

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

IN RE: PRIMARY CARE TAC MEETING

January 7, 2021
10:00 A.M.

(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Mike Caudill
CHAIRMAN

Yvonne Agan
Chris Keyser
Raynor Mullins
Barry Martin
TAC MEMBER PRESENT

Noel Harilson
Teresa Cooper
Edward Connors
Zach Sturgill
Molly Lewis
KENTUCKY PRIMARY CARE
ASSOCIATION

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

APPEARANCES
(Continued)

Stephanie Bates
Veronica Cecil
Angela Parker
Steve Bechtel
Judy Theriot
Sharley Hughes
Lee Guice
Amy Richardson
MEDICAID SERVICES

Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Call to Order
2. Establishment of a Quorum
3. Review and approval of previous meeting transcript
 - A. November 2020 - provided to TAC on 11/20/20
4. Old Business
 - A. Report on Wrap/Cross Over Claims Clean-up July 1, 2014 to present - Update from DMS
 - B. DMS limitation of 30 site NPIs - Update from DMS on change order status and effective date
 - C. Issues related to potential payment processes that could affect FQHCs/RHCs - Duplicate Logic 5001 Encounters - Update from DMS
5. New Business
 - A. Updates or Announcements from the MCOs
 - B. Recommendations to the MAC
 - C. New items for discussion
 - D. Next Meeting - March 4, 2021 10-12:30 EST
6. Adjournment

1 CHAIRMAN CAUDILL: Teresa Cooper
2 is on here, I believe, and she is going to be
3 directly working with the TAC. So, Teresa, if you
4 would, would you call the agenda, please, and let's
5 show that the meeting was called to order at 10:02
6 a.m.

7 MS. COOPER: I'm sorry, Mike, I
8 was having audio problems. What did you ask?

9 CHAIRMAN CAUDILL: I asked to
10 establish a quorum and would ask that you call it
11 with our members, please.

12 (ROLL CALL)

13 CHAIRMAN CAUDILL: So, that's a
14 quorum, then. So, next on the agenda is for review
15 and approval of the previous meeting transcript. And
16 let me say that I noticed on it that on the first
17 page, it has the meeting as being October 5th of
18 2020, but I believe they meant it was November 5th of
19 2020.

20 MS. HUGHES: Yes. Yvonne
21 notified me of that yesterday and I sent out new
22 minutes this morning with the corrected date on it.

23 CHAIRMAN CAUDILL: Okay. So,
24 are there any other questions or comments concerning
25 the previous transcript? There being none for us,

1 would anyone like to make a motion to approve the
2 previous meeting transcript?

3 MS. KEYSER: This is Chris.
4 I'll make a motion to approve.

5 DR. MULLINS: Second. Raynor.

6 CHAIRMAN CAUDILL: All those in
7 favor, please say aye. Anyone opposed, likewise.
8 There being no opposition, the motion carries.

9 On the agenda, there is a
10 missing Item Number 4. It goes 1, 2, 3, 5. So, I
11 would like to show that it will be in chronological
12 order and 5, 6 and 7 will be replaced with 4, 5 and 6
13 to be consistent.

14 With that said and being a
15 change in the agenda, would there be a motion to
16 approve the agenda as amended?

17 MS. AGAN: I so move.

18 MS. KEYSER: Second.

19 CHAIRMAN CAUDILL: And a second
20 by Chris. All those in favor, say aye. All those
21 opposed, likewise. Motion to approve the amended
22 agenda passed.

23 So, let's get into the meat of
24 it, then, and that's Old Business which is now Item
25 4. First up is a report on the wrap/crossover claims

1 cleanup July 1, 2014 to present, and update from DMS.

2 The last meeting, we had a
3 lengthy discussion on that and an explanation of that
4 and would refer anyone to that; but at this time,
5 then, is Veronica Cecil on here?

6 MS. CECIL: Yes. Good morning.

7 CHAIRMAN CAUDILL: Hi. Would
8 you like to give us a status update on that?

9 MS. CECIL: I would be happy to.
10 Just to fill in what has occurred since the last
11 meeting, we did meet with folks from Texas about
12 their model which was believed to be that the MCOs
13 pay the full PPS.

14 However, their model has
15 changed and that was due to a lawsuit, but their
16 current model is that the provider submits a claim to
17 the MCO and, then, also submits a wrap claim to the
18 Medicaid state agency.

19 I don't think this is, again,
20 what we were originally seeking from them to be able
21 to move to the MCOs paying the PPS.

22 So, we did ask a couple of
23 questions related to when the MCOs did do it, we
24 asked for the process and other information that
25 would be helpful to us if we were to implement that.

1 They took that back and we're
2 still waiting for a response to some of our
3 questions, but that kind of made us think that that
4 was something that - probably the current model
5 wasn't something that probably we wanted to pursue.
6 So, that's where we are with that inquiry.

7 We continue to work through
8 identifying root causes to what the problems are that
9 continue to prevent the wrap payment from being
10 generated. There are significant problems with
11 crossovers that I know doesn't come as a surprise to
12 you all.

13 As we look through these, and
14 it just, I'm sorry to say, takes a great deal of time
15 and back and forth between us, the MCOs and the
16 provider on trying to figure out what's going on.
17 So, we continue to work through those.

18 I would have preferred for us
19 to be in a position to pull together a workgroup of
20 KPCA and a couple of providers who have volunteered
21 to work with us by now, but I just don't want to do
22 that until we have a good understanding from our side
23 about what's going on because we want to be able to
24 sit down and work with everybody on what the
25 solutions are together, and I just don't feel like we

1 could do that without having a good understanding.

2 So, we have been continuing our
3 deep dive into what's going on with the wrap. Where
4 is the breakdown? What are solutions to those
5 issues?

6 And I feel like we do continue
7 to identify them, so, that's good, and we continue to
8 work with everybody on what some of those proposed
9 resolutions could be and whether those may be
10 something that providers can help with on solving the
11 problem.

12 A couple of other things we
13 have been working on since the last meeting - we have
14 been discussing the creation of a report or some
15 other type of feedback that goes to the MCOs and
16 providers about what has been paid, what wraps have
17 been paid so that that's a reconciliation that can
18 occur more realtime.

19 So, we just approved over the
20 holidays a change order to start working on that. We
21 most certainly will reach out to KPCA and a couple of
22 the providers to make sure that what we're doing is
23 something that's of value to them.

24 But the MCOs have been asking
25 for something to help identify when the wrap is not

1 paid and start working on those rather than what
2 we're looking at now which is years later still
3 trying to resolve some issues.

4 So, I think that that's going
5 to be a good solution for how we resolve these things
6 in the future. They can get identified sooner.

7 And, then, the other thing that
8 we've discussed since the last meeting internally is
9 the development of guidance and FAQs and potentially
10 a webinar on how to bill a wrap payment, what the
11 process looks like from the three buckets - the
12 provider, the MCO and the Department - so everybody
13 has a clear understanding of how it works, what's the
14 proper way to submit a claim to ensure that the wrap
15 gets generated, what are the common problems.

16 And we feel like if we can
17 establish this, then, moving forward as issues are
18 identified, we could quickly develop an FAQ, get that
19 out to providers and try to address these issues more
20 realtime than, again, the situation that we're in now
21 which is that we've got critically old claims and
22 encounters sitting out there where the appropriate
23 wrap hasn't been paid.

24 So, those are a couple of
25 things I wanted to mention in terms of where we are.

1 I just continue to hesitate to give a definitive time
2 line, and I know that's frustrating. I recognize
3 that. It is for us as well. We want to get this
4 resolved. We want to ensure to the extent possible -
5 I know we're not going to get to 100% - but to the
6 extent possible that claims get paid appropriately,
7 that the wrap gets paid appropriately.

8 So, that's our goal. We
9 continue to work on it and I'd be happy to take any
10 questions.

11 CHAIRMAN CAUDILL: Well, let me
12 say first that you bring a whole new meaning to
13 bucket list with your three buckets. Certainly, that
14 last bucket I want to look into pretty much.

15 In November, you had said that
16 there was one more MCO to sit down with to go over it
17 and, then, that next step would be to pull in KPCA
18 and some individual providers, and now you're telling
19 me that we've not got to that step to bringing KPCA
20 and providers.

21 So, let me ask you not a time
22 table for solving of the problem but do you have a
23 time table for incorporating or bringing into the
24 discussion KPCA and individual providers?

25 MS. CECIL: We did end up

1 meeting with all the MCOs. What we've been able to
2 do is identify common issues across the MCOs and
3 there were, unfortunately, uncommon things which
4 creates some difficulty in trying to address things.

5 But we're in the process of
6 continuing to work those into a - I'm trying to think
7 of the word - a workable list that we can then sit
8 down with everybody and go through and discuss.

9 So, really, it's just been we
10 haven't had the ability or the time to pull that list
11 together. I think that's something that we are going
12 to be able to work on this month and then would like
13 to have that available, send it out to you, KPCA and
14 the providers that are going to participate in the
15 meeting in plenty of time for them to review and,
16 then, have a sit-down.

17 So, I can commit to getting
18 that done over the next couple of weeks.

19 CHAIRMAN CAUDILL: So, our next
20 meeting is March 4th. And if you don't mind me
21 asking, what do you think we'll be able to accomplish
22 towards this by our next meeting?

23 MS. CECIL: Again, I mean, I
24 think if we can get organized and get everything
25 prepared for you all to be able to review and have a

1 thoughtful conversation, then, I think we can at
2 least accomplish that between now and the next
3 meeting.

4 CHAIRMAN CAUDILL: Any other
5 questions from members of the committee?

6 MS. HUGHES: Mike, I'm sorry. I
7 just wanted to let you all know that Barry Martin has
8 gotten online now, too. So, you've got all your
9 members.

10 CHAIRMAN CAUDILL: Okay.
11 Welcome, Barry.

12 MS. KEYSER: Mike, this is
13 Chris. I did have a question for Veronica.

14 CHAIRMAN CAUDILL: Please, go
15 ahead.

16 MS. KEYSER: Veronica, you had
17 mentioned again that you all were trying to identify
18 problems with the missing wrap payments. Can you
19 talk, have there been anything identified that is
20 directly related to the provider's submission?

21 Is there something that's been
22 identified that we aren't doing correctly because our
23 first step is it goes to the MCOs and, then, we just
24 wait. I'm just curious. In your early talks and
25 everything with the MCOs, has there been anything

1 identified that's pointing toward an issue coming
2 from the provider side?

3 MS. CECIL: So, the answer to
4 that question is yes. I don't know if I could talk
5 intelligently enough about what specifically is
6 incorrect with the claim. Again, I think the biggest
7 bucket of that is crossovers, that the crossover
8 information is being put in the correct field and
9 there's a lot of issues with when claims get dropped
10 to a paper claim.

11 So, there are. There are some
12 things that have been identified. That's where we
13 feel like if we can create guidance, understandable
14 guidance because I do feel like there are some
15 providers who understand the issues and know how to
16 do it appropriately and properly.

17 But I think there's just enough
18 uncertainty about how to appropriately submit the
19 claim, that it's going to be, I think, worthwhile for
20 us to develop a guidance. That way, everybody
21 understands it. We're going to try to make it as
22 clear as possible.

23 So, again, the issue is very
24 much, in all three areas, the breakdown happens along
25 that whole continuum.

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MS. KEYSER: Thank you.

DR. MULLINS: Chris, this is Raynor, or Mike. I'd like to pose a question to Veronica.

CHAIRMAN CAUDILL: Go ahead.

DR. MULLINS: I assume that there have to be dental claims associated with this. It's been my experience over the years that dentistry often gets put off in a separate bucket, as you referred to it, Veronica, but I'm assuming that what you're doing is also working with the MCOs on their dental subcontractors and their DCOs that participate, and that's going to be part of the resolution with some of these things going forward.

Is that the case, or have you gotten into the dental side of this at all?

MS. CECIL: We have gotten into the dental side. And actually since the last Primary Care TAC, it was brought to our attention that some of the dental claims and encounters were not triggering the wrap.

So, yes, absolutely, dental plays into this and we are also doing a deep dive into that process as well.

DR. MULLINS: Thank you.

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CHAIRMAN CAUDILL: In the last meeting, Barry had asked a question concerning that, and Stephanie Bates had said that she would be checking with all the subcontractors. So, if Ms. Bates is on here, maybe she wants to update.

MS. BATES: I think Veronica covered it. As a part of the whole exercise, the subcontractors have been involved and we have taken a look at their claims specifically.

Of course, we contract with the MCOs, and, so, we have to go through the MCOs to get to their subcontractors, but Veronica, I think, covered it pretty well.

CHAIRMAN CAUDILL: Okay. Are there any more questions, then, for either Ms. Bates or Veronica?

MS. AGAN: I have a question. First, Veronica, I thank you for the information and it's exciting to see that you are looking forward to correct our future claims and I definitely support that.

Once these issues are resolved and we have a go-forward in place, will DMS go back to look at the issues of the unpaid claims that are still out there?

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MS. CECIL: Yes, that's definitely part two. I appreciate that question.

Again, I think what we want to commit to is that we recognize that there may be old claims out there that did not generate the wrap and that providers are entitled to due to the breakdown of the process.

So, as we resolve these issues, certainly the part two of that is going to be, all right, now that we have a good understanding of what the problems were, we work together to develop what the solutions are, what is the next appropriate thing to do for a reconciliation.

The biggest concern here - and this is why we're so laser-focused on trying to develop solutions right now for going forward is because we don't want to continue to build this old problem and make it larger. We want to address the problem and get the wraps paid.

So, that's what we keep so focused on right now is clean up the system now so that going forward we've got a better process for getting the wraps paid.

So, I think to be perfectly honest and candid about it, once we get through this

1 process, we have to then start the discussion about
2 how do we resolve the past issues.

3 MR. MARTIN: Veronica, this is
4 Barry. I think I finally got my mic working.
5 Definitely, we want to work on the future and make
6 sure it doesn't happen, but there's still a lot of
7 past that's got to be resolved.

8 So, we've got to keep that at
9 the forefront because I think that's one of the
10 burning questions. I think, for the most part,
11 current claims are being processed pretty clean.
12 There's still some obstacles, but, for the most part,
13 the historical amounts are the most outlying,
14 outstanding and the biggest amounts.

15 MS. CECIL: I appreciate that.
16 Thank you. That's helpful to understand, Barry, and
17 actually really great to hear that, for the most
18 part, you think wraps are being paid appropriately.
19 So, that's great news.

20 I still think for us to be able
21 to go back and reconcile, we run into this problem
22 where if the claim wasn't submitted properly or the
23 MCO when they sent the encounter and it, for whatever
24 reason, wasn't correct and didn't generate, we still
25 have to resolve that issue because I have concerns

1 with - you know, what's been happening is that
2 providers have been working with MCOs on projects,
3 and a lot of times that gets distilled down to just a
4 settlement which means that we don't have correct
5 claims and encounters in our system.

6 So, we want to understand that.
7 We want to understand, then, if that is what ends up
8 happening in part two, how can we ensure that we've
9 got the right information. Is that critical for
10 moving forward? So, those are the decisions that we
11 have to make, but I appreciate your input.

12 MR. MARTIN: Okay. And the last
13 time we talked, you were getting all the MCOs to send
14 everything that they have gotten over the years to
15 you guys to look at for that possibility that they
16 have claims that were processed but not sent on to
17 Medicaid.

18 So, we know that that's a
19 problem. We've just got to resolve that, and we've
20 been working on projects with DMS and the MCOs, but
21 we've not gotten anywhere with the reconciliation
22 part of it.

23 I think we've worked on helping
24 fix current problems and that's where I think we've
25 got cleaner claims coming back and forth, but we

1 still have that major issue of going back and
2 correcting the problems that MCOs and DMS and
3 providers have had.

4 MS. CECIL: I don't disagree
5 with that.

6 MR. MARTIN: Okay. We've just
7 got to keep that at the forefront because some of us
8 have a lot of money outstanding right now with the
9 reconciliation.

10 CHAIRMAN CAUDILL: Okay. I will
11 say this. Over the last year, we've noticed payments
12 that are kind of out of the ordinary that looks to us
13 like the Department is actively trying to work
14 towards arrearages and make payments to us as they
15 can identify problems. So, that's anatta boy for
16 you all.

17 MS. CECIL: Thank you. We'll
18 take them.

19 CHAIRMAN CAUDILL: Does anyone
20 else have any questions for Ms. Cecil? All right.
21 Thank you.

22 And, of course, this item is
23 always the big item on the agenda because it is has
24 so much impact and it's so large in dealing with and
25 certainly we'll be looking into that more and hope

1 that you all have been able to make large
2 advancements towards settling this by the next
3 meeting.

4 That being said, let's go on to
5 4B, the DMS limitation of thirty-site NPIs. I know
6 that Ms. Guice had stated before that a change order
7 had already been completed. So, this, then, is just
8 a request for a status update on the completion date
9 of the change order.

10 MS. GUICE: So, the change order
11 was completed for Partner Portal. And right now, I
12 don't have - Veronica, do you know anything about
13 that? I'm sorry. I moved away from Partner Portal,
14 so, I'm sorry I didn't keep up with that.

15 MS. CECIL: My apologies. I
16 don't either. I reached out to Kate Hackett to get
17 an update. So, if I get one before the end of the
18 meeting, I will share that.

19 CHAIRMAN CAUDILL: Okay. Thank
20 you. Then, let's go to 4C, issues related to
21 potential payment processes that could affect FQHCs
22 and RHCs - the duplicate logic 5001 encounters.

23 We're also asking for an update
24 on that, but I'm thinking there would be probably
25 more discussion to that; and to better lay it out,

1 Teresa Cooper, would you like to chime in here?

2 MS. COOPER: This was the
3 question that we had in the last TAC meeting over the
4 edit that was put in place for MCO encounters coming
5 through that was going to possibly deny and maybe
6 penalize MCOs if there was a duplicate CPT code on
7 the claim.

8 I believe Ms. Guice was going
9 to look into this because there were some questions
10 around it. We were just asking for some
11 clarification on what that actually meant as far as
12 an encounter submission.

13 CHAIRMAN CAUDILL: As I remember
14 or as I see it, Ms. Guice was going to get a
15 clarification on the intent of the edit. Ms. Guice,
16 were you able to do that?

17 MS. GUICE: The intent of the
18 edit is not to deny claims when they have a different
19 rendering provider. So, if you have two CPT codes,
20 your billing provider is the facility, and you have
21 two CPT codes from one that say 99213 - let's just go
22 with that one, Teresa, because that's one I know -
23 but one of them is from the primary care provider and
24 one of them is from the cardiologist.

25 That shouldn't be an issue even

1 if it is on the same day of service because the
2 rendering provider is different. I have included
3 that in discussions with MMIS and no one believes
4 that that's an issue.

5 MS. COOPER: Okay. Thank you.
6 That was the clarification we were looking for.

7 MS. GUICE: If you run across
8 something, just send me a specific example.

9 CHAIRMAN CAUDILL: Okay. That,
10 then, finishes everything under Old Business and we
11 will move to 5 on the agenda which is New Business.

12 And let me start out by, since
13 Ms. Lee is on here, would she like to address the TAC
14 committee, even though I didn't see here and I'm
15 assuming she's busy with the Legislature, but I do
16 want to offer that.

17 So, we go to 5A, update or
18 announcements from the MCOs, and we'll start out with
19 Anthem Blue Cross Blue Shield MCO. If anyone is
20 there, they can chime in.

21 How about WellCare of Kentucky?
22 Are you on here?

23 MR. AKERS: I am, Mike. Can you
24 hear me?

25 CHAIRMAN CAUDILL: Very well.

1 Thank you.

2 MR. AKERS: Thank you, sir. So,
3 Happy New Year to everybody. I just want to, as I
4 usually do, remind everybody of our biweekly Friday
5 WellCare informational Web-Exs. We're excited about
6 2021.

7 Tomorrow, our subject is going
8 to be talking about new member benefits and value-
9 added benefits. So, if anybody needs a calendar
10 invite for that forum that we have every other
11 Friday, just send me an email -
12 johnieakers@wellcare.com - and I'll be happy to
13 forward that to you. Thank you so much.

14 CHAIRMAN CAUDILL: Thank you,
15 Johnie. Aetna Better Health of Kentucky. Do we have
16 a representative on here?

17 All right. Humana Healthy
18 Horizons in Kentucky. Do we have a representative on
19 here?

20 MS. DAY: Hi. This is Beth Day
21 with Humana Healthy Horizons.

22 MR. HARILSON: Beth, this is
23 Noel. Just a second. Mike, can I say something real
24 quick?

25 CHAIRMAN CAUDILL: Absolutely.

1 MR. HARILSON: Because I know
2 that there are some - I can see the names of people
3 from those other MCOs and I see chats going through.
4 If you're double-muted, it's *6 on your phone. So, I
5 know that Sammie is on and I know that there's some
6 folks on from Anthem.

7 Maybe they don't want to speak
8 up which is fine but I want to make sure that if
9 they're trying to get unmuted, that they are because
10 there are some people that are on. Thanks, Mike.

11 CHAIRMAN CAUDILL: See, there
12 you go. You thought you were hiding and now Noel has
13 called you out. In the meantime, let's go ahead with
14 Beth and, then, I will go back around to Anthem and
15 Aetna. Please go ahead, Beth.

16 MS. DAY: Thanks, Mike. I just
17 wanted to give a big thanks to all of our health
18 partners. We had kind of an unprecedented year in
19 2020 in that we not only had COVID-19 sweep our
20 nation, but we also transitioned from our partnership
21 with CareSource.

22 All in all, I think that the
23 transition year was very successful. I know we had
24 some hiccups and I know that our partners at KPCA
25 were great about pointing out some global issues to

1 us. So, we appreciate that.

2 We appreciate everybody's
3 patience throughout this year and we really just look
4 forward to all of the future successes that we're
5 going to have for you guys.

6 And, as Mike said, we are
7 effective 1/1/2021 called Humana Healthy Horizons.
8 This is our new brand name. We're really excited
9 about that. You might see HHH as an acronym in some
10 of the communications from your rep. So, that's what
11 that's going to be for.

12 I just wanted to remind
13 everybody that the 2021 provider manual is posted on
14 our website. If you have any questions about
15 anything around Humana Healthy Horizons, there's
16 processing items available online, a claim edit tool
17 that you can bump your claims data against to see if
18 there are going to be any edits that might trigger
19 for that.

20 We have so many resources
21 available here at Humana that you might not have
22 experienced previously with CareSource, and I just
23 wanted to remind everybody of that. And, again,
24 we're just so excited for the future with all of our
25 health partners, and we thank you so much for your

1 patience throughout the transition year.

2 CHAIRMAN CAUDILL: Thank you,
3 Beth. Let me circle back, then, to Anthem Blue Cross
4 Blue Shield. Do we have a representative on?

5 MS. SMITH: Yes. This is
6 Jennifer Smith with Anthem. I'm sorry. I had trouble
7 getting unmuted.

8 Just a couple of announcements,
9 not a whole lot, but I just wanted to let you guy
10 know we are sending out our provider notice regarding
11 the timely filing requirements, changing to the 365
12 days.

13 And, then, we do have a
14 provider orientation that is going to be held this
15 month on the 20th and our monthly schedule is
16 available on our website. So, that's where we
17 recommend going out there and signing up for a
18 session.

19 CHAIRMAN CAUDILL: All right.
20 Thank you, Jennifer.

21 MS. KEYSER: Jennifer, can you
22 just repeat that about the timely filing?

23 MS. SMITH: Yes. The timely
24 filing is using 365 days this year in 2021 for
25 Medicaid. So, we are sending out a notice here soon.

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MS. KEYSER: Thank you.

CHAIRMAN CAUDILL: Thank you, Jennifer. How about for Aetna Better Health of Kentucky? Still silent. Passport Health Plan by Molina Healthcare.

MS. KELLY: Hello. This is Courtney Kelly. We're excited to announce as well that we've kind of had some changes for 2021. We kicked off the new year with Passport Health Plan by Molina Healthcare. Overall, we think things are going well. Definitely we're going to have some hiccups but just wanted to kind of call out a couple of things here.

We recently completed twelve orientations via our webinars and about 1,500 participants over the last few months. We also will be having upcoming this month several different open mic sessions and opportunities for providers to join, and those will be categorized based on the provider's specialty. These will be starting as early as January 11th, and the different dates and times and specialties will be listed on the website.

We're excited to now have an authorization lookup tool on our website as well that we wanted to highlight and mention.

1 And, then, just a few changes
2 that we'd also like to mention are related to our PCP
3 assignments. You might notice that the PCPs are
4 assigned a little bit differently and our members are
5 now assigned to an individual practitioner as their
6 PCP. However, the individual practitioner will be
7 listed on the member's ID card but they can see
8 anyone under that same tax ID.

9 Also, providers can call in to
10 our Customer Service line to have their PCP changed
11 or submit a PCP change request form if need be.
12 However, the member does need to be present in order
13 to make that happen. So, that's a little bit of a
14 change as well and just wanted to call that out.

15 We also are using Availity as
16 our new provider portal, that we're every excited
17 about gaining additional functionality with that.

18 We also have updated our timely
19 filing to 365 as well.

20 I know this is a lot of
21 information, and, so, we will have several E-News
22 communications that we're sending. And if you have
23 any questions, please reach out to your provider
24 representative and we'll be sure to follow up with
25 you and get any questions answered that you need.

1 CHAIRMAN CAUDILL: Thank you,
2 Courtney. New kid on the block, United Healthcare
3 Community Plan. Do we have a representative present?

4 And circle back one last time
5 to Aetna. Is anyone on from Aetna?

6 Does anyone have any questions
7 for the health care MCOs that are on here? Okay.
8 Johnie, Beth, Courtney, Jennifer, thank you so much
9 for your input today.

10 Then we'll move on the agenda
11 to 5B which is recommendations to the MAC. Are there
12 any recommendations to be considered by this
13 committee to be made to the MAC?

14 To the resounding course of
15 crickets, then, we'll move on to 5C.

16 The next meeting of the MAC
17 will be this month on January 28th, 2021 at 10:00
18 a.m. and scheduled to last up to 12:30 p.m.; but with
19 these Zoom meetings, as this one, they seem to go
20 much faster than in-person meetings. And I won't be
21 able to attend that one. I'll be attending it by
22 Zoom.

23 Are there any other questions
24 or issues or comments to be made about the upcoming
25 MAC meeting?

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Again, then, we move to 5D, new items for discussion. Are there any items that would like to be brought up by members or those present?

MR. MARTIN: I don't have any, Chair.

CHAIRMAN CAUDILL: Okay. Thank you, sir. I hate to get these meetings over so quick. I'm not going to be earning the money I get paid to be a Chair here.

But that being said, our next meeting for the Primary Care Technical Advisory Committee is March 4th, 2021 from 10:00 to 12:30 p.m., Eastern Standard Time.

Is there any other questions or comments to be made before a motion for adjournment? Silence being acquisition, then, do I have a motion to adjourn?

MS. KEYSER: So moved.

MS. AGAN: Second.

CHAIRMAN CAUDILL: Thank you all so much for attending and have a wonderful day.

MEETING ADJOURNED