

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

IN RE: OPTOMETRIC CARE TECHNICAL ADVISORY COMMITTEE
MEETING

April 11, 2019
1:00 P.M.
CHR Building
Field Services Conference Room
Cabinet for Health & Family Services
275 East Main Street
Frankfort, Kentucky

APPEARANCES

Matthew Burchett
CHAIR

James Sawyer
Steve Compton
Gary Upchurch
TAC MEMBER PRESENT

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

APPEARANCES
(Continued)

Sharley Hughes
David Gray
MEDICAID SERVICES

Jean O'Brien
ANTHEM

Patti Smith-Glover
Paige Greenwell
HUMANA-CARESOURCE

Jennifer Largen
AETNA BETTER HEALTH

Stuart Owen
WELLCARE

Amy Sinthavong
PASSPORT

Nicole Allen
Mel Taylor
Shelly Grainger
Alethea Vaughn
AVESIS

Ronnie Smith
DENTAQUEST

Mandy Gilbertson
EYEQUEST

David Dunbar
Ayana Wong Wing
SUPERIOR EYE

Sarah Unger
Dinah Bevington
KENTUCKY OPTOMETRIC
ASSOCIATION

Cindy Holman
COMPTON & COMPTON EYE CARE

AGENDA

Call to Order/Introductions

Approval of January TAC Minutes

KY HEALTH Discussion with DMS:

- * Update from DMS on Waiver & My Rewards Program Status
- * Question on the fee amount when reserving funds in a My Rewards Account - can the fee amount be changed or is it prepopulated? What if U&C is less than fee schedule amount?

RFP Process for new MCO contracts from DMS:

- * When will the new MCO contracts be awarded?
- * Start date of the new contracts?

Update on the Pilot Portal from DMS:

- * Did optometrists use the portal to submit license renewals for 2019?
- * Passing along a frustration - regarding to go to "Start Maintenance" which was not listed in the instruction guide
- * How else can TAC help spread the word to optometrists to use portal?

Vision Fee Schedule discussion with DMS:

- * How to update the vision fee schedule codes without going through regulation? DMS referenced another TAC worked on changing this process in 2018 and Optometric TAC would like to look into this process
 - ** Example: CPT replaced code 96111 with code 96112 and 96113 but vision schedule on the Medicaid website will not show this change
- * Limits set within the fee schedule

Question on add-on Benefits that MCOs offer:

- * How much notice must an MCO give to Medicaid beneficiaries, providers, etc. before the MCO stops providing the add-on benefit?

AGENDA
(Continued)

Open Meetings Discussion Follow-up with DMS:

- * All parties agree that the TAC meeting is subject to Open Meetings Act - in last meeting, the group was advised that continued discussion could take place between MCOs and members of the committee after the meeting was officially "adjourned" and DMS was no longer present during the meeting. This "additional discussion" constitutes a quorum of the members and appears to be in violation of KRS 61.810 and KRS 61.805 (public business is discussed, "collective decisions, commitment or promises" will be made, and no exception appears to exist).
- * Any decision received from the Attorney General re: use of video conference?

Future 2019 TAC Dates:

- * August 15, 2019 @ 1:00 p.m.
- * November 7, 2019 @ 1:00 p.m.

1 MS. HUGHES: Somehow this
2 meeting got removed from all of our calendars other
3 than the meeting room for the meeting downstairs.
4 And, so, the Commissioner and the Deputy Commissioner
5 both had other meetings. When I discovered this
6 earlier this week, they both had other meetings that
7 had gotten scheduled, but we have met and talked
8 about stuff on the agenda. So, I do have some
9 responses, what we can tell you on most everything.

10 DR. BURCHETT: Sounds good.
11 And we have minutes from the last meeting?

12 MS. HUGHES: I did not bring
13 them. Did I not mail them to you?

14 DR. BURCHETT: No.

15 MS. HUGHES: That's my bad. I
16 will mail them.

17 COURT REPORTER: I have a copy.

18 DR. BURCHETT: I will let you
19 all read them and then we'll come back to that.

20 I guess we'll go ahead and call
21 ourselves to order. We do have a quorum it looks
22 like. We'll send the meeting minutes around from
23 January; and once everybody has had a chance to look
24 at those, we will bring those up for approval.

25 I guess we'll just start with

1 the first item.

2 MS. HUGHES: So, as you all
3 know, the Judge remanded Kentucky HEALTH back to the
4 Secretary of Health & Human Services, so, it has put
5 everything on hold again. I think I did actually see
6 something in the news last night that the Secretary
7 of Health & Human Services is going to appeal.

8 The Commissioner did at a TAC
9 meeting two days ago say that it would be appealed;
10 and if it went - and I may have these courts wrong.

11 MR. GRAY: It was announced
12 yesterday. The Department of Justice is appealing to
13 the D.C. Court of Appeals.

14 MS. HUGHES: And if it goes
15 there, we could hear by September; but if it goes to
16 the Supreme Court, it could be next year.

17 MR. GRAY: And the Department
18 of Justice is appealing both Kentucky and Arkansas.

19 DR. BURCHETT: Are they doing
20 that separately or is it a joint venture?

21 MR. GRAY: I'm not sure but my
22 sense is that they were going to join them. The
23 Court of Appeals would take up both. The exact legal
24 structure of that I don't know but it is not two
25 separate appeals.

1 MS. HUGHES: So, that has kind
2 of put us on hold until that goes, so, we just
3 continue with business as is March 31st.

4 The question about the fee for
5 My Rewards, there was a list. I don't know if it's
6 still out there because they redid the Kentucky
7 HEALTH website after the Judge remanded it, but there
8 was a list out there. The list and the amount, that
9 was a fixed amount.

10 So, even if the usual and
11 customary fee was less than that amount, you would
12 have still gotten that same amount, whatever that
13 amount was. So, it was a fixed fee for that
14 particular service.

15 DR. BURCHETT: I think, though,
16 that that kind of runs into problems because we're
17 not allowed to charge two separate fees to people. I
18 can't charge you what my usual and customary is and,
19 then, turn around and charge My Rewards or Medicaid
20 or whoever more because they actually pay more.

21 MS. HUGHES: Okay, but with
22 this, you wouldn't be charging them. I'm not sure.
23 I can follow up with them and ask because you
24 wouldn't be actually billing the patient that amount.

25 DR. BURCHETT: Right, but it

1 would still be like billing Medicaid this much and
2 billing Medicare this much. We can't bill two
3 separate fees.

4 MS. HUGHES: Okay. Let me
5 check with them and I'll send you an email out on it.
6 Of course, it's kind of put on hold now.

7 DR. BURCHETT: Yes, and I'm
8 sure members don't mind getting more money for what
9 you all give over their normal usual and customary,
10 but that also puts them in a bind as far as doing it
11 illegally, receiving more than what they would from
12 somebody else had they billed for the same amount.

13 MS. HUGHES: Right. Okay. I
14 will find that out for you.

15 DR. BURCHETT: And I guess the
16 next issue is the RFP.

17 MS. HUGHES: And as far as when
18 that would be awarded, we don't know that. We're not
19 sure. And, of course, the start date of the
20 contracts would be July 1 of 2020.

21 DR. BURCHETT: Are you all
22 still accepting?

23 MS. HUGHES: I don't believe
24 the RFP has actually been released yet but we are
25 into this blackout period where we're not allowed to

1 do much discussion about it.

2 DR. BURCHETT: Okay. I was
3 going to say I thought it had been released and you
4 all had taken them up and, then, you were looking at
5 them now.

6 MS. HUGHES: I don't think it's
7 actually been released yet, and I've got the MCOs
8 behind me saying it hasn't been either.

9 MR. GRAY: No, it has not.

10 DR. BURCHETT: I was getting
11 ahead of myself, then. Perfect.

12 MS. HUGHES: On the portal, the
13 optometrist license expired on 3/1 of '19, and
14 everyone was able to enroll or re-enroll or recertify
15 - whatever the correct language is - for that through
16 the Kentucky MPPA provider portal beginning 2/4 of
17 '19.

18 Of the licensed optometrists,
19 63 used the Partner Portal and 373 updated by
20 submitting a physical paper license to Provider
21 Enrollment. So, there was some that did use it
22 during the enrollment period.

23 MS. UNGER: What were those
24 again?

25 MS. HUGHES: Sixty-three

1 enrolled through the provider portal and 373
2 submitted paper applications.

3 DR. COMPTON: We did it before
4 February 4th, too. We did it before the portal was
5 available. We did paper because the portal wasn't
6 yet up and running.

7 DR. BURCHETT: We did the
8 portal.

9 MS. HUGHES: You did the
10 portal?

11 DR. BURCHETT: Yes. I've got a
12 staff member that credentials for us and she didn't
13 come with any questions. So, I'm assuming it went
14 fairly smooth.

15 MS. HUGHES: Somebody had
16 mentioned some frustrations regarding the Start
17 Maintenance because not listed in the instruction
18 guide.

19 Apparently there's two
20 different methods and I'm not going to sit here and
21 read all of that to you. I can send that out to you
22 all afterwards. It appears somewhat simple; but if
23 it's not in the instruction guide, we'll make sure it
24 gets in there but I'll send out what Provider
25 Relations sent to me as to how to get to it. I've

1 never seen this system. They're saying there's a PDF
2 and I don't know if they're saying that this
3 information is in that PDF that's out on the website.
4 They're giving me a link but I will make sure to find
5 out if it is before we do that.

6 And, then, you all asked how
7 the TAC could help spread the word to use them. Our
8 Provider Enrollment folks said they would love to
9 partner with you all and probably the Association
10 itself getting information out. We don't want to
11 overrun you, of course, but we would love that.

12 And if we could schedule a
13 meeting to maybe talk with you because I'm assuming
14 it would be probably more the Association. The TAC
15 members would help but we would probably be working
16 with the Association to get more information out
17 through your all's communication pieces.

18 MS. BEVINGTON: They had sent us
19 some stuff which we shared in a couple of newsletters
20 reminding folks that it was encouraging them to go
21 ahead and start doing this now, but if there's
22 anything else, if there are other tools or
23 communication. So, who would be following up with us
24 on that?

25 MS. HUGHES: Kate Hackett and I

1 will give her both your's and Sarah's name and I'll
2 also give her the members of the TAC and let her copy
3 you all on the information as well because we don't
4 want to leave you all out.

5 We would love to work with any
6 of the associations on any of our information
7 actually. And I think the Commissioner at the Home
8 Health TAC on Tuesday, she said she is wanting to
9 start trying to get out and meet off-site out of her
10 office, for her to come out to some of the
11 associations and some of the providers and start
12 talking with you all.

13 So, anything that you all or
14 the Association is willing to do to help us get word
15 out on stuff, that's great.

16 MS. ALLEN: And if I may offer
17 a comment from the MCOs. We do provide newsletters
18 to the providers also as well as frequent mailings.
19 So, if we could please participate or partner with
20 you to educate the providers about the portal, that
21 would be great.

22 MS. HUGHES: Do you know if you
23 all send that information to the Kentucky Optometric
24 Association?

25 MS. ALLEN: We do, yes. We

1 coordinate together.

2 MS. HUGHES: Okay. So, that
3 would be great and, yes, we will get it to you all,
4 too.

5 MS. ALLEN: Great. Thank you.
6 And a question. For providers that are currently
7 working with MCOs for their Kentucky Medicaid
8 applications, can they, then, convert over to the
9 portal and start doing the portal directly?

10 MS. HUGHES: For optometrists?

11 MS. ALLEN: Yes.

12 MS. HUGHES: Yes. Now, this is
13 not the one that that Senate Bill something or
14 another that's the one--the one provider portal.
15 This is the Kentucky Medicaid provider portal only.

16 MS. ALLEN: Is this for them to
17 obtain their Medicaid ID numbers?

18 MS. HUGHES: Yes.

19 MS. ALLEN: Yes. We're talking
20 about the same thing.

21 MS. HUGHES: Okay, because I
22 think they're doing an RFP for that, too, that's
23 going to be later down the road.

24 MR. GRAY: But keep in mind,
25 you'll access the credentialing piece of the MCOs

1 through the Partner Portal as we get all of this
2 together because I think it would be two different
3 entities you can select for credentialing but you
4 will access that through the Partner Portal. So, the
5 Partner Portal will be the gateway in. It will be the
6 Medicaid enrollment piece but, then, the link out for
7 the credentialing part will be through the portal.

8 So, the more that providers can
9 get accustomed to using the portal, the more you're
10 in position as it relates to the credentialing piece.
11 And, again, those are really parallel processes that
12 should be going on with regard to the enrollment in
13 Medicaid and, then, the credentialing as it relates
14 to the work that's done by the MCOs.

15 DR. BURCHETT: And is there a,
16 because I didn't look at it with my credentialing
17 staff member, but it opened up on a certain date, the
18 portal did. Does it close at a certain time?

19 MS. HUGHES: I would not think
20 that it did.

21 DR. BURCHETT: Okay, because I
22 was just thinking about new providers coming on.

23 MS. HUGHES: I am 99% positive
24 on that but I will confirm it just to let you know
25 for sure.

1 DR. BURCHETT: That's fine. It
2 didn't seem like it should but I was just making
3 sure.

4 MR. GRAY: And we have not
5 opened it up to all provider types yet. So, that may
6 be really what you're getting at. It is opened up to
7 optometrists but all provider types across the state,
8 we've not opened it up. We're still trying to make
9 sure the system is performing without putting
10 everything in.

11 MS. BEVINGTON: But by the 2020
12 license renewal, everyone will have to be using it to
13 submit their license, correct?

14 MR. GRAY: That is the plan,
15 yes and, then, the credentialing piece would be in
16 place.

17 DR. COMPTON: I would get the
18 word out real fast.

19 MS. BEVINGTON: We did tell our
20 members to do it now. Get used to it. We've gotten
21 some feedback. Will Kate Hackett, will you be giving
22 her a note to follow up with us or do we need to get
23 in touch with her?

24 MS. HUGHES: I'll give her a
25 message and give her your contact information. I

1 know I've got your email but maybe after the meeting,
2 just give me your contact information.

3 MS. BEVINGTON: That's fine.
4 We just wanted to follow up with a couple of members
5 and we told them we were meeting today on this. So,
6 we will let them know that we're expecting some
7 followup and exchange of information with everyone.

8 MS. HUGHES: I'll get Kate to
9 contact you and follow up with you on it. Most of
10 the feedback I think that we have received has been
11 pretty good feedback on the system for the number
12 that we have using it all total.

13 MS. SINTHAVONG: Sharley, if I
14 may, just from an MCO perspective, we have a portal.
15 The subcontractors also have a portal. So, if
16 there's a link of instructions and just like a
17 notice, FYI, you're able to obtain your Medicaid ID
18 from said website, we can post that on our website as
19 well, just whenever you're sending all of that out.

20 MS. HUGHES: Okay.

21 MR. GRAY: And please let us
22 know if there's something about the portal, that the
23 logic isn't set up, bring it to our attention and we
24 can go back and kind of see if we've got some trend
25 going on. Again, this is a new endeavor for us, so,

1 it's certainly not in its final state.

2 MS. HUGHES: We'd like to think
3 it's perfect but computers are never perfect.

4 DR. BURCHETT: Okay. Thank
5 you. Then, I guess the next question we had deals
6 with the vision fee schedule. Currently if there's a
7 new procedure or code that we need to use, I think
8 historically what we have done is contact Sheldon.

9 MS. HUGHES: Charles Douglass.

10 DR. BURCHETT: Yes, Charles, if
11 our Board of Examiners have approved it for us to use
12 and contact them and say, hey, this is the new one
13 for us and, then, they add it, but I don't think the
14 one that you can find on the website is updated with
15 that frequently, the fee schedule. And I think, if
16 I'm not mistaken, that we have to go through
17 regulation to change that.

18 MS. UNGER: Yes. The fee
19 schedule on the website cannot be changed without
20 going through regulation.

21 MS. HUGHES: From what Lee has
22 told me, that if the CPT codes are embedded in the
23 regulation, if they're actually in there, but she
24 doesn't--let's see. If the covered vision CPT or
25 HCPCS codes are not listed in the KAR, that process

1 of having to go through regulations, we don't have to
2 do that. So, if the codes are just on the fee
3 schedule and the fee schedule is incorporated by
4 reference, we don't have to go through another reg to
5 change the fees and add to the fee schedule.

6 MR. OWEN: For this particular
7 one, the reg does say the covered services are
8 approved and the fee schedule will be incorporated by
9 reference. I happen to know that there are some
10 other regs that say the same thing and other fee
11 schedules are updated, DME, for example, the
12 physician's program, so, I don't know.

13 The reg itself does say the
14 covered codes are approved and the fee schedule will
15 be incorporated by reference if there's one that's on
16 record.

17 MS. HUGHES: Even when you were
18 doing the regs for DMS, we didn't have to do another
19 reg. Every January, we did the fee schedule.

20 MR. OWEN: Right. The letter
21 of the law is very unreasonable and it requires
22 clearly that you would have to file the reg again and
23 change the fee schedule and rate material but that's
24 not very practical in the health care world.

25 So, there are other fee

1 schedules that get changed without opening the reg,
2 even though they are mentioned. I'm not talking
3 about codes listed in the body of the reg.

4 MS. HUGHES: Right. And from
5 what Lee has told me, the actual CPT codes that are
6 covered by DMS are not specifically listed in the
7 reg. They're only in the fee schedule.

8 MS. UNGER: But, then, I guess
9 my question is, why has the fee schedule on the
10 website not been updated since 2014?

11 MS. HUGHES: I'll have to check
12 to see.

13 MS. UNGER: Because that's
14 what, from my understanding is, it has to go back to
15 the regulation. So, that's where this question is
16 coming from. Even if it is once a year to update
17 that fee schedule, even though on the back side, it's
18 being updated, on the public side, it is not being
19 updated.

20 MS. HUGHES: Okay. I will ask.

21 DR. BURCHETT: Fair enough.

22 MS. SINTHAVONG: Even as an
23 MCO, we've gone out to the DMS website to pull the
24 fee schedule and you're absolutely right. I was
25 getting ready to mention----

1 DR. BURCHETT: I was going to
2 say, if I'm not mistaken, there have been some
3 instances - and it's all been worked out now - but
4 there have been procedure codes that you all say
5 aren't covered because it's not on the fee schedule
6 and that's the one you referenced.

7 MS. HUGHES: And I will repeat
8 something that the Commissioner said and something
9 that has been said by DMS hundreds of times that the
10 MCOs are not to base their fee schedules off of ours.

11 MS. ALLEN: And if I may add a
12 comment. For the procedure codes that are not on the
13 fee schedule, we are starting to experience encounter
14 rejections.

15 MS. O'BRIEN: That's exactly
16 what I was going to bring up - thank you so much -
17 and that's the problem is that if there's a code that
18 you had, like if you had a code here and it needs to
19 be replaced with another code because at the first of
20 the year, it gets replaced, so, you're using the new
21 codes.

22 We have threshold edits that
23 start happening through the encounters' piece of it.
24 So, we have to be careful with that piece of it
25 because it causes us penalties. And, so, there's

1 like there's a whole cycle. It's not just the up-
2 front fees. It becomes a problem from the
3 encounters; and even to go further, then, that means
4 that encounter also is not included in our rates
5 because it just doesn't happen, which, of course,
6 that means things are not showing up that need to be
7 showing up as far as utilization, HEDIS.

8 It just kind of goes into a big
9 huge ball, not a small one. So, I was kind of glad
10 that was actually on the agenda. That's one of the
11 questions that we were having.

12 MS. HUGHES: And as from the
13 MCO perspective, have you all spoken with Angie
14 Parker about this?

15 MR. OWEN: I don't about Angie.
16 I know in the past, prior staff has been brought up.
17 I don't know about Angie Parker, though.

18 MS. HUGHES: I don't think this
19 TAC meeting is certainly for the MCOs to discuss the
20 issues, but if you all are having issues with it,
21 then, certainly the MCOs need to be working with
22 Angie on getting their problem resolved.

23 MS. O'BRIEN: I just know from
24 a provider's perspective and sometimes your
25 clearinghouses go on and update your fee schedule or

1 they did for me if there was a new code or anything
2 like that or things that got replaced. So, I
3 understand from both sides of it.

4 DR. BURCHETT: I don't know if
5 your all's clearinghouses do that but mine did with
6 several codes when they changed January 1st. It just
7 won't let me bill it and it will send a message back
8 saying this code is no longer a valid code and, then,
9 we have to look at it and update it.

10 MS. HUGHES: Sarah, do you have
11 some examples of the codes that are not showing or
12 any of you that you know right off the top of your
13 head?

14 MS. UNGER: Well, I have an
15 example on the agenda of the recent one but I would
16 say any codes that have changed or have been added to
17 the fee schedule. I'm sure I can go back.

18 MR. OWEN: Yeah. We'd have to
19 look at it.

20 MS. UNGER: The problem is I
21 think the behind-the-scenes' fee schedule is up to
22 date but it's not the one on the website.

23 MS. HUGHES: Okay. Let me see
24 if I can get Lee.

25 MS. UNGER: I think going back,

1 I think Angie Parker was C.J.'s new boss before C.J.
2 left. Is that right? So, I think it was at that
3 meeting C.J. brought up about how another TAC had
4 made the change to their regulation process so that
5 it could update.

6 MS. HUGHES: Well, the dental
7 reg had to be redone because the CPT codes were
8 actually listed in the reg.

9 MR. OWEN: But it actually has
10 the same language as the vision now. It was changed
11 to say the dental codes shall be per, so, it's the
12 same language.

13 MS. UNGER: So, we may need to
14 request a meeting with Angie Parker. That may be the
15 person that we need to ask. Okay.

16 MS. HUGHES: And I have sent
17 Lee a message. She would be the one that would be
18 updating and ask her to just give me a call and I can
19 put her on speakerphone and we'll ask.

20 DR. BURCHETT: And I think some
21 of that will take care of the next part under that.
22 So, we won't worry about that one at this point.

23 Then we go on to questions on
24 the add-on benefits that the MCOs have offered, like
25 adult glasses. I will say wonderful that all of you

1 all decided to put that benefit out there for that
2 population of people, but we had heard that some were
3 going to stop on April 1st with that benefit, and I
4 don't think there might have been ten people that
5 knew that or had heard that information, if that were
6 the case.

7 So, I guess our question is, if
8 it's an add-on service like that, do they have to
9 provide a time frame?

10 MS. HUGHES: Thirty days. From
11 the time they take it away, it's a thirty-day notice.

12 MS. BEVINGTON: And that's a
13 thirty-day notice to the beneficiaries.

14 DR. BURCHETT: Providers or
15 beneficiaries?

16 MS. AUDIENCE: Providers,
17 ninety days. If they're changing benefits, then, it
18 should be ninety days for providers.

19 MS. BEVINGTON: And is there
20 any notice to the beneficiaries?

21 MS. HUGHES: Thirty days.

22 MS. SINTHAVONG: And this was
23 just like a rumor going around or you had particular
24 examples?

25 DR. BURCHETT: I had heard--it

1 is a rumor but I don't know if you all had any other
2 docs that said they had seen it.

3 MS. ALLEN: We do have to give
4 you a thirty-day advanced notice for benefit changes.
5 So, from Aetna, we have not changed the adult
6 enhanced benefit. And if it is going to change, they
7 will give you an advanced notice; but to my
8 knowledge, it's still offered.

9 MS. O'BRIEN: And Anthem is
10 still doing it.

11 MR. OWEN: WellCare wasn't
12 going to take it away either.

13 MS. BEVINGTON: So, we can
14 reassure whenever we get a call like that where
15 someone has said that this is going to potentially
16 happen in the next twenty days, we can say it cannot
17 happen unless you have gotten formal notification as
18 defined here.

19 MS. HUGHES: Right.

20 DR. COMPTON: Is that one that
21 comes in the orange envelope?

22 MS. ALLEN: Yes.

23 DR. COMPTON: It's a change to
24 the contract.

25 MS. BEVINGTON: So, an added-on

1 benefit is considered a material change.

2 MS. ALLEN: It's a value-add
3 but it still is a benefit.

4 MS. HUGHES: And if they still
5 tell you that they're going to do it, you need to
6 let Angie Parker know.

7 MS. BEVINGTON: I don't know
8 who this Angie Parker is.

9 MS. HUGHES: She is the
10 Division Director over MCOs. It's
11 angelaw.parker@ky.gov. You can let me know or you
12 can contact her and just say such-and-such MCO was
13 doing away with this benefit and we've never received
14 notification.

15 DR. BURCHETT: That makes
16 sense. And, then, I guess the last one on our TAC is
17 just what is subject to open meetings and what isn't.

18 MS. HUGHES: Right. And we've
19 got a letter that we're working on coming out to this
20 TAC regarding this meeting. We met with our legal
21 folks yesterday on a number of topics; and from what
22 they say is that, no, we can't allow you to do that
23 because the statute says that anytime a quorum of the
24 members is present to discuss information of the
25 agency, to discuss business of the agency which, in

1 the statute, agency is defined as the committee,
2 then, it has to be public.

3 DR. BURCHETT: Sure, sure, and
4 that's what we had thought all along but that's not
5 what we were told at the last TAC meeting, was it?

6 DR. COMPTON: That was the
7 Commissioner's idea.

8 MS. HUGHES: Right, it was. I
9 just started taking over all these meetings, so, we
10 were thinking because Medicaid wasn't in there and it
11 wasn't officially an agency meeting, but the
12 committees are considered as an agency when it comes
13 to the open records' laws.

14 And, so, we met with them on a
15 couple of things and they're going to actually get
16 together some open meeting training for DMS staff and
17 we're going to do a presentation at the MAC, but
18 we'll probably just do a very condensed version to
19 the TAC members at one of the meetings just so we
20 know we're all playing on the same field and that way
21 we all hear the same thing.

22 Obviously, I need training.
23 Obviously the Commissioner needs some training on it.
24 We were both kind of surprised because technically,
25 even the meeting that Beth Partin put together and

1 had the TACs, even that should have been considered a
2 public meeting.

3 MS. BEVINGTON: The work study
4 group to make the recommendations?

5 MS. HUGHES: Yes.

6 DR. COMPTON: I wondered about
7 that.

8 MS. HUGHES: We don't want any
9 of our TACs and we don't want - and this is probably
10 Lee.

11 I'm at the Optometric TAC and
12 they have some questions about that fee schedule
13 stuff. Apparently, they said the fee schedule on the
14 website hasn't been updated since 2014, and they also
15 had some other questions.

16 Can I put you on the
17 speakerphone and let you talk to them or can you come
18 down here? The meeting is down on the second floor.
19 I can just put you on speakerphone if you want.

20 MR. GRAY: I'll come to the
21 elevator.

22 MS. HUGHES: Come to the
23 escalators and David Gray is going to come and meet
24 you. Thank you. Lee Guice is going to come down and
25 talk to us about the fee schedule.

1 Anyway, we don't want to break
2 the open meetings' law and we don't want our TACs to
3 mess up; but after the meeting yesterday, we're in
4 the process of preparing a letter back to you guys
5 because you brought it up.

6 DR. BURCHETT: Sure.
7 Appreciate that. We just heard that and we're like,
8 oh, well, that changes things a little bit.

9 MS. HUGHES: Well, see, what
10 had happened was we had the Kentucky Hospital
11 Association that does this every month. They meet
12 with their MCOs, but they don't have a quorum of
13 their TAC members. It's more people from the
14 Hospital Association and we didn't realize that or I
15 didn't realize that, I should say, and I don't think
16 the Commissioner did either.

17 So, that's how they're able to
18 do it. It's more the Kentucky Hospital Association
19 is meeting and has a couple of hospital CEO's but
20 they're not necessarily a quorum of the TAC members.

21 DR. COMPTON: I'm not sure you
22 have to have a quorum. I think if it's two or more
23 of us.

24 DR. BURCHETT: Three. There's
25 five of us.

1 I guess the last thing is the
2 video conferencing.

3 MS. HUGHES: Beth Partin, the
4 MAC Chair, has not let me know that she has heard
5 anything back. At the last MAC meeting two weeks
6 ago, she announced that she had not received anything
7 back from it yet.

8 So, as soon as we hear
9 something, we'll get the word out to everybody.

10 DR. COMPTON: The Secretary
11 sent the request and then we heard back that it's got
12 to come from the Chairman, so, she had to submit the
13 request again.

14 MS. HUGHES: And I even tried
15 at that point. I contacted the guy that sent her
16 letter back and I said, come on, she's the Secretary
17 of the MAC. She's doing it on behalf of the MAC and
18 he said, no, it's got to be the Chair.

19 DR. COMPTON: My guess is
20 unless you've got, this open meetings, too, unless
21 you've got the capability for the public to be--if
22 you're sitting in Richmond, if anybody wants to come
23 and sit there, they can. You've got to give notice.

24 (Lee Guice enters)

25 MS. HUGHES: So, they had a

1 couple of more questions regarding the vision fee
2 schedule and I thought I would just ask you if you
3 don't mind.

4 MS. GUICE: Sure. That's why I
5 came down.

6 MS. UNGER: So, the vision fee
7 schedule from all of our understanding is usually
8 it's kept up to date on the back end at Medicaid.
9 Like, if something changes recently at the beginning
10 of the year, there were several code changes, that
11 one code disappeared, two codes replaced it and
12 Charles was making the edits and everything else.

13 MS. GUICE: So, on the back
14 end, you mean in the claims system?

15 MS. UNGER: I'm assuming so.

16 MS. GUICE: Is that what you
17 mean?

18 MS. UNGER: I've always heard
19 it's the fee schedule that Medicaid keeps up with.
20 So, I guess if it's the claims system.

21 MS. ALLEN: It's the
22 operations.

23 MS. UNGER: It's the
24 operations, okay, but our issue is the fee schedule
25 that is the public fee schedule on DMS' website has

1 not been changed since 2014.

2 MS. GUICE: Okay. We had a big
3 change in the websites a couple of years ago and
4 we're still cleaning up from that. It's entirely
5 possible that today we have an old fee schedule on
6 the website or it says 2014. Are you sure those two
7 codes aren't on it?

8 DR. BURCHETT: No.

9 MS. GUICE: Are you with an
10 MCO?

11 MS. ALLEN: Yes.

12 MS. GUICE: So, the MCOs are
13 not paying you because it's not on the fee schedule?

14 MS. O'BRIEN: No.

15 MS. GUICE: This is why.
16 Everybody at Medicaid has said to every MCO, do not
17 base your services' payments on our fee schedules
18 because what you're doing is you're basing it on
19 people who have to do a job and get it posted on the
20 website and get it posted and it goes through
21 seventeen different layers of review before it can
22 get posted.

23 Nobody at Medicaid appreciates
24 this moment in time when we come to a TAC meeting and
25 we find out that MCOs aren't paying because we don't

1 have it posted on the fee schedule. Okay?

2 MS. HUGHES: That's what I
3 said.

4 MS. GUICE: We'll take a look
5 at the fee schedule that's up there now. What I have
6 noted while we have been going through the process
7 with the websites is that we have a fee schedule
8 posted. And on the top, all of the title and
9 everything says Vision Services and it will have a
10 date on there, and it's that date that never gets
11 updated.

12 And, so, it will say 2014 on it
13 but it may have been updated. It may not have been
14 updated. I don't know. So, I will have to take a
15 look at that.

16 DR. BURCHETT: We just want to
17 make sure we didn't have to go back through the
18 regulatory process to have things updated.

19 MS. GUICE: Okay. No. If it's
20 not embedded in the regulation, then, you don't have
21 to do that. Dental codes for some reason that were
22 unknown to me or anyone who worked here were embedded
23 in the regulation. That had to be changed. You
24 probably know why they were in there.

25 DR. BURCHETT: Okay. That's

1 all we wanted to make sure of. Thanks, Lee.

2 MS. GUICE: Sure. Is that it?
3 Are the MCOs hearing? You all probably heard that
4 before.

5 So, if you have an issue with
6 the MCOs refusing to pay you for a service that you
7 believe would be covered if you submitted a claim to
8 fee-for-service Medicaid, there's a process for
9 providers to ask questions on that. Please follow
10 that process.

11 MS. HUGHES: And I have told
12 the MCOs, too, because they are apparently
13 experiencing some issues and I've told them that they
14 need to be contacting Angie Parker. Thanks, Lee.

15 MS. GUICE: You're welcome.

16 DR. BURCHETT: We'll go back to
17 the minutes. Anybody got any issues with that? A
18 motion to approve?

19 DR. COMPTON: So moved.

20 DR. UPCHURCH: Second.

21 DR. BURCHETT: All in favor.

22 The minutes are approved.

23 MS. HUGHES: And I will do
24 better this time on getting you all the minutes out.

25 DR. BURCHETT: Then, I guess at

1 this point, anything else that we haven't gone over?

2 DR. COMPTON: I'd say by the
3 letter of the law, if they're not on here, you can't
4 bring them up anyway.

5 MS. UNGER: At the last TAC,
6 based on the open meetings, we were told to discuss
7 individual issues with the MCOs after the meeting
8 ended. So, that sounds like that's not correct now.

9 MS. HUGHES: Right.

10 MS. UNGER: So, at the next TAC
11 meeting, are we allowed to put individual issues back
12 on the agenda to discuss because this would be the
13 time for us to discuss those issues since the TAC is
14 here and all the MCOs are here?

15 MS. HUGHES: The Commissioner
16 still stands by that she would like for these TAC
17 meetings to not be so much about individual claims
18 because, for one thing, you all can't give us
19 individual detailed information for us to be able to
20 sufficiently answer because that's all subject to
21 open records.

22 If someone says I want to know
23 what was talked about in the TAC meeting, all that
24 information is open to the public. So, we can't talk
25 about that.

1 We also don't want, if you all
2 are experiencing an issue and you go back to your
3 office tomorrow, then, we certainly don't want you to
4 wait two months to bring that issue up to the TAC.

5 We've got the processes in
6 place, and if you go through that process of
7 contacting the MCOs and still don't get a
8 satisfactory answer and you still think that the MCOs
9 are wrong, then, we want you to obviously at that
10 point come to DMS. We don't you to have to wait.
11 You could wait one day to two months to try to get an
12 issue resolved. We don't want you to wait two
13 months.

14 So, we would prefer that you
15 try to, if there is an issue. Now, obviously, if you
16 see it as being company wide--well, in a TAC meeting,
17 we had an instance that they said, oh, yes, everyone
18 is experiencing this. It ended up, it was one
19 provider that had had an issue with one of the MCOs.

20 Well, that one provider could
21 have contacted the MCO back, and if they hadn't
22 gotten the answer, they could have come to DMS and
23 not had to wait until it was brought back up to the
24 TAC.

25 But if it is truly something

1 that every optometrist, not every obviously, but if
2 you're getting a lot of complaints, we want to know
3 about it but we don't want you to wait two months to
4 let us know about it either.

5 So, that's why we're trying to
6 really emphasize that the TACs are more for you all
7 to help us on how to come up with something that is
8 going to better serve our Medicaid beneficiaries.

9 We had a good example the day
10 before yesterday when talking about patient
11 monitoring for the home health patients and they were
12 like, yeah, we've got studies from three different
13 state Medicaid Programs that has done it and
14 implemented it.

15 So, they were able to send us
16 all this information and we're going to have a
17 discussion about it at their next TAC meeting. And
18 so far, the Commissioner is like, yes, this sounds
19 really good.

20 So, that's kind of what she is
21 wanting to see from the TACs if there's something
22 we're not covering that we need to be covering and so
23 forth.

24 MS. UNGER: So, who within DMS?
25 Do we go to you, then?

1 MR. GRAY: It's actually Angie
2 Parker. She is the Director within the Department
3 for Medicaid Services. She comes from the managed
4 care world. That's her background. She did that for
5 a lot of years.

6 And, so, she is charged with
7 the kind of application of the ongoing operation of
8 the MCOs and the relationships and the contracts and
9 making sure that what the MCOs are doing is
10 consistent with the contracts.

11 And, so, generally, when I get
12 a lot of inquiries, I go to Angie and her staff with
13 regard to getting those resolved. And, then, if she
14 can't resolve it, then, it gets kicked up to
15 Stephanie Bates, Deputy Commissioner for Medicaid
16 Services. And if it can't get resolved there, then,
17 it would go to the Commissioner.

18 MS. HUGHES: And Corey Kennedy
19 is also another good one. She works for Angie and
20 she is one of Angie's Branch Managers, and her email
21 is just corey.kennedy@ky.gov.

22 MR. GRAY: And I'm not
23 suggesting this, but what the Kentucky Hospital
24 Association does, they convene on a monthly basis and
25 it's about a six-hour day because they have enough

1 issues and the MCOs come in roughly about an hour
2 each. And Angie and I usually go or Corey. There's
3 some mix of us that we go to make sure that if
4 there's some issue----

5 MS. UNGER: But the Association
6 is having the meeting.

7 MR. GRAY: The Association and
8 we are guests of the Association on that day. So,
9 there's no quorum issues or anything like that with
10 regard to open records.

11 MS. HUGHES: And certainly if
12 you are having issues, we're not saying don't bring
13 them here, but it's really hard to just say, well,
14 like the instance where you said that one of the MCOs
15 said that they were going to stop covering glasses.

16 Well, it could be a situation
17 that, well, this MCO said they're not going to pay
18 for this routine eye exam anymore or that I got a
19 denial for this routine eye exam. We can't look it
20 up. We've got to have the information in order to
21 look it up and be able to look to see what's
22 happening.

23 So, it's hard for us and even
24 the MCOs to give a good answer without being able to
25 research it, but certainly if it is something that

1 you all are seeing, we don't want you to wait, but if
2 it's something that you all want to bring to the TAC,
3 yes, you can bring it. It's just that the individual
4 claims' issues is kind of difficult to talk about at
5 an open meeting.

6 MS. BEVINGTON: And I will
7 speak highly of Sarah because as we get calls from
8 providers, she works very closely with these folks
9 who also have worked to establish great
10 relationships. And anything that has gotten to this
11 agenda most of the time is something that has
12 required some additional information.

13 MS. UNGER: So, it's more like
14 a check-in just because everyone is here face to
15 face.

16 MS. BEVINGTON: How do you
17 handle this, where are we, can we just touch base
18 type deal. So, I don't want to say it's individual
19 but I understand and we can start doing that the
20 other route if it doesn't get resolved at this
21 level.

22 MR. GRAY: I would echo what
23 you said about Sarah. We've got a good working
24 relationship and I think we've been able to get out
25 ahead of some things, some issues that have come up.

1 But if all of a sudden there's
2 an MCO in this room and you know and it's okay to
3 communicate publicly that four months from now,
4 you're going to do away with providing coverage for
5 glasses, I think that would be appropriate to
6 communicate that, again, if it's a known information.

7 Things like that I think would
8 be very appropriate for the MCO to communicate to the
9 TAC to say, hey, we've just got this going or some
10 new exciting whatever. Don't turn it into a thirty-
11 second commercial for the MCO necessarily but if
12 there's meaningful information to be communicated, I
13 think that would be very appropriate.

14 MS. HUGHES: Exactly. And we
15 had the other day again another TAC meeting that one
16 of the providers had probably three or four months,
17 well, longer than that actually, but she said it was
18 about \$50,000 in total claims that she had been
19 working with the MCO now for five months and wasn't
20 getting anywhere with that MCO.

21 Well, the Commissioner turned
22 around to the MCOs and said this is not acceptable
23 and we told the provider, at your next call in two
24 weeks, if you're not seeing a remarkable improvement,
25 you need to contact me, send me information and we

1 will try to get it taken care of.

2 So, if any provider has got a
3 bunch of claims tied up that the MCOs are just saying
4 we're not covering, yes, talk about it in the TAC,
5 but we also want you to know that there's resources
6 for you that you don't have to wait to come here.
7 Then you can let us know and, then, if somebody
8 higher up than me is here that can address the MCOs
9 and say fix it, then----

10 MS. UNGER: Right, which is
11 always been a good thing, too, because either they'll
12 say, no, you're doing it right or they'll come back
13 to the optometrists and say, no, you all are wrong.
14 Like, it's having someone here to say yes or no from
15 the Department.

16 MR. SMITH: One of the things,
17 I don't remember specifically the time frame, but I
18 know third-party review was put in place and we have
19 seen some providers utilize it and some haven't, but
20 you have your appeal process.

21 For example, for EyeQuest, you
22 have your appeal process and you follow that appeal
23 process. And, then, if you still feel like that
24 appeal was, maybe there's still some discrepancy
25 there, then, there's that third-party review where

1 you actually submit that third-party review over to
2 the MCO. The State actually has their third-party
3 review where now we have to provide all the
4 documentation to support why we originally denied
5 that appeal.

6 So, there are processes in
7 place. I have seen some providers use it to where it
8 does still get to the State and, then, we have to
9 support whatever. And, then, of course, that third-
10 party review makes that decision if that should have
11 been paid or not at that point.

12 MS. HUGHES: And a lot of what
13 we're seeing some of the TACs bring to us, not a lot,
14 but sometimes it's, well, the MCOs are saying this
15 but the reg says this. Well, if the reg says this,
16 then, that's the way it is supposed to be and, then,
17 we can say, no, you're supposed to go by the reg, and
18 if it says you should be covering this, you should be
19 covering it.

20 So, if you see something like
21 that, we don't want you to have to go through--in a
22 situation like that, we don't want you to have to go
23 through the appeal process necessarily because if the
24 regs say they're supposed to do it, you shouldn't
25 have to appeal it at that point.

1 MR. GRAY: And we haven't seen
2 it with this TAC but there are some TACs where a
3 member is no longer acting as a member of the TAC.
4 They're acting on behalf of the organization they are
5 representing and it's just really all about trying to
6 resolve their issues at that organization and that's
7 really not the role in terms of serving on this body.

8 MS. VAUGHN: Sarah, how about
9 when you look at it, instead of breaking it up by
10 MCO, you just look at all of the things that are
11 coming in and just maybe have items that we can
12 discuss openly but it's not specific to an MCO that
13 is maybe affecting everyone.

14 So, maybe we do it that way so
15 that you can get those items on there but still get
16 the answers that you're looking for. That might be a
17 way to do it without calling out everyone
18 individually.

19 MS. SINTHAVONG: At the Dental,
20 the way that we've done it and we've only had one
21 since this new rollout is it's more of a
22 collaboration. In the dental world, there's not
23 enough oral surgeons and things of that nature. So,
24 how can we all collaborate together to try to fix
25 that and resolve that issue and things of that

1 nature.

2 MR. GRAY: And also looking to
3 see when an MCO talks about this network, is it
4 really a network or not.

5 MS. SINTHAVONG: Right,
6 absolutely. And from an MCO perspective, I want to
7 know if someone on my team is telling you something
8 that's incorrect and not matching the reg or if you
9 have claims that aren't being paid, like,
10 specifically, please, that's what I'm here for.
11 Reach out to me. I don't want it to come to a TAC
12 honestly.

13 So, again, we have a great
14 relationship and rapport but I would love to have
15 that with all of the providers. If we have those
16 issues, we need to know about them.

17 MS. HUGHES: And just for my
18 information purposes, do the providers, before they
19 contact the Association, like, if you're having an
20 issue with one of the MCOs, does your office go to
21 the MCO first and try to get it resolved; and then if
22 they can't, do you take it to the Association?

23 DR. BURCHETT: I hate to say
24 but I think our and maybe most of our relationships
25 are a little different than the other providers

1 because we know some of these people and we have
2 their contact information.

3 So, sometimes I even believe we
4 skip over just the entry level contact and go up the
5 ladder a little bit to get a more definite answer,
6 but sometimes we'll contact Sarah and say, hey, has
7 anybody else seen this issue, and if so, what have
8 they done about it and, then, we'll take that and
9 maybe contact the MCO. We go about it different.

10 MS. HUGHES: Okay, because I
11 know that - and I'm assuming that even for
12 optometrists, that all the MCOs have their field
13 representatives.

14 MS. ALLEN: Yes, Provider
15 Relations representatives.

16 MS. SINTHAVONG: Just like DMS
17 has processes and those people that they contact. So,
18 like, for Superior Vision, we used to not have like
19 Earl and the provider network team. It was just one
20 person and now we've merged with Davis and we have a
21 huge network of provider teams.

22 So, maybe just allowing us to
23 get in front of the provider network and let them
24 know, hey, this is who you can contact, and if they
25 don't get an answer from that, then, that's when

1 Alethea and I would step in. So, there are specific
2 processes.

3 MS. HUGHES: Okay, because I
4 was going to say, I was going to really feel sorry
5 for Sarah. If all the optometrists, every time they
6 had a problem, an MCO was contacting her directly, I
7 was really going to feel sorry for her.

8 MS. BEVINGTON: It's a mixed
9 bag. Some of them will go ahead and do it themselves
10 and you know that as well and, then, some will just
11 rely on Sarah and Sarah will say, well, this is who
12 you can contact or she will just say let me do it.

13 MR. GRAY: I've got an issue
14 that when we had the go-live and we went ahead and
15 put some resource--we made some commitment to have
16 some people, onsite support - and this one is not
17 vision-related but it's in the dental world and
18 there's a perception that maybe - and I don't need
19 all the MCOs to see me after the meeting - but there
20 is a perception that there's an MCO, that maybe at
21 the beginning of each month, if you happen to be a
22 dental patient and you show up the first four or five
23 days of the month and you don't seem to be back on
24 the list being active, you see a lot more phone
25 calls.

1 DR. BURCHETT: It happens to
2 us, too.

3 MR. GRAY: At least that's what
4 the providers are telling me. Well, I would say,
5 MCOs, if you take nothing away from this meeting, if
6 you guys could work on that because I'm seeing some
7 shaking heads around here, that however you do
8 eligibility, that things are back on there at the
9 beginning of each month because I'm kind of pursuing
10 that one right now, and that's really not something
11 that should wait until a TAC meeting.

12 MS. GILBERTSON: Going back to
13 like the Provider Relations' teams and things that
14 are out there, is there a way that we can communicate
15 through you to the providers at large to say this is
16 who you can contact if you have a problem with this
17 plan, that plan, whatever?

18 I know that we have provided
19 that in the past but maybe that would be a good way
20 to deal with this.

21 MS. HUGHES: If you all could
22 send it to Sarah. And if it's regionalized, if it
23 says Sarah Jones does this region, if you can give
24 them a map or not even a map but a list of the
25 counties that each one handles. That way, they've

1 got a first contact and especially if they're seeing
2 multiple issues.

3 MR. OWEN: At the beginning of
4 the year, a contact list is given to DMS.

5 MS. HUGHES: Not everybody
6 provided Provider Relations' representatives by
7 county. They gave a toll-free number for their
8 Provider Relations' number. We actually had one MCO
9 that provided us the contacts for each TAC to contact
10 at the MCO. Some of them really got detailed and
11 some just said here's the toll-free number for
12 providers. And if you all could send me that list,
13 too, I could compile it. I won't put it on our
14 website, I promise.

15 MS. UNGER: I think we've sent
16 that out before, but if we want to do an updated one,
17 I don't mind to send it out again.

18 DR. COMPTON: Personnel
19 changes, too. I feel, by and large, we've been
20 pretty effective for the last however long we've
21 gotten this back together. That's not to say we
22 can't be more effective.

23 DR. BURCHETT: That's why I'm
24 retiring and turning it over to you, Steve.

25 DR. SAWYER: Things that

1 happening, too, like, in my practice, small practices
2 and things, the resources to actually do these
3 things, reach out to these people, it's a \$35 claim
4 and it's like I'm going to have to spend this much
5 time and my staff is going to have to spend this much
6 time.

7 MS. UNGER: See, that's what I
8 hear. When you all say appeal and do this, they're
9 like this is not working. This is an issue and you
10 can just let us go call the Association or tell the
11 TAC this is the issue we're having but I don't have
12 the time to do this and that. I will write it off
13 but this is the issue we're having.

14 DR. BURCHETT: And I think
15 that's the big problem with a lot of practices going
16 through the channels like you said, and that's fine,
17 we understand that, but we see 1,700 people a month,
18 not all Medicaid, my practice does.

19 And when my Billing Department
20 comes and says we've got these two problems with
21 Medicaid, I'm like and that equals this much revenue
22 versus dealing with all the others, I write it off
23 and move on.

24 MS. HUGHES: And we certainly
25 don't want that to happen because \$35 may not be bad

1 for a small practice or even for a large practice.

2 DR. SAWYER: But he sees 1,700
3 a month. I see 1,700 a year.

4 MS. HUGHES: Right, but if you
5 have \$35 this week and then a \$35 one next week and
6 then a \$35 the following week and especially if it's
7 all for the same issue, then, there's a problem.

8 DR. BURCHETT: Yes, if it
9 starts to build up and we're seeing several people
10 start to have that issue, then, we investigate it and
11 try to get it fixed, but if it comes through once or
12 twice, it's just like no.

13 DR. COMPTON: You're losing
14 money to chase it.

15 MS. HUGHES: We don't want you
16 to wait two months. We don't want you to have to
17 write stuff off just because of something that an MCO
18 or even if it's fee-for-service is denying, if it's
19 something you all feel like, then, let us know.

20 You've got my email and I can
21 certainly get it--I may not be the right person that
22 is going to get you the answer back but I will get it
23 to somebody that is going to get you a response back,
24 whether or not it's right or wrong.

25 And, so, you can utilize me if

1 you want and I'm probably going to send it to Angie
2 or to Corey one. And I also do a lot on the
3 constituent emails that come in from the Governor's
4 Office and LRC and stuff.

5 And, so, if I start getting the
6 same type of problems coming in, I'll go and say,
7 wait a minute, I've gotten five or six with this one
8 issue, that doesn't seem right. And, so, I will even
9 bring that up to the Directors and stuff.

10 So, we want to work with you
11 and help you, we really do, and the Commissioner
12 does. She told them the other day, she said, I know
13 I got off on the wrong foot but she said I want you
14 all to know that I really am here to help, and that's
15 why she wants to get out and start meeting with some
16 of you all and different providers and associations.
17 We'll get there.

18 DR. COMPTON: I think her
19 intentions are good. The tone of the letter hit a
20 lot of people wrong but she acknowledged that.

21 MS. HUGHES: She acknowledges
22 it and she has acknowledged with most of the TACs
23 that she has been to since then and I'm acknowledging
24 today that she knows that she got off on the wrong
25 foot.

1 DR. COMPTON: She's got good
2 intentions, I think. We've never had a Commissioner
3 at a meeting, have we?

4 DR. BURCHETT: Not that I can
5 remember.

6 MS. SINTHAVONG: That was
7 surprising to her. I remember her saying that. So,
8 just being here and having the support.

9 MS. HUGHES: They even told her
10 the other day that they've never had a Deputy
11 Commissioner come to one of their TAC meetings. So,
12 they've now got the Commissioner and she takes it
13 literally. The other day she turned around to that
14 MCO and said this is unacceptable and fix it, and her
15 tone at that point was kind of serious.

16 MR. GRAY: I will say being
17 here and working with the Commissioner during the
18 General Assembly and different pieces of legislation
19 that we were trying to craft or mold or modify, she
20 really is taking into consideration, she and the
21 Deputy Commissioner, as it relates to what is the
22 impact to the providers.

23 I have been in the rooms where
24 that is in consideration, trying to balance, and, of
25 course, we've got obligations to the taxpayer with

1 regard to expenditures and such, but truly where we
2 can, if we have the ability to say, we're trying to
3 say yes.

4 MS. But we don't want our
5 providers out there frustrated and we don't want you
6 getting that upset that you're going to say we're not
7 going to take Medicaid anymore because the
8 Commissioner told them the other day, she said, I've
9 got legislators that don't want MCOs, I've got
10 beneficiaries that don't want MCOs and you all are
11 shooting us in the foot when the MCOs are doing these
12 kind of things. So, we need to straighten up and get
13 it better so that we can get more people thinking,
14 oh, yeah, the MCOs are doing good things.

15 DR. COMPTON: Along those
16 lines, maybe we should put a discussion on our agenda
17 for August of some sort of initiative to improve
18 outcomes, whether it's diabetic eye exams or
19 whatever.

20 DR. UPCHURCH: I've got one of
21 those issues and we mentioned it at our last meeting
22 was with the foster children.

23 James and I both have large
24 facilities in our areas and we take care of the
25 foster kids. When those kids get brought in, their

1 benefits may have already been used but the State
2 requires that we see those kids again when they're
3 admitted to that facility.

4 And, so, I'm looking for some
5 easy way because all of these MCOs know me because
6 I've done messed with them too much. And, so, I'm
7 looking for some easy way for the State to let the
8 MCO know that this child is in foster care and,
9 therefore, they have no maximum benefits. They have
10 to be seen again and I don't have to jump through all
11 these hoops paying somebody \$14 an hour to try to
12 collect a \$94 exam and, then, end up writing it off
13 anyway because it's going to get denied.

14 MR. GRAY: One change that's
15 going to come through this RFP is the foster children
16 are all going to go to one MCO. It's worked better
17 in other states frankly, and you have to be an MCO
18 that is successful in getting a contract and you'll
19 get the regular contract and, then, there will be one
20 that's successful for the foster children.

21 So, it's not as if there would
22 be one MCO with 5,000 foster children and no other
23 covered lives in the State of Kentucky. So, you have
24 to satisfy the requirement to be overall selected
25 and, then, based upon the proposals, we'll select

1 which one of those successful MCOs that will also be
2 the entity foster care MCO because it will provide a
3 lot more consistency.

4 Right now, we take this small
5 number relative to the overall Medicaid population
6 and we divide it out across five MCOs. So, nobody is
7 frankly able to develop any expertise to address
8 those very questions and some of the frustration
9 you're having because they just don't have the
10 systems in place.

11 DR. UPCHURCH: And for every
12 one, it's different. And, so, I have to stop and
13 think, well, how do I do it for this one and I don't
14 have time to stop and think that through.

15 Now, everybody has to deal with
16 - not has to deal - wants to deal with the foster
17 children. That's not a problem, but we have a
18 facility that has 70 or 80 at one time in each one of
19 our counties that we take care of, but even any
20 foster child that comes in to a home faces the same
21 situation, that their benefits may have been used and
22 we've addressed that before.

23 I think Stephanie said at the
24 last meeting, yes, that we would like to be able. We
25 just don't have a way yet to notify the MCOs this is

1 a foster child, so, there are no limitations. If we
2 could just get them put back on general Medicaid,
3 that would be neat until such time that it gets taken
4 care of, but right now, we're still having to jump
5 through these hoops to try to get paid.

6 MS. GILBERTSON: Is the
7 intention of the State to have some kind of indicator
8 and know that this is a foster child because you
9 mentioned eligibility files and fees.

10 In some of the other markets
11 that we work with, if we know that they are part of
12 this subgroup or they're part of this benefit----

13 MR. GRAY: Do you do it in
14 Georgia because I know a lot of what we're doing is
15 based on how they're operating in Georgia with regard
16 to the foster children.

17 DR. UPCHURCH: That's the
18 problem. It's not necessarily the MCO's fault. They
19 don't know. They don't know either.

20 MS. GILBERTSON: If there was
21 an indicator on the file, on the eligibility file to
22 say this is a foster child, then, we can assign them
23 a subgroup. We can eliminate benefits. We can do
24 all kinds of stuff; but until you're calling us
25 saying, hey, these are my five, I'm like, all right,

1 we can take care of them.

2 MR. GRAY: Sharley, have you
3 signed a non-disclosure agreement as it relates to
4 the RFP's?

5 MS. HUGHES: No.

6 MR. GRAY: Then, you can send
7 that to Sharley. I can't accept it.

8 MS. GILBERTSON: I'd be happy
9 to.

10 MR. GRAY: But I think that
11 would be helpful if you could pass that along.

12 MR. SMITH: I believe someone
13 had mentioned, too, if I'm not mistaken, that there
14 is a system that the State has where that member
15 particularly has to be put in the system, and
16 sometimes when that kid is placed, they don't want to
17 wait for that paperwork to be in the system. They
18 automatically have to be placed. So, the system
19 sometimes is not updated as fast as they get placed.

20 MS. SINTHAVONG: Stephanie
21 Bates is the one that spoke to that last time.

22 MR. GRAY: And, again, that's
23 why we want to deal with only one MCO versus five.

24 MS. SINTHAVONG: I wonder if
25 they would have their own eligibility file for just

1 that specific subgroup.

2 DR. UPCHURCH: Well, that's a
3 pet peeve of mine. That's something I really want to
4 try to help get to work because these kids need the
5 service and, then, we provide it.

6 DR. BURCHETT: We do, too; and
7 if I'm not mistaken, don't they have to be seen
8 within a certain amount of time once they're placed?

9 DR. UPCHURCH: Yes. They have
10 to be seen within a certain period of time.

11 DR. BURCHETT: I think it's two
12 to three or four weeks or something but they've got
13 to have medical and vision and dental and all that.

14 MS. HUGHES: To me, it kind of
15 makes sense. I don't get into the system, but to me
16 it makes sense to have some kind of a modifier that
17 we could put on there.

18 MS. SINTHAVONG: We put them in
19 a specific group. So, there has to be some
20 indicator.

21 MS. HUGHES: I'm thinking
22 there's something in ours because we can go in and
23 pull up and see if they are foster kids.

24 MS. O'BRIEN: I think it's more
25 of a timing thing, too. That's all I saw was foster

1 kids in my office and usually there was always a
2 timing issue. So, I'd have a foster kid come in but
3 I would see the paper saying this is a foster child
4 but the foster mom would have showing just that one
5 paper but I usually had to keep a list because I knew
6 that there was just a timing issue.

7 And, then, I would call the MCO
8 to try to figure out, okay, and I'd delay my billing
9 a little bit because I knew I had to wait for the
10 paperwork to go through. That's when I was running
11 an office.

12 MS. HUGHES: And if you can
13 come up with any good suggestions, you let me know.

14 DR. UPCHURCH: I'll certainly
15 do so.

16 MS. HUGHES: You don't even
17 have to wait until the next TAC meeting.

18 DR. UPCHURCH: I see four of
19 these kids every week. We come in early on Tuesday
20 from eight to nine o'clock just to see four kids
21 every week, and James' is a little different, and,
22 invariably, there's going to be one every week that
23 their services are already maxed out because they're
24 getting new kids in constantly. It's unreal the
25 turnover. So, it is a problem.

1 MS. HUGHES: Right, and we
2 think that it will help a lot starting July 1 of next
3 year to have one MCO for every foster child.

4 DR. UPCHURCH: But we've still
5 got a year to deal with it.

6 MS. HUGHES: Right. We have a
7 year to deal with it and I've got me a note here to
8 see if there's some kind of a modifier in our system
9 that we couldn't just make sure it gets over to them.

10 DR. UPCHURCH: And if we could
11 get a specific contact person from each MCO just to
12 deal with that one thing, then, whenever we had that
13 denial, our people could just call that person and
14 give them the information and it's done and that has
15 worked in the past for me.

16 So, that might be a suggestion,
17 too. Until the 2020 time rolls around, to have that
18 one person in each MCO that deals with this. Thank
19 you. I'm sorry.

20 MS. HUGHES: No. You're fine.
21 That goes right along with what the Commissioner has
22 said. How can we better serve our beneficiaries and
23 how can we better make sure that basically our
24 providers are paid for taking care of those
25 beneficiaries.

1 DR. UPCHURCH: Well, I don't
2 blame this issue on the MCOs because they don't have
3 a way of knowing. It's just the hoops that we have
4 to jump through, then, to even get to there is the
5 problem.

6 MS. HUGHES: It's just we need
7 to try to figure out something that will simplify it
8 in some way. The poor things, the kids are in a bad
9 situation and I've kind of adopted the motto that
10 Lisa Lee used to have. Them babies can't help what
11 kind of situation they're in.

12 DR. COMPTON: I wish we could
13 come up with some sort of way to coordinate diabetic
14 care with the physicians or the endocrinologists or
15 whomever where we communicate better. There's times
16 I'll spend a fair amount of time talking to my
17 diabetic patient who is out of control about
18 nutrition, and occasionally, we had that one come
19 back and thank us. We finally got somebody's
20 attention.

21 Well, that was more than an eye
22 exam. And if we had access to their labs, we can
23 order them again but that's duplicating services. I
24 don't know what the percentage of the Medicaid
25 population that's diabetic is but it's large. We

1 could help outcomes, not just their eyes but their
2 kidneys and their feet. We could make a difference
3 to make sure those folks are getting their dilated
4 eye exams and we're getting back with the physician.

5 MS. ALLEN: Just as a friendly
6 reminder, the MCOs have the wellness coordinators
7 that will outreach to the member. So, if you were to
8 contact the MCO or if you were to contact me and say
9 I saw this patient today, she is a really bad
10 diabetic, we really want to get her services, then, I
11 can contact WellCare and ask them to get a case
12 manager assigned to the patient.

13 And, then, they will outreach
14 to the patient and they can do the complete care.
15 So, they can make sure they're going to their PCP.
16 They can make sure they're getting to the
17 endocrinologist if it's necessary, but, please let us
18 know because a lot of the MCOs have resources and
19 they team members that are there just for that
20 purpose.

21 DR. COMPTON: Or their retina
22 doctor. Say they've got proliferative retinopathy
23 you make them the appointment and then they don't go
24 or they can't get there, then, their vision will get
25 worse.

1 MS. ALLEN: Those are the type
2 of people they want to case manage.

3 DR. COMPTON: So, maybe a - and
4 I'm sure we've all gotten - you're talking about the
5 list of folks to contact, but for the diabetic.

6 MS. ALLEN: Yes, a list.

7 DR. COMPTON: Or maybe this is
8 next time's discussion. It's not on the agenda but
9 that's kind of what the Commissioner is looking for.
10 And by the same token, I think we need to set our own
11 agenda.

12 MS. HUGHES: And I'm thinking
13 probably about every one of the MCOs have diabetes
14 case management.

15 DR. COMPTON: Well, it's in
16 their interest, too.

17 MS. HUGHES: So, I think if
18 nothing else, to get you all, even if it's little
19 business cards for you to have. You have WellCare.
20 Do you know that they have a case management program,
21 and if you contact this number, they will sign you
22 up.

23 I went through a couple of them
24 when I was in the Personnel Cabinet just to see what
25 the programs were like, and I am an advocate of the

1 we called it disease management back then but I think
2 everybody calls it case management now. They provide
3 really good information to the members and will call
4 them back and with the diabetes and trying to help
5 making sure they're being consistent with their
6 medications.

7 And one of the questions they
8 will ask is have you had an eye exam. And if they
9 haven't, then, they would try to help them get
10 referred out for that eye exam.

11 So, that may be something we
12 want to try to talk about and see if we can get more
13 information out to the optometrists through Sarah and
14 Dinah about here's a flyer or here's a business card
15 that you can just hand to them and say, here,
16 WellCare has this or Anthem or Humana or whomever
17 that you all might be interested in.

18 DR. COMPTON: That's my two
19 cents.

20 DR. BURCHETT: Thank you.

21 MS. HUGHES: Put this on the
22 agenda for the next time and we will talk more about
23 it.

24 DR. BURCHETT: Any other
25 comments? Motion to adjourn.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

DR. COMPTON: So moved.

DR. UPCHURCH: Second.

DR. BURCHETT: All in favor.

Thank you, everyone, for coming.

MEETING ADJOURNED