

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

IN RE: PRIMARY CARE TAC MEETING

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March 4, 2021  
10:00 A.M.  
(All Participants Appear Via Zoom or Telephonically)

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**APPEARANCES**

Mike Caudill  
CHAIRMAN

Yvonne Agan  
Chris Keyser  
Raynor Mullins  
Barry Martin  
TAC MEMBER PRESENT

Teresa Cooper  
Edward Conners  
Mary Elam  
KENTUCKY PRIMARY CARE  
ASSOCIATION

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APPEARANCES  
(Continued)

Lisa Lee  
Veronica Cecil  
Angela Parker  
Steve Bechtel  
Jessin Joseph  
Judy Theriot  
Sharley Hughes  
Lee Guice  
Jacob Wilson  
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. January, 2021 - provided to TAC on 1/19/21
4. Old Business
  - A. Report on Wrap/Cross Over Claims Clean-up July 1, 2014 to present - Update from DMS
5. New Business
  - A. Presentation on payment methodology for same-day multiple visits
  - B. Payments for COVID-19 vaccine administration
  - C. Updates or announcements from the MCOs
  - D. Recommendations to the MAC
  - E. Confirmation of Chair to attend MAC meeting 3/25/21
  - F. New items for discussion
  - G. Next Meeting - May 6, 2021, 10-12:30 EST
6. Adjournment

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MR. CAUDILL: If it's everybody's pleasure, then, let's go ahead and begin. This should not be too long of a meeting today. It is currently 10:02.

And before we get started, let me say that as to the 5A under New Business, presentation of payment methodology, that we will withdraw that until our next meeting due to some technical issues that we can resolve by then.

Having said that, Teresa Cooper, are you here?

MS. COOPER: Yes, sir.

MR. CAUDILL: Okay. So, let's call the meeting to order, then, at 10:02, and the next item of business will be the establishment of a quorum. Teresa, would you care to call the roll, please.

(ROLL CALL)

MS. COOPER: I believe you have a quorum.

MR. CAUDILL: Very good. There is a quorum present with only Barry absent today and he may come in a little later.

The next order of business, Number 3, is review and approval of the previous

1 meeting transcript. Has everyone had a chance to  
2 read that and are there any changes or modifications  
3 that need to be made?

4 If there are not, the Chair  
5 will entertain a motion to approve the minutes as  
6 distributed.

7 MS. AGAN: I will move that we  
8 accept the minutes as presented for the January 7,  
9 2021 meeting.

10 MR. CAUDILL: Yvonne made the  
11 motion. Is there a second?

12 MS. KEYSER: This is Chris.  
13 I'll second.

14 MR. CAUDILL: Second by Chris.  
15 All those in favor, say aye. All those opposed say  
16 no.

17 Before we get on to the agenda  
18 then, let me say, Chris, it's my understanding you  
19 have retired, and I want to personally say that while  
20 I realize you'll be staying with us on this  
21 committee, I certainly will be missing you in your  
22 role as a fellow FQHC CEO.

23 MS. KEYSER: Thank you. I  
24 appreciate that. I'm looking forward to all the good  
25 times ahead now, but I have enjoyed being on this

1 committee and it is my new CEO's pleasure that I  
2 continue to serve until he can find another  
3 replacement.

4 MR. CAUDILL: It certainly would  
5 be nice if you stay on here, too, but whatever works  
6 for you, and I'm sure your husband has dreaded the  
7 increased list of honey-do things that you're going  
8 to come up with for him.

9 MS. AGAN: Congratulations,  
10 Chris.

11 MS. KEYSER: Thank you.

12 MR. CAUDILL: It's also my  
13 understanding that Stephanie Bates who works with us  
14 quite a bit for the Department has resigned and has  
15 left the employment of DMS, and we certainly will  
16 miss her also or certainly I will.

17 We'll go ahead and pick up,  
18 then, with our agenda under 4A, Old Business, and the  
19 only item we have listed today is the report on the  
20 wrap/crossover claims' cleanup of July 1, 2014 to the  
21 present and we're requesting an update from DMS.

22 This is an area that's been on  
23 here for quite some time. And out of the thirty-some  
24 pages of minutes, it takes up fifteen pages of the  
25 transcript. So, it is a very big thing. And in

1 going back and reading over that, it's just a huge  
2 thing that the Department is undertaking and one that  
3 is of utmost importance to all of us.

4 So, who will be representing  
5 the Department to provide us with an update?

6 MS. HUGHES: It will be Deputy  
7 Commissioner Cecil.

8 MS. CECIL: Good morning,  
9 everyone. Chris, I was wondering if you were already  
10 enjoying your retirement with a beach background.  
11 Congratulations.

12 MS. KEYSER: Wishful thinking.  
13 Thank you.

14 MS. CECIL: So, I think at the  
15 last meeting, I had hoped that a meeting would have  
16 already occurred prior to this one. That did not  
17 happen, but I would like to report that we are very  
18 close and moving forward.

19 We have developed a draft  
20 presentation for a workgroup that we're going to pull  
21 together of providers, MCOs, DMS staff, our OATS  
22 which is our IT sister agency, and Gainwell who is  
23 our fiscal agent.

24 So, we're going to have some  
25 representatives from those entities to come around

1 the table, and we drafted a presentation that walks  
2 through what we have been able to identify to date,  
3 so, the solutions we've already implemented that we  
4 felt like we were sort of more in control with and  
5 could do, but others that we want to walk through  
6 with the folks at the table, including the providers,  
7 and KPCA obviously will be invited to that.

8 We have drafted some potential  
9 solutions but certainly want to get that feedback and  
10 input from providers as you all, you know, this is  
11 your day-to-day and make sure that the solutions  
12 we're developing are definitely workable for you all.

13 We will be sending out a doodle  
14 poll I think by tomorrow, so, an email that  
15 introduces the potential members of the workgroup to  
16 what we're doing, a doodle poll to try to get a  
17 convenient time.

18 When you do something of this  
19 magnitude and we've got a lot of stakeholders who  
20 will be at the table, it's going to be a little  
21 challenging to find a convenient time for everybody  
22 to get together but we hope to do that over the next  
23 couple of weeks.

24 So, we are definitely moving  
25 things forward, and, again, greatly appreciate your



1 all's patience and the help you all have provided  
2 since this new endeavor started in July last year of  
3 trying to deep dive and identify the root causes of  
4 the issues and resolve them.

5 I know that there are probably  
6 a lot of people who want to be part of the workgroup.  
7 but we need to keep it at least somewhat manageable.  
8 So, what we tried to do is, in addition to KPCA,  
9 Mike, we're going to hope that you might be  
10 participating as Chair of the Primary TAC.

11 And, then, we've identified  
12 some individual providers across the state, some of  
13 whom have been working with us on some of the issues  
14 and helping us resolve some of the ongoing issues,  
15 especially on the crossover.

16 So, again, we are definitely  
17 moving forward and look forward to the opportunity to  
18 sit down with everybody and go through what we have  
19 to date and, then, work on long-term solutions to the  
20 issues.

21 MR. AGAN: So, do you think that  
22 this workgroup will get started, then, within the  
23 next month?

24 MS. CECIL: Yeah. We're looking  
25 for dates not starting next week but the week after,

1 and we'll probably send potential dates for that week  
2 and the week after that. We're trying to get a  
3 meeting before the first of April.

4 MR. CAUDILL: You were also, I  
5 understand, talking about the creation of a report or  
6 some type of feedback from the MCOs and the providers  
7 about what has been paid and what wraps have been  
8 paid so that a reconciliation can occur more  
9 realtime, and I look at that as being different than  
10 the workgroup that you're talking about.

11 Have you been able to process  
12 on creating this report?

13 MS. CECIL: That's still  
14 ongoing. There's been some back and forth between  
15 the MCOs and our staff - and when I say our staff, I  
16 mean including our sister agencies, OATS and Ganewell  
17 - on what that report looks like and the information  
18 that's on it and the fields that are necessary for it  
19 be - we want it to be useable, obviously. So,  
20 there's been back and forth.

21 As part of the workgroup  
22 discussion, we're going to present that, so, a draft  
23 report for that and a draft report of what we could  
24 potentially send to providers because we are also  
25 working on a separate report that the providers could

1 utilize as part of their reconciliation.

2 MR. MARTIN: Veronica, this is  
3 Barry. Are we still using the workgroup that we have  
4 developed with the TAC?

5 MS. CECIL: I'm not familiar  
6 with the workgroup with the TAC.

7 MR. MARTIN: There were about  
8 three or four of us from the TAC selected by the TAC  
9 that was piloting kind of the workgroup that's been  
10 involved from day one. So, I think it would be  
11 advantageous to continue that.

12 MS. CECIL: If you can let me  
13 know who those folks are. Again, definitely, Mike, I  
14 think Barry. I was going to see if Yvonne or Chris  
15 wanted to participate as well so that there were some  
16 TAC representatives on the workgroup.

17 And, then, we wanted to get a  
18 couple of providers who are not TAC members, again,  
19 who have been working very closely with the  
20 Department on resolving some of the issues.

21 Who is currently on that  
22 workgroup for the TAC?

23 MR. MARTIN: Noel, you know  
24 exactly who is on the workgroup, don't you? Is Noel  
25 on here?

1 MS. COOPER: I don't think Noel  
2 is on here, Barry.

3 MR. MARTIN: Teresa, do you  
4 know?

5 MS. COOPER: The ones I'm  
6 positive were you and possibly Yvonne's group.

7 MS. CECIL: Okay. So, I was  
8 checking you all off anyway. I'll reach out to Noel  
9 and double check that and make sure that we have the  
10 same representation.

11 MR. MARTIN: Okay. Thanks. We  
12 don't want to keep spinning our wheels. I think  
13 we've already had some traction. So, I think if  
14 continue on, that will work better.

15 MR. CAUDILL: So, when you get  
16 your list together, the ones you'd like to have on  
17 the workgroup, if you could get that out to KPCA.

18 MS. HUGHES: Mike, could you  
19 speak up a little bit? We're having a hard time  
20 hearing you.

21 MR. CAUDILL: Is that any  
22 better?

23 MS. HUGHES: I think so, yes.

24 MR. CAUDILL: So, as you develop  
25 this workgroup as far as KPCA and the providers, if

1 you can distribute that out to us to make sure it's  
2 current. If there's any people who may have been on  
3 the original that are not represented now, then, make  
4 sure they're filled in with current members who will  
5 be able to provide time because this is such an  
6 important thing and we're all dedicated to working  
7 with the Department to help develop this  
8 reconciliation and your list of common issues that  
9 you had referred to last time.

10 MS. CECIL: Absolutely.

11 MR. CAUDILL: All right. That's  
12 the only item under Old Business I have. Before I  
13 move on the agenda, are there any other questions by  
14 any of our members present for Deputy Commissioner  
15 Cecil?

16 MS. AGAN: I don't have any  
17 questions, Mike.

18 MR. CAUDILL: No other  
19 questions?

20 Under New Business, 5A, as I  
21 said earlier, 5A has been pulled at this time and  
22 will be presented at the next meeting because of  
23 technical issues with that.

24 And 5B is payment for COVID-19  
25 vaccine administration dealing with that CMS has

1 announced that COVID vaccines will be added to the  
2 annual cost report on a separate sheet similar to the  
3 flu vaccines, and we'd like for the Department to  
4 provide us some information on this, whether Medicaid  
5 has any plans for a reimbursement methodology for  
6 FQHC's and RHC's for the administration for the  
7 clinics for the COVID vaccine.

8 MS. GUICE: This is Lee Guice,  
9 Mike and TAC members. I wasn't sure. I hesitated  
10 for a moment before I started to speak because I  
11 wasn't sure if the Commissioner was on or if Veronica  
12 was going to talk about this.

13 I understood from CMS, the  
14 guidance is that we have the opportunity to do  
15 whatever it is that we have done previously on  
16 vaccine administration or we can pay.

17 So, if we pay now, we don't  
18 include the vaccine administration in your cost  
19 report. If we pay later, I mean, if we wait until  
20 the cost settlement, then, it will be delayed, the  
21 payments. We'll recoup the money certainly but it  
22 would be delayed until at a later point.

23 So, we're still discussing it.  
24 What we believe will happen is that we're not going  
25 to reimburse the PPS rate just for the administration

1 of the vaccine, and I believe that we're going to  
2 attempt to find a way to pay for the vacs when  
3 they're administered without having a wrap triggered.  
4 So, that's where we are right now.

5 COMMISSIONER LEE: This is Lisa  
6 Lee. I'm sorry. I was having a little bit of  
7 technical difficulties trying to get on.

8 Now, as Lee said, we're still  
9 having conversations. And as you know, this is  
10 really important. We want to get as many vaccines  
11 out as we can, and the bulk of these vaccines  
12 administered by FQHC's and RHC's are going to be  
13 through the Managed Care Organizations.

14 So, we're also having  
15 conversations with them related to creativity around  
16 billing. I know, for example, some of the things  
17 that we are a little bit concerned about, too, that  
18 we need to work through, of course, are any sort of  
19 duplicate payments for services were it definitely  
20 for administration of vaccines.

21 In the event that some of the  
22 clinics maybe hold like vaccine clinics or something,  
23 mass vaccinations, how do we work through that?

24 We've also talked to the MCOs  
25 about maybe some roster billing in those situations

1 but there's been a little bit of technical  
2 difficulties trying to work that out.

3                   And one thing that I'd like to  
4 talk about, too, is I know that Mountain Comp has  
5 been selected to participate or has been chosen as an  
6 FQHC in Kentucky to administer vaccines, and I'd like  
7 to know how that works and how we kind of work around  
8 with the vaccines distributed at Mountain Comp versus  
9 the other ones, what that process is that the federal  
10 government has outlined and what that entails and the  
11 CARES funding that also has been coming into the  
12 state, particularly to the FQHC's and RHC's and just  
13 trying to work through how we do this, how we get  
14 everybody vaccinated, reduce any sort of  
15 administrative burdens and also reduce duplication.

16                   So, I'm not sure if someone  
17 from Mountain Comp is on that can talk about the  
18 process that's going to be in place specifically for  
19 that facility.

20                   MR. CAUDILL: I don't know if  
21 anyone is on here other than me. Teresa Dotson, are  
22 you on here?

23                   MS. DOTSON: I am. Good  
24 morning, committee. As far as the federal vaccines,  
25 we really just received those this week and have not



1 started administering those yet. We are keeping  
2 those completely separate as far as inventories.

3 So, as to the administration  
4 fee, we have a charge on those but I don't believe  
5 we've received any payments yet. So, that's  
6 something we're going to discuss internally as well.

7 I know those lots come  
8 separately, Commissioner, to our inventories as far  
9 as that piece of it.

10 COMMISSIONER LEE: And they're  
11 keeping them separate and the lots come separately,  
12 but are those earmarked specifically for Medicaid  
13 members or just all of your membership there or all  
14 patients that come in?

15 MS. DOTSON: All patients,  
16 Commissioner. It's supposed to be all patients of  
17 the FQHC.

18 MR. CAUDILL: They tell us to  
19 follow the state guidelines.

20 We are in a unique situation.  
21 We have two different situations in Region 12 and  
22 Region 13, and Region 13 has distributed no vaccines  
23 to us and Region 12 has been very active. We're  
24 getting 400 a week from them.

25 The federal guideline is we're

1 getting 400 a week from them but that's open. We can  
2 request more and we're working into this to make sure  
3 that we can handle it correctly, but it gives us  
4 position in that as far as the federal vaccines are  
5 concerned, we can apply them mostly to our Region 13  
6 and, then, secondarily to our Region 12 if we need to  
7 supplement the Region 12 ones.

8 MS. DOTSON: We actually have  
9 vaccine clinics planned with the federal doses  
10 starting for this weekend mainly at our outlier  
11 clinics across the mountain, and, then, we're having  
12 a special day Saturday at Whitesburg with those.

13 Like I said, we're designating  
14 days for the doses so we ensure that there's no - I  
15 guess consistency with the lot numbers is one  
16 concern.

17 MR. CAUDILL: We also have been  
18 made available for the new J&J vaccines and we're  
19 looking at our to incorporate that into a mobile  
20 setting where we can send those out and do them one  
21 time and not have to have the logistics problems  
22 about rescheduling the second booster dose.

23 COMMISSIONER LEE: And as Lee  
24 said, we're still having some conversations  
25 internally about how best to do this. Again, our

1            overarching goal is to get as many vaccines out as we  
2            can with less administrative burden in compliance  
3            with all federal and state guidelines.

4                            We have discussed if an  
5            individual comes in to an FQHC and you do your  
6            routine - they come in for a billable service and you  
7            administer the vaccine, we would not pay an  
8            additional fee for the administration of the vaccine  
9            during that case.

10                            So, we're trying to figure out  
11            in the event, again, how we deal with the mass  
12            clinics and how we deal with those situations when an  
13            individual comes in only for a vaccine.

14                            But, again, the MCOs I think  
15            are going to be the bulk of the payers on the  
16            administration of vaccines for this population. So,  
17            as soon as we have everything lined out, we'll  
18            definitely get some more information out to you guys  
19            as soon as we finalize the plan that we have for  
20            vaccinations to the FQHC's and RHC's.

21                            MR. CAUDILL: We would be more  
22            than happy to sit down with you all any time, place  
23            or by any means and give you the benefit of what our  
24            experiences have taught us up to this point if it can  
25            be of any help to you.

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COMMISSIONER LEE: And I think that would be very beneficial, Mike.

MS. AGAN: With some of these starting their vaccine program, would you suggest that they hold off submitting their claims? Do you think you're close to making these decisions, or what do we do in the interim while you're still thinking about it?

COMMISSIONER LEE: Again, most of these individuals are going to be MCOs and I think the MCOs, I'd have to go back and look, but I think that they are paying administration fees on that. I would say just go ahead and submit your claims. It would be easier I think that way to know what we have in the system.

And the fee-for-service side I think is the issue, the one we need to have a little bit more discussion because I don't know - it will be a big system change for us to go in - not a major system change - but it would definitely be a system change, and I'm not sure how long it would take to have that in for the fee-for-service population, but I would just go ahead and submit the claims so that the individuals can get their vaccinations.

I guess my questions on the

1 mass clinics, if you hold a mass clinic for  
2 vaccinations, I guess you'll have some sort of claim  
3 or something to submit for the MCO population or just  
4 all Medicaid individuals? You'll have a way to track  
5 and submit claims for those individuals at mass  
6 clinics?

7 MR. MARTIN: Lisa, this is  
8 Barry. We have an RHC and we're doing the mass  
9 vaccination clinics and we're billing the MCOs and  
10 they are paying \$16 a vaccination for that.

11 COMMISSIONER LEE: Yes, just  
12 continue that process.

13 MS. KEYSER: So, Mike, this is  
14 Chris. I've got a quick question. So, again, we're  
15 not fortunate enough to have the vaccine yet in  
16 Bowling Green for the FQ. It's going through the  
17 local hospital, but be that as it may, I'm just  
18 trying to understand.

19 As far as the billing, if you  
20 all do the vaccination as part of I'd say a nursing  
21 visit, they're just coming in to get the vaccination,  
22 would you not just bill it as a nursing visit and,  
23 then, the MCO pays you the administration fee?

24 And, then, isn't there a  
25 modifier that we attach to the claim so that we don't

1 get a wrap tied to it as well?

2 MS. DOTSON: This is Teresa.  
3 I'll speak to that. That's exactly what we do.  
4 They're nurse-only visits and we bill the 0011A or  
5 0012A for a second dose for Moderna. And as far as  
6 the modifier, I'll have to check with billing, but I  
7 know that's exactly how we bill it is a nurse-only  
8 visit because we schedule them to come in. They're  
9 batches of ten with a vial. So, we really can't  
10 personally just do a mass vaccination.

11 Like I say, we have our  
12 schedules ahead because our main goal is to ensure  
13 that we handle the doses appropriately and properly.  
14 So, that's exactly how we do it, though, with a nurse  
15 only.

16 MS. KEYSER: Right. So, again,  
17 as far as the claim goes, I thought that's what we  
18 had kind of worked out, that there was a modifier  
19 that we submit with nursing visits that triggers  
20 don't pay the wrap.

21 So, you're right in that the  
22 MCO is the only place we're getting the  
23 administration fee paid for. We're not expecting an  
24 additional amount from the State Medicaid. It's  
25 coming from the MCO.

1 MS. AGAN: Chris, if you're  
2 using the nurse visit, then, you're putting in the UB  
3 modifier to stop the wrap payment, and you're really  
4 being compensated from the MCO, so, you're not  
5 looking for anything else from DMS.

6 Bu if you have a patient that  
7 does not have an MCO, they're a straight Medicaid  
8 patient, I guess that's where the question comes in.  
9 How is the compensation on that?

10 MS. KEYSER: I got you.

11 COMMISSIONER LEE: And let me  
12 make sure that I understand. The question is just  
13 only on the fee-for-service side. What do we plan to  
14 do with the vaccine administration?

15 And I think that we want to  
16 support wide vaccinations as widely as we can. So, I  
17 think that we need to just kind of take it back and  
18 look at the system changes, that sort of thing.

19 If we decided to go ahead and  
20 allow that vaccine administration only on a claim if  
21 you could bill it with the UB modifier, how long  
22 would it take us to make those system changes and get  
23 that information out to you?

24 We'll have an internal  
25 conversation here in the next few days and hopefully

1 have a response to this next week. So, the fee-for-  
2 service side is the only one that we need to think  
3 about.

4 MS. DOTSON: Commissioner, this  
5 is Teresa with MCHC. Is it appropriate to ask a  
6 question right now concerning the vaccines?

7 COMMISSIONER LEE: Absolutely.

8 MS. DOTSON: Thank you. We have  
9 been asked by several different organizations in  
10 Region 12 to consider doing mobile outreach vans to  
11 reach the populations, especially if the Johnson &  
12 Johnson becomes available just due to going to the  
13 communities versus expecting people to come to us.

14 How would that work with the  
15 administration fee where it's an outreach type  
16 activity and that van would not typically be a  
17 licensed site but the vaccine would be stored from  
18 Whitesburg and would be, I guess, tracked from that  
19 location?

20 I'm trying to work through that  
21 piece right now through several different avenues and  
22 I've not gotten a really clear answer on that.

23 COMMISSIONER LEE: I think that  
24 may be a question that we may need to take to our  
25 partners at the Department for Public Health since



1 they are leading the vaccine rollout here in the  
2 state.

3 So, I think, Teresa, if you  
4 give me that specific question, I can take that over  
5 to DPH and have someone on Dr. Stack's team answer  
6 that question.

7 MS. DOTSON: Okay. Thank you so  
8 much.

9 MS. AGAN: Teresa, will you send  
10 that back through to all of us what you find out on  
11 that because we have the same thing, looking at a  
12 mobile van to go out to the homeless population for  
13 vaccinations. I would be interested in your opinion  
14 on that.

15 MS. DOTSON: Yes, ma'am.

16 MR. MARTIN: Lisa, actually, on  
17 some of these conversations we're having with our  
18 regional coordinators, they're promoting us to do  
19 mobile vaccinations even to the point of putting them  
20 in a brown bag and taking them to somebody's home.  
21 So, they're all for it. We just need to have an  
22 avenue I guess to get reimbursed for going mobile.

23 COMMISSIONER LEE: This is a  
24 really good conversation and good questions, and I  
25 guess from my point, I know that we definitely

1 support getting those vaccinations out in to the  
2 state.

3 So, with the mobile vans, the  
4 question, then, is just the administration fee or the  
5 billing? So, when you go out with the mobile vans,  
6 I'm assuming, because you have to document who is  
7 getting the vaccines and all of that, so, if you're  
8 out there doing the vaccines and you file your  
9 claims, the MCOs definitely would pay that  
10 administration fee.

11 So, the question is the van not  
12 being a licensed provider site,. Is that the question  
13 related to the billing piece of it or am I missing  
14 something?

15 MS. DOTSON: Yes, ma'am. For me  
16 that is because it's more of the vehicle literally to  
17 get it to the patients. So, it's not a licensed  
18 site, and I have that question posed to CMS as well  
19 because not all patients are going to be Medicaid.  
20 They're going to be Medicare, the older population as  
21 well.

22 COMMISSIONER LEE: I may have to  
23 lean on my policy specialist. I'll have to go back  
24 and look at our 1135 waiver, but I think our 1135  
25 waiver that we have from CMS allows alternative sites

1 of care, and would a van not be an alternative site  
2 of care? I would have to definitely look to see  
3 about that and see if clinics would fall into that  
4 alternative sites of care.

5 But as far as billing for the  
6 vans, if the clinic is actually doing the billing,  
7 the site of service is the van. So, I'm not sure if  
8 somebody on my policy team could speak to that about  
9 the van not being a licensed site.

10 MS. CECIL: Commissioner, I  
11 think we need to take it back and look through the  
12 requirements and the COVID flexibilities and see how  
13 we can make it work.

14 COMMISSIONER LEE: And, Teresa,  
15 you said you did outreach and you posed a question to  
16 CMS? Who did you ask at CMS?

17 MS. DOTSON: We actually are  
18 having counsel do that for us to get an appropriate  
19 answer to go through that. So, I've not got that  
20 back yet. I think she was going to reach out to  
21 someone in your office as well.

22 COMMISSIONER LEE: Okay. We'll  
23 reach out to CMS and other avenues to see.

24 So, the two things that the  
25 Department owes the TAC now is what are we going to

1 do for the fee-for-service admin fee, if you can bill  
2 for that. If we're going to pay that, when will that  
3 hit the system? How will that work?

4 And the other thing that we owe  
5 you now like the administration is how will this work  
6 with billing and the site of services with it being a  
7 van and not a licensed facility or a licensed site?

8 So, those are the two things  
9 that I have to bring back to you and get to you as  
10 quickly as possible because, again, this is very  
11 urgent.

12 MR. MARTIN: Because this is a  
13 mobile unit, Place of Service #15. We just need to  
14 make sure that that would be reimbursable for Place  
15 of Service 15.

16 COMMISSIONER LEE: Okay. I'll  
17 double check. We'll double check internally and I  
18 know this has been a really good conversation. And  
19 if there's no more on payment for COVID vaccines, I  
20 think I have the ask and know what we need to do and  
21 we can move to the next agenda item if you all are  
22 ready to do that.

23 MR. CAUDILL: Yes, we are. And,  
24 like I say, we all agree that the number one priority  
25 is to get the vaccine out there and vaccinate as many

1 people as we can by whatever reasonable means we can  
2 do that.

3 So, the next thing on the  
4 agenda is 5C which is updates or announcements from  
5 the MCOs, and we'll just use the same order we used  
6 last time. Anthem Blue Cross/Blue Shield of  
7 Kentucky, are you on here? Would you care to make an  
8 announcement of any type?

9 MS. SMITH: Yes. This is  
10 Jennifer Smith. I'm with Anthem. So, just a couple  
11 of announcements. Anthem Medicaid is doing a website  
12 redesign. So, we are expecting that to go live  
13 towards the end of April. So, we just wanted to let  
14 you guys know about that. This is an enterprise-wide  
15 kind of redesign, so, more to come.

16 Also, we have a provider coding  
17 education series that we're going to be offering. We  
18 will offer live and on-demand events. So, the on-  
19 demand events offer a library of just the on-demand  
20 training.

21 So, you do have to register in  
22 order to gain access to the series but it really is a  
23 wealth of information and highly recommended.

24 And each live training that we  
25 offer, we'll award one unit of continuing education.

1 So, the space is limited. So, we do, again, highly  
2 recommend registering as soon as you can and I can  
3 forward those details after the meeting.

4 MR. CAUDILL: Okay. WellCare of  
5 Kentucky, are you online?

6 MR. AKERS: Yes, Mike. WellCare  
7 has entered into an agreement with the National  
8 Imaging Associates. They're going to be effective  
9 April 1<sup>st</sup>. They're going to be taking over the  
10 radiology benefit management from eviCore.

11 So, eviCore that was our vender  
12 for advanced radiology, CT's, MRI's, PET scans,  
13 etcetera, we're transitioning from them to NIA,  
14 National Imaging Associates, for those services, and  
15 we have trainings throughout the month that we're  
16 sharing with providers.

17 The first one is tomorrow and,  
18 then, on the 12<sup>th</sup> as well as the 19<sup>th</sup>, and we're  
19 distributing that information. So, if anybody has  
20 got any questions or needs any more specific  
21 information, let me know. Thank you so much.

22 MR. CAUDILL: Thank you. Aetna  
23 Better Health of Kentucky. Do we have anyone on the  
24 line from Aetna?

25 MS. ASHER: I'm Sammie Asher.

1 I'm Network Manager with Aetna. I just wanted to  
2 talk a little bit on our Supporting Kentucky Youth  
3 Program. We're proud to be serving the youth in  
4 Kentucky's Juvenile Justice and child welfare system.

5 We do now have some online  
6 webinars on our website. You can actually register  
7 there on the website for those.

8 They have time slots. So, if  
9 those times do not work for you, please reach out to  
10 me and we can absolutely schedule maybe a one-on-one  
11 with you and your provider. So, that's about all I  
12 have today. Thank you.

13 MR. CAUDILL: Thank you so much.  
14 Humana Healthy Horizons in Kentucky.

15 MS. DAY: This is Beth Day.  
16 It's not really an update but we do have a couple of  
17 reminders. I need to remind everybody that our  
18 timely filing is 365 days and that did change  
19 effective 7/1/2020.

20 And I also wanted to remind  
21 everybody that we did shift this year from the  
22 denials related to issues on the Master Provider List  
23 and those are actually going to be for any rejections  
24 like you would have formerly experienced with Humana  
25 CareSource. So, I think that's going to be a more

1 familiar feeling.

2 When you guys get those on your  
3 report for your clearinghouses, there may be some  
4 confusion that might have stemmed from those coming  
5 in as denials in the past. And other than that, we  
6 continue to submit network notifications via Fax  
7 Blast and also KPCA partners with us to post that on  
8 their Intranet if we have any pertinent updates that  
9 come in between the TAC meetings.

10 MR. CAUDILL: Thank you, Beth.  
11 Passport Health Plan by Molina Healthcare.

12 MS. FIFE: This is Shelley.  
13 Happy to be here. So, we started off the year  
14 because of the new transition having open mics for  
15 the providers to kind of come in, watch a little  
16 slide show and then they can ask questions like an  
17 open discussion.

18 We were going to end those at  
19 the beginning of March and we decided that they were  
20 so productive and kind of gave us a leg-up on the  
21 problems or issues that providers are having that we  
22 decided to keep them going.

23 We're going to do them biweekly  
24 for a while, but it seems like it's going to be  
25 something that we're going to keep going on with in



1 the future just for new providers that are coming on.  
2 They, of course, go through our new provider  
3 orientation, but sometimes not everything you have  
4 time to touch on all fine points and the open mics  
5 kind of help us alleviate that issue.

6 It seems that everything is  
7 going great with Passport by Molina so far. That's  
8 my update for today.

9 MR. CAUDILL: Thank you so much,  
10 Shelley. United Healthcare Community Plan.

11 DR. TEICHMAN: Good morning. My  
12 name is Jeb Teichman. I'm the CMO for United  
13 Healthcare Community Plan of Kentucky.

14 We appreciate everybody's  
15 patience while we work through the bugs from our go  
16 live. We're just about to complete our ninth week.  
17 I know there have been some bumps in the road and we  
18 appreciate everybody's patience while we work through  
19 those.

20 Other than that, I have no  
21 announcements or updates.

22 MR. CAUDILL: Okay. Thank you.  
23 Is there anyone that has any questions of the MCOs  
24 here today?

25 MS. KEYSER: Mike, this is

1 Chris. I've got a question for United Health.

2 MR. CAUDILL: Please go ahead,  
3 Chris.

4 MS. KEYSER: And the committee,  
5 too, if anybody has any insight. My billing manager  
6 was telling me that the claims remits are coming  
7 through Optum for United Healthcare and that we have  
8 to pay to download the remits, the electronic remits  
9 from Optum.

10 I'm wondering if any of the  
11 other committee members knew that was happening or  
12 have been doing that themselves. It seems that we  
13 have to pay to get a remit that shows us how a claim  
14 was handled and paid. It doesn't exactly sound  
15 copasetic here to me.

16 And, so, I just wanted to throw  
17 that question out directly to United and see if any  
18 of the committee members are seeing the same.

19 MR. BURNS: This is Kris Burns  
20 from United Healthcare. I'm the Provider Network  
21 Director here.

22 Yes, I definitely hear those  
23 concerns. We were offering what was eventually going  
24 to be a paid product on a free trial for the first  
25 ninety days of 2021. And as we've noticed, that

1 trial period is coming to an end.

2 Those documents can be accessed  
3 other ways through a free option. So, my suggestion  
4 would be - and I'd be happy to provide that  
5 information to you - would be to reach out to the  
6 Provider Advocate for your region and they'd be happy  
7 to set up a session to walk you through how to access  
8 those things for free.

9 MS. KEYSER: Okay. So, just,  
10 again, go to our local whoever the account rep is in  
11 our region. So, what are we calling that, free remit  
12 options or what?

13 MR. BURNS: Yeah, yeah. There's  
14 a free option to pull that data down. It's not quite  
15 as straightforward as the paid option through Optum  
16 but it is definitely workable. So, yeah, we can  
17 definitely get some time scheduled to walk you  
18 through that.

19 MS. KEYSER: Okay. And would  
20 you know, is there a possibility that if we use an  
21 intermediary like Gateway to pull claims in and  
22 remits and things like that, so, is that something  
23 that United would also look at?

24 MR. BURNS: I'm certainly open  
25 to the conversation. That's not something that's

1 entirely in my particular wheelhouse but I'd be happy  
2 to have a conversation about it and see what we can  
3 do.

4 MS. KEYSER: Okay, because  
5 that's how we get our remits from Medicaid and I  
6 think pretty much all the other providers. Yvonne,  
7 Mike, is that not the case for you all using an  
8 intermediary to pull those claims through?

9 MS. AGAN: That is true. We  
10 have struggled getting our remits since the launch  
11 and we've been working with various people to get  
12 things fixed. So, it's been a very rocky launch, and  
13 I think the ability to get these things (inaudible)  
14 are just very important.

15 And if that's not on your  
16 radar, I guess we would ask that you put that on your  
17 radar. We've got all these various sites just to  
18 pull your remittances and it's a little bit of a  
19 challenge.

20 MR. BURNS: Thank you so much  
21 for the feedback and I'm definitely writing that down  
22 as something to put on my docket and to do some more  
23 research on that as a takeaway.

24 So, I appreciate you all  
25 sharing your concerns and I'm happy to take that as a

1 takeaway and see what we can do about it.

2 MS. KEYSER: Thank you.

3 MR. CAUDILL: Any other  
4 questions or comments?

5 Let's move on to confirmation  
6 of Chair to attend the MAC meeting. The next MAC  
7 meeting will be held on March 25<sup>th</sup> at 10:00 a.m. and  
8 I do intend to attend that meeting.

9 Are there any new items for  
10 discussion or any comments anyone like to make about  
11 this meeting or potential items for two months now  
12 agenda for the next TAC meeting?

13 I don't know if I bored you all  
14 with the detail last meeting but let me say that  
15 we're proud of the fact that Mountain Comprehensive  
16 Health Corporation is celebrating its 50<sup>th</sup>  
17 anniversary this year. Been there a long time and  
18 the good Lord willing, we'll be there for a while  
19 yet.

20 If there are no other items for  
21 discussion, our next meeting for the Primary Care  
22 Technical Advisory Committee will be May 6<sup>th</sup> at 10:00  
23 a.m. to 12:30 a.m.

24 Is there any other business  
25 before I call for a motion to adjourn? There not

1 being one, the Chair would entertain a motion to  
2 adjourn this meeting.

3 MR. MARTIN: Make a motion to  
4 adjourn.

5 MS. HUGHES: Mike, you've got a  
6 question in the Chat.

7 MR. CAUDILL: What would that  
8 be?

9 MS. HUGHES: Did the flu vaccine  
10 code ever get added to the fee schedule for FQHCs?  
11 In my research per DMS, the CPT code was not FQHC  
12 payable and should drop to roster billing. So, I  
13 don't know if Lee is still on.

14 MS. GUICE: Yes, I'm here. I  
15 wasn't aware that the flu vaccine wasn't - (a) I  
16 don't think we have a fee schedule for FQHC but I  
17 wasn't aware that there was a question about the flu  
18 vaccine. So, somebody will have to send that  
19 directly to me.

20 MS. HUGHES: Carla, do you have  
21 Lee's email address?

22 MS. GUICE: She just sent it to  
23 me. Thank you, Carla.

24 MS. HUGHES: Sorry, Mike. I saw  
25 that question pop up late.

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MR. CAUDILL: Thank you for bringing that up. The way my screen is laid out, I do not see those. Are there any others that need to be addressed?

MS. HUGHES: I don't see anything. It looks like there were some comments but it was just some comments that I think they covered during the COVID vaccine discussion but I think you're good.

MR. CAUDILL: What Commissioner Lee said, that was a very good discussion we had on that and we're looking forward to the followup by the Department.

At this time, the Chair will entertain a motion to adjourn. I believe it was made by Barry.

MS. KEYSER: I second it.

MR. CAUDILL: All in favor, please say aye. No votes in opposition, so, the meeting stands adjourned. Thank you all.

MEETING ADJOURNED