorized representative and do what you need to do.

MS. McINTOSH: I was thinking when we went in there and looked it up, it still wouldn't let us. If they had been out in the community, not in long-term care, just in community Medicaid, we still -- because it was pulling up and it was a matching problem.

MS. GUICE: So, okay.

MS. McINTOSH: And even we tried that work-around for the matching work-around and it still wouldn't.

MS. GUICE: If there is a match, a mismatch or a member mismatch, okay, a task goes out to DCBS. A caseworker gets a task. It is a member match task. And they work that to see who it is.

So what's the difference between

1 what you are entering and what is already in
2 the system? That's what it is. You've
3 entered "William" and in the system it is
4 "Bill." And, so, there is a mismatch. If
5 you exactly get the right person, it is not a
6 problem if you are going to login as your
7 authorized -- as the authorized
8 representative. It is only when you go in
9 as -- to submit an application, period, that
10 you get a member mismatch.

11 COMMISSIONER STECKEL: So are you
12 looking at their Medicaid card and doing
13 exactly what is on their Medicaid card?

14 MS. McINTOSH: We were actually
15 just getting to the point where we were
16 entering the member's name and trying to
17 start. But we have to still start an
18 application.

19 COMMISSIONER STECKEL: No, no.

20 MS. McINTOSH: So they have to
21 still do an application if they are in the
22 community.

23 COMMISSIONER STECKEL: No, no, no.

24 MS. GUICE: No, they don't.

25 COMMISSIONER STECKEL: They are

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Medicaid eligible. They are just getting the services from you instead of their doctors and their pharmacies.

MS. McINTOSH: So you are saying, if they already have Medicaid in the community we can just go in Benefind as long as the caseworker has our MAP-14 and then they can pull us up and we could take care of getting their long-term care eligibility?

MS. GUICE: Right. Because they have got a case there. That is why they have Medicaid in the community, it is a case. It is right there.

MS. McINTOSH: Uh-huh, uh-huh.

MS. GUICE: You can't go in and start another one over here just because you need different services. You have got to work out of that same case.

MS. McINTOSH: I mean, that would be great. I mean, I will have to go back and have a facility look. Because I thought we had come to a railroad and we had brought that to you before and said there was not additional funding, it was not going to work because it was a --

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MR. JOHNSON: System change.

MS. McINTOSH: -- a system change of overlapping and you couldn't do something when there was a patient that was already in the system.

COMMISSIONER STECKEL: So why don't we do this. Why don't you go back and try it this way.

MS. McINTOSH: Okay.

COMMISSIONER STECKEL: Because you shouldn't have to re-apply if they already have an active Medicaid card. So why don't you try this process on two or three --

MS. McINTOSH: Okay.

COMMISSIONER STECKEL: -- and see what happens. And then if you still run into the same problem, why don't you and Lee talk at that point.

MS. McINTOSH: Okay.

COMMISSIONER STECKEL: And then if it works the way we think it should, then maybe you all could send out a "Be aware, this is what you need to do, you don't need to re-apply," kind of instructions to everybody.

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MR. JOHNSON: Gladly. Yeah.

COMMISSIONER STECKEL: Or we could
or whatever. But to help folks know that
they don't have to re-apply. As long as
their Medicaid card is active -- or their
Medicaid number is active.

MR. JOHNSON: I think everyone
around this table, you know, hasn't actually,
with maybe the exception of Sarah, you know,
we have not actually gone in and done it
ourselves. We're kind of getting the
information from folks that have tried it,
you know, and I think Sarah even the same
way. But we will definitely do that.

Because I was thinking, I was kind
of the opinion that you needed to get a
little bit more financial information maybe
to have that individual qualify.

COMMISSIONER STECKEL: It is
exactly the opposite. Because they are
eligible. We've gotten all of that. It is
the folks that come in that are the higher
income that we're trying to get eligible for
Medicaid.

MR. JOHNSON: Okay.

1 COMMISSIONER STECKEL: And if you
2 want to pick a couple more facilities to have
3 them run a couple testing's to see if this
4 does what we say it should do, then that
5 would work. Because then we would have a
6 bigger sample. But once that is done, just
7 if it is not working, then get back with Lee.

8 MS. McINTOSH: Okay.

9 MR. JOHNSON: Yeah. That would be
10 great.

11 COMMISSIONER STECKEL: So the one
12 question I had for Lee is:

13 If for some reason there is a
14 member mismatch, they put in "Bill," it is
15 "William," and so that triggers a task to
16 DCBS, what should the nursing facility do
17 while that process works out?

18 MS. GUICE: Wait.

19 COMMISSIONER STECKEL: Okay.

20 MS. GUICE: There's really nothing
21 you can do but wait --

22 COMMISSIONER STECKEL: Okay.

23 MS. GUICE: -- on that. I think it
24 is a three day task.

25 COMMISSIONER STECKEL: Okay.

1 MS. GUICE: So you just kind of
2 have to wait and see.

3 COMMISSIONER STECKEL: Okay.

4 MR. TRUMBO: Does it just show it
5 as pending or something? What would be the
6 status?

7 MS. GUICE: What would happen is
8 that what you have done at that point has
9 actually gone away. So you have to start
10 again.

11 MS. McINTOSH: And then the
12 caseworker will reach out to the facility?

13 MS. GUICE: No. No. They probably
14 won't. Because who knows what the -- who's
15 -- I don't know who it is that is completing
16 the task.

17 MS. McINTOSH: So how will the
18 facility know at that point?

19 MS. GUICE: So you will have to
20 wait three days and try again.

21 MS. McINTOSH: And then try again?

22 MS. GUICE: Uh-huh, uh-huh.

23 MS. McINTOSH: Okay.

24 MS. GUICE: If somebody has a
25 Medicaid card, you should be able to get an

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exact match with that information off the Medicaid card, because that is how we printed the cards.

MS. McINTOSH: Okay. But if we've entered the wrong name, then how do we know the correct name, if that task is out there, William versus Bill? I mean...

MS. GUICE: Okay. So, because what the task does is it says, oh, this person really is Bill, too, and so they kind of attach that second name.

MS. McINTOSH: Okay. So they will attach Bill to William?

MS. GUICE: Uh-huh.

MS. McINTOSH: Okay.

MS. GUICE: But let's test it on a couple, two or three in a couple of facilities, and see if what we're saying is working.

MS. McINTOSH: Okay.

COMMISSIONER STECKEL: And then if not, then get with Lee. And if it does, let's figure out how we can educate folks, either through us and our communication or through you-all in your communication or

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both.

MS. McINTOSH: Yeah.

MR. TRUMBO: If that occurs, we have a matching problem, three days later they try it again and it still doesn't work, is that the point where we could contact somebody, rather than continue to wait to see if it gets done?

MS. GUICE: Yeah.

MR. TRUMBO: I don't know if that is the right point or somewhere else. But at some point in time we should be able to pick up the phone and say, "Hey, look, this is not working."

MS. GUICE: Yeah. I would just wait for three days and see --

MR. TRUMBO: Okay.

MS. GUICE: -- if you get a member match issue.

MR. TRUMBO: That is a fair -- that is a fair -- yeah.

MS. GUICE: Because I think it is a three day task. I'm sure it is not any longer than that. It could be shorter.

MR. TRUMBO: Okay.

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COMMISSIONER STECKEL: The fourth day, they do it and they hit a member match again, who can they call at that point?

MS. GUICE: The DCBS office is who you are going to have to call.

MR. TRUMBO: Okay.

MR. JOHNSON: We will have the billing work group work through that. And, then, Lee has actually called in for our billing work group previously. So we can see if we can get this to work. And then if there are questions, maybe I will just contact Lee to sit in on the next call and we iron it out.

MS. GUICE: I think there will be a few enhancements with the rebuild, re-engineered KLOCS that are going to be helpful to everyone. One thing for sure is, being able to transfer between facilities without having to ask for a new LOC, not having to do LOC's for every single person that hits the door. So, and, then we've built -- we're also going to build in some -- and I am not sure if this is coming in April or not, but something to help with the

1 change of ownership issues that we've had.

2 MS. McINTOSH: That would be huge.

3 MS. GUICE: We think so. We're
4 hoping so for you guys, too.

5 MR. JOHNSON: I hear the MPPE is
6 already streamlining that change of ownership
7 process, so that's good.

8 MS. GUICE: Yeah. It still didn't
9 help on the PA's.

10 MR. JOHNSON: Yeah.

11 MS. GUICE: We will get with those.

12 MR. TRUMBO: Well, thank you. I
13 appreciate your time.

14 MS. GUICE: Sure. Yeah. I just
15 put my paper up, so I have still got a few
16 minutes if you have anything else.

17 MR. TRUMBO: I think we're good.
18 Thank you for the input.

19 COMMISSIONER STECKEL: Thanks, Lee.
20 Appreciate it.

21 MS. GUICE: Thank you all for
22 bumping me up. I appreciate it.

23 MR. TRUMBO: I guess we need to go
24 back and do introductions.

25 COMMISSIONER STECKEL: Do you want

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to start, Sharley?

MS. HUGHES: Sharley Hughes with Medicaid.

MR. TRUMBO: Okay.

MR. SPALDING: Henry Spalding with Passport.

MR. GRAY: David Gray with the Cabinet For Health and Family Services.

MR. JOHNSON: Wayne Johnson with Kentucky Association.

MS. JOHNSON: Betsy Johnson with the Kentucky Association.

MS. McINTOSH: Sarah McIntosh with Hargis & Associates. I am a member of the TAC.

MR. TRUMBO: Jay Trumbo with Health Systems of Kentucky.

MR. LEWANDOWSKI: Adam Lewandowski, Carespring, Cold Spring, and a member of the TAC.

THE REPORTER: Lisa Colston. I am the court reporter.

COMMISSIONER STECKEL: And Carol Steckel. And I'm the Commissioner.

DR. THERIOT: And Judy Theriot.

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I'm the Medical Director of Medicaid.

MR. TRUMBO: All right. And we don't think we can approve the minutes because we don't have a quorum.

COMMISSIONER STECKEL: No.

MR. TRUMBO: We have got three of six.

COMMISSIONER STECKEL: Yeah.

MR. TRUMBO: We are in search of -- two are tied up with PDPM and other issues. And one is Mr. Vino [ph], and we're not sure where his candidate is. We keep checking, but we're not there yet.

So we will defer that to the next meeting, which I believe is January 21st.

MS. HUGHES: I think, yes.

MR. TRUMBO: Let's see. The provider TACs implementation, July 1st, 2020. I can't believe 2020 is almost here. And we appreciated your time at the prior meeting to talk about these issues in a little more detail.

COMMISSIONER STECKEL: (Moved head up and down).

MR. TRUMBO: It sounds like we came

1 to a consensus that we were going to do the
2 provider TACs with some sort of a carve-out
3 for quality measures, somewhere around five
4 to ten percent of that pool. And then we had
5 also met and talked about the inflationary
6 adjustment for next year and felt like that
7 we could do the full inflationary adjustment
8 as well. So, again, we appreciated your time
9 and sometimes those meetings are easier
10 off-line.

11 COMMISSIONER STECKEL: Yeah. No,
12 it was a good meeting. And I think we will
13 be on target for both of those items. So...

14 MR. TRUMBO: Okay. Let's see.
15 Next is the RUG III after PDPM
16 implementation.

17 COMMISSIONER STECKEL: So we are
18 going with the RUG III until 9/30/2020.
19 After that, on 10/1 we believe we have to
20 switch to the PDPM.

21 MR. TRUMBO: Okay.

22 COMMISSIONER STECKEL: So we all
23 need to work together on that transition.
24 Because just like you all are learning and
25 implementing, we're behind even where you all

1 are. So we would appreciate the
2 collaboration on that. Because we want to do
3 the -- I like the concept of the PDPM, and I
4 really am pleased that we're going to hold
5 off until you all have implemented.

6 MR. TRUMBO: Yeah.

7 COMMISSIONER STECKEL: So,
8 you know, take notes of what are the good,
9 bad, and the ugly. And we can learn from
10 that as we go into that effort on Medicaid.

11 So that's, basically, until 9/30,
12 yes, we will do RUGS III. After that, it
13 will be PDPM. But we want to work with you
14 all as we implement that.

15 MR. TRUMBO: Okay.

16 COMMISSIONER STECKEL: So...

17 MR. TRUMBO: And what do you think
18 might be the best forum to work on that PDPM
19 process?

20 COMMISSIONER STECKEL: I would
21 suggest a work group of the association and
22 Medicaid --

23 MR. TRUMBO: Okay.

24 COMMISSIONER STECKEL: -- getting
25 together and, you know, picking a couple of

1 strong people that are familiar with PDPM and
2 then our folks. And then let's -- and then
3 we can present back to the TAC what that
4 committee has found. That would be my
5 preference.

6 MS. JOHNSON: Good.

7 COMMISSIONER STECKEL: If that's
8 okay.

9 MR. TRUMBO: Yep.

10 MS. HUGHES: Just don't make it a
11 subcommittee of the TAC.

12 COMMISSIONER STECKEL: I didn't.
13 You didn't hear those words come out of my
14 mouth.

15 MS. HUGHES: Because it would have
16 to be an open meeting.

17 MR. TRUMBO: Or be a work group.

18 COMMISSIONER STECKEL: A work group
19 between the association and Medicaid. So...

20 But with the commitment that we
21 would report back to the TAC. So...

22 MR. TRUMBO: Absolutely. Okay.
23 Well, I'm sure several of the folks on both
24 would be happy to be part of that. So...

25 COMMISSIONER STECKEL: Okay.

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MR. TRUMBO: All right. We've talked about the KLOCS.

And the capital appraisal and that process, I think it has been fully completed, hopefully. And...

COMMISSIONER STECKEL: I believe so.

MR. TRUMBO: Yeah.

COMMISSIONER STECKEL: Like, are there any issues or has anything negative come up? And Steve is out today, so I didn't get feedback from him. But...

MR. JOHNSON: Yeah. I think the reason that this is on the agenda, I did -- during that process, I did get a number of calls from folks saying -- you know, because it only occurs every five years, but what is the process that the -- the actual capital appraisal, both the model as well as the process that that ends up in the actual price, how does that work? How does that, you know, process work into the -- getting into the price? And that's why we put it on the agenda. It is not a big issue. And I think when, basically, this came up and we

1 sent in the agenda, there were a couple of
2 folks that were concerned about that. But I
3 think that's gone away. It is really more of
4 a -- you know, just an education. And Sarah
5 probably knows, you know, to be honest. She
6 and her clients, they assist in how that
7 process ends up getting in, you know, from
8 the model into the actual rate. She
9 understands that.

10 But I just thought it might be good
11 for, you know, the folks on the committee or
12 the TAC to hear that process. So...

13 COMMISSIONER STECKEL: So if you
14 all don't mind, if there are no burning
15 issues on that, I would like to give Steve
16 and Amy and everybody in Finance, they're
17 crashing on the budget, so if -- we will be
18 prepared at the January meeting to kind of
19 walk you through.

20 MR. TRUMBO: Okay.

21 COMMISSIONER STECKEL: If there are
22 no crisis or anything like that, then we will
23 have someone walk through that process and
24 how it is incorporated in the
25 January meeting.

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MR. TRUMBO: That sounds great.

Are there any other issues that need to come before the TAC?

(No response)

MR. TRUMBO: Anything on your end?

COMMISSIONER STECKEL: We're building the budget for the next two years. So hopefully we will have the provider specific TACs built into it. You know, there's just so much going on, but nothing.

Dr. Theriot or Sharley, can you think of anything?

MS. HUGHES: No.

DR. THERIOT: No.

COMMISSIONER STECKEL: So it's business as usual. So...

MR. TRUMBO: That's good to us.

COMMISSIONER STECKEL: I say that and I will go upstairs and it is like (indicating). And, so, we're doing town halls. So, that is why Stephanie is not here today. But I hope your folks are participating in those throughout the state. They are provider town hall meetings. So they have been going on.

1 MS. HUGHES: Are they mostly MCOs?
2 They don't -- they probably don't do them
3 very much.

4 COMMISSIONER STECKEL: I thought it
5 was to invite the providers.

6 MS. HUGHES: It was. But...

7 MR. JOHNSON: I've not seen
8 anything from DXE.

9 COMMISSIONER STECKEL: Okay. Never
10 mind.

11 MR. GRAY: There is one next
12 Wednesday at Sawyer Hayes at Tom Sawyer, at
13 the Sawyer Hayes Center at Tom Sawyer State
14 Park, 8 a.m. until 4 p.m.

15 MS. JOHNSON: Are these all on your
16 website?

17 MS. HUGHES: Yes.

18 COMMISSIONER STECKEL: Yes.

19 MS. JOHNSON: Okay.

20 COMMISSIONER STECKEL: And I could
21 have sworn they were for the provider
22 community.

23 MS. HUGHES: They are. But I
24 thought because they are the MCOs that
25 probably you all don't --

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COMMISSIONER STECKEL: Oh. Because you all don't interact with MCOs.

MS. JOHNSON: No, we do not.

MR. TRUMBO: That's right.

COMMISSIONER STECKEL: That's why. Never mind. Never mind.

MS. HUGHES: Yeah. So, yeah. But I think I did send them to all of the TAC members, too.

COMMISSIONER STECKEL: Okay. That makes sense now.

MS. HUGHES: I don't differentiate when I send something to the TACs. It goes to everybody.

COMMISSIONER STECKEL: It is a good thing that I have such a great staff. They have been keeping me right online for these past couple of months. So...

MR. TRUMBO: Medicaid pending is an area that we might want to bring forward next meeting. I know I've got facilities that we work with that seem to be struggling with that process. And it seems like it gets better for a while and then it gets worse for a while and then it gets better.

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COMMISSIONER STECKEL: This is eligibility for the groups?

MR. TRUMBO: Yes, yes.

COMMISSIONER STECKEL: Okay.

MR. TRUMBO: Yeah. So it just might be a topic that we want to try to look at. But we will try to get some more. I always want to look at us first to make sure we're not the problem. But my understanding is, a lot of it is trying to work through the offices that are rotating call schedules with being available schedules and somehow things are falling through the cracks at times.

MS. JOHNSON: Commissioner Steckel, before you got here, actually probably when I started five years ago, I mean, Wayne can give you kind of the history, it was about the time Benefind was being rolled out but then DCBS was really behind on determining eligibility. We had members who were caring for people sometimes up to a year without a determination about Medicaid. And then if the decision is no, that is a whole loss of revenue for that provider. But we were having -- how often were we going, like once

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a week, once every two weeks, or once a month?

MR. JOHNSON: Yeah. There for a while every --

MS. JOHNSON: These were meetings between DCBS, Office of Technology, Medicaid. And it did get better. We were tracking it internally. And at one point what was the highest amount of money?

MR. JOHNSON: Yeah. We just -- we had a standard number of facilities. I think it was 75, roughly, facilities that were reporting each month. And I think those 75 facilities had -- it was over 26 million in, yeah. And through the really good working relationships with DXE, Medicaid, OATS, everybody, we worked that 26 million down below 5; you know, so it took some time, but it was a really good working relationship.

MS. JOHNSON: And there's -- so there are not members who -- you know, we know it is a problem. Members are calling Wayne and saying...

But once we hear little bubbles. And there was a provider in Glasgow that

1 filed for bankruptcy and they cited Medicaid
2 pending as one of the reasons. You know,
3 whether, you know, it is a two-way street, we
4 don't know. But I'm letting you know, it is
5 something that we track. And if we start to
6 see it becoming an issue again, we will
7 definitely alert you all so we can work
8 together to make sure that that doesn't get
9 to be an Illinois problem and it stays.

10 COMMISSIONER STECKEL: We're not
11 going to be an Illinois problem, I will tell
12 you that. But if you could reach out and if
13 there are either pockets or the more we know
14 about specifics, then we can look into those.
15 But, yeah, we're not going to be an Illinois.
16 So...

17 MS. JOHNSON: And I know Deputy
18 Secretary Putnam is very interested in this
19 issue, because she was a DCBS intern, so she
20 was in our regular meetings. And I mentioned
21 that provider in Glasgow to her and she
22 immediately perked up and she is like,
23 "Is this still a problem? Because if it is,
24 please let us know."

25 COMMISSIONER STECKEL: Yeah.

1 MS. JOHNSON: At that point, I had
2 not heard anything other than from that
3 provider. But we will let you know.

4 MR. GRAY: Yeah. I think the issue
5 generally is more DCBS office specific.
6 There is not necessarily the same process --
7 well, maybe performance across all of the
8 offices. I've gotten involved in a couple,
9 and then they were -- you kind of peel it
10 back and they were just some local issues --

11 COMMISSIONER STECKEL: Performance.

12 MR. GRAY: -- that were causing
13 issues. And again, back to your point, Jay,
14 some of it was nursing home-related.

15 MR. TRUMBO: Yeah, yeah.

16 MR. GRAY: These were two
17 not-for-profits that I was involved with.
18 But, you know, they were having some cash
19 flow issues. But...

20 MS. JOHNSON: And I think when it
21 was really significant, it was really a
22 perfect storm, you had some workforce issues
23 within DCBS, but then the new system, and
24 then you had some training issues within the
25 nursing facility as well. It created this

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whole big problem. But, you know.

MR. TRUMBO: And families can be a big part of the problem, too.

MS. JOHNSON: Yeah. And families, too.

MR. TRUMBO: Because we're relying on them, you all are and we are too, to get the information. I mean, right now I've got two facilities and it is a half million dollars is tied up with pending, two buildings. So...

MS. HUGHES: And I would agree with you. What I am hearing now is not really an overall whole Kentucky problem as much as it is just areas. Because I've had two facilities contact me in different organizations that the Lexington office seems to be a problem right now. So, I mean, it just kind of seems to be kind of different areas.

MR. GRAY: The other thing, sometimes Medicaid Advantage, sometimes between Humana and Anthem, those that are coming in under Medicare there's just -- I would encourage you to be kind of

1 monitoring that with regard to your
2 facilities, too, to make sure -- again, it is
3 going to be generally one of those two,
4 either Humana or Anthem. A couple of times
5 reasonably good-sized accounts receivable
6 were building up under Medicare Advantage.
7 So it took a little prodding with regard to
8 getting that MCO to, you know, engage with
9 that facility. So...

10 MR. TRUMBO: Yeah.

11 COMMISSIONER STECKEL: Okay.
12 Anything else that we need to look at or be
13 sensitive to or?

14 MR. TRUMBO: Survey stuff?

15 MR. LEWANDOWSKI: No.

16 COMMISSIONER STECKEL: Other than
17 the survey problem. I wish I could.

18 MR. TRUMBO: You don't want that
19 under your belt?

20 COMMISSIONER STECKEL: Well, you
21 know, I used to and, you know, 20 years ago
22 would still say the same thing about region
23 four that we are all saying now, that we all
24 are saying now. So some things don't ever
25 change as hard as you try to make them

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different. But...

MR. TRUMBO: The gift that keeps giving.

COMMISSIONER STECKEL: Yeah.

MR. TRUMBO: Well, the next meeting date, January 21st at 1 p.m. And room to be determined.

MS. HUGHES: Actually, the room, we will probably be in the cafeteria. Because I think --

MR. TRUMBO: Okay.

MS. HUGHES: -- it is plenty big enough for this size, you know, group. So it shouldn't be a problem.

MR. TRUMBO: Okay.

COMMISSIONER STECKEL: And it is really a nice room now. It is not the little hubble that it used to be. They painted it and it really is a nice room.

MS. HUGHES: Yeah. They have nice chairs and stuff in there.

And the rest of your year, I sent it out to you all, would be April the 7th, July the 21st, and October the 14th. And that's one that Terry and Wayne, I think you

1 all both sent me e-mails and asked me to
2 change, so that was changed to the 14th on
3 Wednesday. Because it interfered, I think,
4 with your-all's association meeting or
5 something --

6 MR. JOHNSON: Yeah.

7 MS. HUGHES: -- the normal, the
8 date I had put in for October.

9 MR. JOHNSON: Yeah. The national
10 association meets the day before.

11 MS. HUGHES: Yeah. So...

12 COMMISSIONER STECKEL: My birthday,
13 yeah, in April. Just what I wanted to do on
14 my birthday.

15 MS. HUGHES: Spend your birthday
16 with us. So, but, yeah, the meetings will be
17 over there. So it will be easier to find and
18 easier to get to.

19 COMMISSIONER STECKEL: Perfect.

20 MS. HUGHES: I've already got the
21 room reserved.

22 COMMISSIONER STECKEL: Anything
23 else, guys?

24 MR. TRUMBO: I don't think so.
25 All right. We appreciate everybody's time.

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COMMISSIONER STECKEL: And thank
you all for your patience.

MR. TRUMBO: Thank you.

COMMISSIONER STECKEL: I look
forward to working with you, continuing to
work with you.

MR. TRUMBO: We will see you next
year.

(Meeting concluded at 1:50 p.m.)

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C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professional Reporter, hereby certify that the foregoing record represents the original record of the Nursing Facility Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 8th day of October, 2019.

 /s/ Lisa Colston

Lisa Colston, FCRR, RPR