IN RE: PRIMARY CARE TAC MEETING

July 1, 2021
10:00 A.M.
(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Mike Caudill
CHAIRMAN

Yvonne Agan
Barry Martin
TAC MEMBER PRESENT

Teresa Cooper
Noel Harilson
Edward Conners
Stephanie Hall
KENTUCKY PRIMARY CARE
ASSOCIATION

CAPITAL CITY COURT REPORTING
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APPEARANCES
(Continued)

Veronica Cecil
Judy Theriot
Lee Guice
Sharley Hughes
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. May 2021

4. Old Business
   A. Report on Wrap/Cross Over Claims Clean-up July 1, 2014 to present - update from DMS

5. New Business
   A. New Information/Update from DMS on court ruling regarding MCO contracts/RFP’s
   B. Discussion regarding return to in-person TAC meetings
   C. Updates or Announcements from the MCOs
   D. Recommendations to the MAC
   E. Confirmation of Chair to attend MAC meeting - July 22, 2021 - 10:00 AM - 12:30 PM
   F. New items for discussion
   G. Next Meeting - September 2, 2021 - 10:00 AM - 12:30PM

6. Adjournment
MR. CAUDILL: Good morning, everybody. I give you my apologies. Me and Zoom seem to not get along very well and I had a little more problems than usual this morning. That’s not very good of me to have that. I sincerely and humbly apologize to holding all of you up. I know you have more things to do than wait around for me.

It is my understanding that Raynor is going to be late this morning and Yvonne is going to be late this morning but will be joining us.

MS. AGAN: I’m on. Mike, I’m here.

MR. CAUDILL: Okay. Good. Let me go ahead and call this meeting to order at 10:09 a.m. and would ask Teresa Cooper to establish a quorum, please.

(ROLL CALL)

MS. COOPER: I received emails that neither one of those would be able to make it today. So, I believe we have a quorum with the three that are on.

MR. CAUDILL: Okay. Getting down to the hard-core group here, then. So, a quorum has been established.

We’ll go to Item 3 on the
agenda. And as I’m understanding it, there needs to be a correction on the agenda. It’s got March of 2021. I believe the last meeting was May 6th of 2021, and my suggestion is the agenda be amended to reflect that. Is that a correct statement on my part?

MS. HUGHES: That’s fine. You can just go ahead and do it as May.

MR. CAUDILL: Then let’s go to Old Business on the agenda, Item 4, and it’s a report on wrap/crossover claims cleanup July 1, 2014 to present. And I believe specifically in here that we’ll be talking about that DMS hosted and put on the second meeting of the Medicaid workgroup.

Veronica, would you like to bring us up to date and maybe summarize what came out of the second meeting?

MS. CECIL: Good morning. This is Veronica Cecil with Medicaid. The wrap workgroup met on June 10th, and it was I think again a really constructive, helpful discussion around what’s happening with the wraps.

We had a presentation on the life of a supplemental claim and a very intense work flow from Gainwell on the process that a supplemental
claim goes through.

And, then, we also had Yvonne and Cammie Jones gave their perspective of crossover claims. Yvonne told us how that flows through from an FQHC perspective and, then, Cammie kind of filled us in on RHC’s.

Again, we had a lot discussion around possible solutions. So, that dialog, I think, is important and critical to resolving our issues.

We asked everyone to take back the information, review it and, then, provide some feedback and to do that by July 15th. And, then, we plan to hold our next meeting sometime in August. That Doodle poll hasn’t gone out yet but will be going out shortly to get something scheduled for August. Are there any questions?

MS. AGAN: Veronica, do you feel that through the discussion, there would be anything that helped your end to advance any new recommendations?

MS. CECIL: I do, Yvonne. We’re waiting until we get everybody’s feedback on July 15th and, then, we’re going to meet internally to have a more robust conversation about what came out of that.
But, yeah, to me, I do believe that we are with every meetingHighlighting or gathering new information that informs how we can make changes to the process most definitely.

MR. CAUDILL: Yvonne, in the last meeting, you had asked Ms. Cecil about an issue with the fee schedule adjustments and DMS doing a complete void of the wrap and recoupment of money, and you and Ms. Cecil were going to exchange emails. Were you all able to satisfy your questions?

MS. AGAN: Yes. I was able to give some claim examples on that topic and I did send it over to Veronica. And actually what transpired after – at the time of the last meeting, what we had was a fee schedule that caused the wrap to stick to the 100% of the previous payments.

And, then, subsequent to the TAC meeting, what happened is that that carrier went back and sent through claims and we believe that the only thing they sent through was the actual adjustments on the fees that had been made.

What transpired next is that DMS came back and paid those claims up to the wrap but did not take into account the previously paid visits. So, it actually, then, ended up in an
overpayment but those things were sent to Veronica and I know that her team worked on it. Veronica, do you want to report back anything at this point that you think might be pertinent?

MS. CECIL: I don’t have anything off the top of my head, I apologize, except that that is a clear example of we have inconsistency in how those get processed across the MCOs, and that’s an area where I think we need to align the policy and make sure that when there is a need to adjust the claim, that there’s a set process for that that doesn’t go back and create the chaos that’s happening now which is instead of if it was a $2 claim and should have been $2.50, and, so, adjusting it to pay the fifty cents, we’re taking it all back, and, then, when they do pay, they paid the fifty cents.

So, those, again, and I appreciate so much Yvonne giving us those examples to help us work through the process. That really is beneficial to us, to be able to see it go through the system.

So, that’s on the list of new policy that we feel like is going to come out to create the consistency and to generate accurate wrap
payments and to solve the problem of it’s not okay that everything gets recouped and the providers are sitting out there without the funds available to them waiting for the re-submission. So, I know that’s a challenge for providers.

MS. AGAN: Veronica, I think what I heard, maybe at our next workgroup, we’ll be able to get into this a little bit or maybe have an update at the next TAC meeting possibly.

MS. CECIL: Yes. I think that’s probably doable.

MR. CAUDILL: We talked the last time and this has gone on for a couple of meetings, so, it’s kind of becoming shorthand now, but we talked the last time about the two reports that DMS has been working on concerning what wraps have been paid so that reconciliation could occur more realtime and a separate report that providers could utilize as part of their reconciliation.

At the last meeting, you had advised that they were not finalized yet and I asked if you would care to give a status report at this meeting. Can you do that at this time?

MS. CECIL: Yes. Thank you for reminding me about that. I’m happy to report that
the MCO report went into effect on June 28\textsuperscript{th}. And, so, now MCOs will have access to the information around the wrap which they never have been able to see before. So, that just newly launched.

We changed the direction a little bit on the provider side and now we’re looking at trying to incorporate the information around wrap into KYHealth.net and for providers to be able to pull reports off through KyHealth.net., and, so, that’s currently under configuration.

So, that probably is still maybe sixty days away from launching but that’s the current status of that.

MR. CAUDILL: So, that will pretty well coincide with our next meeting, then, in August.

MS. CECIL: Yes, and I’m happy to report back on that.

MR. CAUDILL: Okay. Thank you so much on that.

One other thing under New Items last meeting, you talked about the MCO Pharmacy Benefit Manager implementation. Would you care to update us on that?

MS. CECIL: I’m happy to. We
launched at midnight last night, and I think for the most part, all systems are a go and working well.

MedImpact, the new PBM, because it was really slow for claims to come in, they reached out to all pharmacies that have 24-hour access and, so, they called every 24-hour pharmacy just to check in with them to make sure things were okay, going smoothly.

We did discover that a pharmacy will use a switch or a third party to process the claim. Some of them had not configured it completely, and, so, it was really on that end that some of the claims weren’t getting through.

MedImpact worked with those companies and was able to get that resolved and, so, then, claims were coming through with no problem.

I think we saw the normal volume of denials and approvals that we normally see, but we’re definitely digging into those and monitoring those to make sure that it’s not related specifically to the launch of the PBM.

MedImpact is committed to ensuring that members are getting their medications. So, we do encourage providers to call that MedImpact Call Center line - and I’ll find that and post it in
the Chat - because they're here to help and we want
to make sure all of our members get their
medications. So, so far so good.

MR. CAUDILL: Good. I’ve
tortured Veronica enough. Does anyone else have
anything that they would like to address with her?

MS. AGAN: Veronica, I know that
today we have a change in our Presumptive Eligibility
guidelines. Could you give us any information on any
changes that we need to be aware of?

MS. CECIL: I’m not sure. Are
you talking about Presumptive Eligibility?

MS. AGAN: Right.

MS. CECIL: Under the COVID
public health emergency, we’ve been permitted to
extend to members two Presumptive Eligibility periods
per calendar year.

So, you will see that January
1, members who had accessed Presumptive Eligibility
in 2020 were able to continue with their eligibility
for up to six months in 2021.

And I think as Yvonne noted,
June 30th, those members who were on in January have
dropped off because they have met their two PE
periods and will not be eligible again for
Presumptive Eligibility if the COVID public health emergency continues until 2022.

So, members were given a lot of notice. What we were trying to do was encourage them to file a full application and transition over permanently to Kentucky Medicaid.

We did have a small group of them, there was probably about 25,000 out of the 120,000----

MS. GUICE: Veronica, you’re cutting out.

MS. CECIL: I’m sorry. I accidently hit my space bar. So, we did have people taking advantage of that and we’re continuing to work with them.

We encouraged our Connectors and our providers and our advocates to encourage members that might have lost that coverage to attempt to file the full Medicaid application, but if not - and I’ve talked to some constituents that have been in this, some members have been in this situation. Some just don’t qualify because their income just exceeds the eligibility.

So, the other place they can go is the Exchange. Right now, it is open enrollment
through August on the Health Exchange and there are no costs or low-cost premiums on the Exchange right now for people to get access to coverage.

So, we really are encouraging members that if you’re not eligible for traditional Medicaid to definitely go and try to find that coverage on the Exchange.

And just a reminder, Presumptive Eligibility is a rolling benefit. So, people can enter at anytime during the year. So, anybody that was enrolled in February and if they’ve met their two PE periods, then, they will roll off at the end of this month, and anybody in March will roll off in August. So, that’s how that works.

The other change that we had to make because CMS is requiring us to make it is that we were covering folks for the month of enrollment plus two months, so, a total of three. CMS is requiring us to go back to only the month of enrollment plus one.

So, they will only have at most a two-month eligibility. Again, they will keep that opportunity to have a second PE period. So, it would be a total of four months but that’s the other change that happened on July 1. And I’m sorry I’m losing my
MR. CAUDILL: So, right now we have waived the Medicaid copay. What is the future of that waiver? Will copays be reinstated or will that continue as it is now?

MS. CECIL: Well, actually, Senate Bill 55 in the 2021 Session passed and was signed by the Governor and it removes all copays. So, we are happy that our members that now are benefitting from no copay will be able to continue not to have to pay that copay and providers not to have that administrative burden of collecting it.

MR. CAUDILL: Okay. Any other questions for Veronica? Thank you so much for being with us today and being so open to our questions. We really appreciate the communications.

MS. CECIL: You’re welcome.

Thank you.

MS. HUGHES: Mike, before you go to New Business, can you go back and approve the May minutes? We talked about them to make the change on the agenda but you all didn’t actually vote to approve them.

MR. CAUDILL: I believe you’re right. As you get older, your mind starts slipping.
I appreciate you reminding me of that.

MS. HUGHES: No problem.

MR. MARTIN: I’ll make a motion that we accept the minutes that were submitted.

MR. CAUDILL: Is there a second to that?

MS. AGAN: I will second.

MR. CAUDILL: Motion made and seconded. All those in favor say aye. All those opposed likewise. Motion passes.

At this time, we will go to Item 5 which is New Business and I have down new information update on court ruling regarding MCO contracts for Veronica Cecil to provide us that information.

MS. CECIL: Sure. So, as you know or as you may not know, the Judge issued a final and appealable order on June 13th, I believe. Parties have until July 14th, somewhere around there, to appeal.

So, while that is open for appeal, we’re just continuing to monitor the case and to see what might come of that. And because of that, I can’t really discuss much more than that.

MR. CAUDILL: Sure. I
Under New Business, Item B, discussion regarding return to in-person TAC meetings. This is prompted by the Department asking us in light of the opening up of restrictions whether or I guess asking us to declare whether we want to continue Zoom meetings or whether we want to go back to in-person meetings, and in the followup letter from Sharley said the Department does not have the equipment to do a hybrid of both in-person and Zoom meetings.

And, so, at least for the foreseeable future, it has to be one or the other, not a combination. Is that right, Sharley?

MS. HUGHES: Yes, pretty much. Now, I think prior to COVID, you guys were actually meeting at the Frankfort office and you all had the equipment in order to do the Zoom.

So, I mean, if you all chose to still continue to do that, you can. We are looking at equipment to purchase that will have microphones and so forth in order for us to be able to host meetings there, but right now, it’s very difficult if we have a meeting in our building and we don’t have microphones for people to hear online.
So, we want to make it a fair opportunity for everyone to be able to hear what’s being said. Unless you all decide to go forth at your office in Frankfort, then, we would like to continue to Zoom meet for right now or have everybody come in.

MR. CAUDILL: So, as I understand it, if we want to meet in the Department facilities, it will have to be either Zoom or in person but not both. However, if we want to meet in the KPCA facilities where they have their own equipment, then, it could be a hybrid meeting with Zoom and in-person. Is that correct?

MS. HUGHES: Yes.

MR. CAUDILL: Okay. For the committee, can we have some discussion and let me know what your pleasures are?

MS. AGAN: I’m going to reach out to Teresa or someone in the Frankfort location. What are your all’s comments about resuming meetings at that location? Is there enough space and equipment to meet the guidelines that we would need to meet?

MS. COOPER: There is enough space and we still currently have the equipment
MR. MARTIN: I would recommend that we go back to what we were doing, have the in-person meetings, and if Medicaid needs us to continue to zoom in from the KPCA headquarters, we can continue to do that.

MR. CAUDILL: I see that Teresa Cooper is on here. Teresa, from the KPCA’s standpoint, what is your all’s stand on this?

MS. COOPER: We have the space available and we still have the equipment. So, if you all would like to meet at the office, we can resume pre-COVID situations.

MS. AGAN: So, Barry, are you in support of going back to the pre-COVID in-person meetings?

MR. MARTIN: Yes. I think we ought to get back to as normal as possible.

MS. AGAN: Mike, what are your thoughts on it?

MR. CAUDILL: I talked with David this morning and he expressed some interest in being able to have an in-person and video meeting both.

MS. AGAN: Well, I would be in
favor of going back to pre-COVID in-person meetings.
I would support that decision.

MR. CAUDILL: So, would one of you all like to do a motion on which way you would like for us to go on this? It’s workable for me either way.

MR. MARTIN: I’ll make a motion that we go back to our pre-COVID platform of meetings.

MS. AGAN: I will second that motion.

MR. CAUDILL: Let me ask. What was that? The way I remember it, we were doing it at KPCA in person and by Zoom. Is that your all’s memory of how we were doing that at that time?

MR. MARTIN: Yes.

MS. AGAN: Yes.

MR. CAUDILL: Okay. So, that is what your motion would be addressing, then, Barry?

MR. MARTIN: Yes.

MR. CAUDILL: All right. The motion has been made to return to the pre-COVID meetings at the KPCA by a combination of in-person and Zoom.

MR. MARTIN: Mike, I would like
to go one step further and just say whenever Medicaid
is capable of hosting our meetings again, maybe it
would be good for us to be able to meet in person
again like we did a couple of years ago.

MR. CAUDILL: Okay. Does
everybody understand the motion that was made, then?
Would you care to second that motion, Yvonne?

MS. AGAN: Yes. I will second
the motion.

MR. CAUDILL: All right. All
those in favor say aye. All those opposed likewise.
Motion carried unanimously; and at the same time, I
think the preference is to urge the Department to
acquire the necessary equipment so that we can again
meet at the Department facilities and be able to
conduct a Zoom and in-person meeting in the future.

MS. AGAN: So, does this imply,
then, that our August meeting will be in person at
the KCPA office in Frankfort?

MR. CAUDILL: I’m sorry, Yvonne.
I didn’t hear.

MS. AGAN: So, we will start
this at the August meeting. So, at the August
meeting, we will meet at the KCPA office in
Frankfort?
MR. CAUDILL: Right, start it with our next meeting. Is that in agreement with everybody?

MR. MARTIN: Yes.

MS. AGAN: That’s okay with me.

MR. CAUDILL: Okay. All right, then.

Then, the next thing on the agenda is 5C, update or announcements from the MCOs. Anthem, we’ve been giving you the lead spot. Do you have a representative on here that would like to address that?

MS. SMITH: Yes. Hi. This is Jennifer Smith with Anthem. Just a couple of updates.

I know I had mentioned before that we were launching a revamping of our Anthem Kentucky Medicaid website. I wanted to let you know that that has officially been launched and it is out there, and I have sent it out to a lot of our partners so they have it and can disperse amongst the community as well.

I also wanted to let you know that that Anthem is hosting a COVID vaccination clinic during the month of Jul for multiple dates.
Flyers have also been sent out to our partners to disperse amongst the community as well. Several dates are available across the state.

Also, I had mentioned that we are offering our CEU webinar series. That is still going on. I just wanted to mention a reminder that we are collecting data in order to better tailor education experience that better meets your all’s needs. So, there is a survey out there that’s found in our June newsletter that we are requesting some feedback on and it is greatly appreciated, and that is it.

MR. CAUDILL: Thank you. Any questions?

Next on the agenda would be WellCare. Do we have a representative?

MR. AKERS: Hi, Mike. This is John Akers from WellCare.

So, to follow up, Ms. Cecil mentioned MedImpact, and I also wanted to add if anyone has any particular questions or concerns or issues regarding WellCare members, please feel free to reach out to us.

We have not only communicated in writing but more recently in our WellCare
informational WebEx’s that we host every other Friday, Cheryl Stevens, our Pharmacy Manager for the state, she did a presentation. So, I noticed Ms. Cecil posted the numbers in the Chat window. So, if anyone has any questions, concerns, needs help, you can outreach to me, to Thea Rodgers, our Pharmacy Director, if you need any of that contact information.

So, if there’s anything that we can do. If anyone runs into any issues or has any questions, we’re happy to do so. Thank you so much.

MR. CAUDILL: Thank you. Next on the list is Aetna.

MS. ASHER: Hi. It’s Sammie Asher. I’m the Network Relations Manager with Aetna. I just wanted to let you know that we are continuing our virtual hours provider education series. We’re hosting those every other Thursday at 11:00 a.m. The next webinar will be next Thursday at 11:00 and we’ll be covering the issue of common claim denials and some electronic claim submission information, as well as some SKY information on that one.

So, it’s just an opportunity for providers to call in and chat one-on-one with a
Provider Rep. So, for more information on that, it can be found on our website.

I also wanted to let you know that we did send out some FAQ’s earlier in the week to providers in reference to MedImpact. All the MedImpact contact information can be found on our website as well; and if you have any questions, please feel free to reach out to your Network Relations Manager. That’s all I have. Thank you.

MR. CAUDILL: Thank you. Humana Healthy Horizons.

MS. DAY: Good morning. This is Beth with Humana Healthy Horizons. Really, the only update that I have right now is just to let you guys know that the Version 3 of our provider network newsletter is going to be posting to Humana.com (inaudible) and that’s going to be a great resource for any kind of network updates and any kind of valuable pertinent information for our provider base. So, look for that to come soon.

MR. CAUDILL: All right. Thank you. Passport Health Plan by Molina Healthcare.

MS. FIFE: Good morning. My name is Shelley Fife. I’m with Passport Health Plan by Molina. We have a few announcements.
We’ve launched a new program called It Matters to Passport. This program is a unique avenue for all providers to engage with us realtime and to ask questions. They can also offer feedback and recommendations to us.

We do that on a monthly cadence. The last one was about the new PBM, MedImpact. It was very successful. The next one will be held on July 28th and it’s going to focus on care management.

I also wanted to say that June 3rd, we released our provider communication on the guidance for entering missed or cancelled appointments on the KyHealth.net. We even included the link that you all provided for the User Guide Video. So, that was really nice of you all to do.

And also I’d like to mention that as of June 1st, MolinaCare’s Accord, in collaboration with Passport Health Plan by Molina Healthcare, has begun offering a special incentive to all of our members who have not yet received their COVID-19 vaccine.

All Passport members who receive that vaccine on or after June 1st may qualify for a $100 gift card to Walmart, Amazon, Kroger or
CVS. Also, our Plan President, Ryan Sadler, he created a video for us to share with our providers to help encourage members to get the vaccine, and those are my updates for today. Thank you for listening.

MR. CAUDILL: Okay. The last time you talked about your free COVID vaccination workstation located in Louisville. Is that still ongoing and how is that doing?

MS. FIFE: So, that was only that one day. I don’t really have numbers. I can try to get some numbers to see how many we were able to administer on that day and hopefully I can provide that at the next TAC meeting.

MR. CAUDILL: All right. Thank you.

DR. HOUGHLAND: I’m sorry, Dr. Caudill. This is Steve Houghland. As I think a lot of people experienced, those events have not driven hundreds of people to get shots in arms.

I think we had maybe forty on that - don’t quote me exactly - but I think we’re looking for different opportunities to try to drive volume to those getting vaccines.

And I think it would be really important for us to understand any hesitancy that
this group is finding both from members but then also
the clinicians in delivering vaccine and how can we
work together to find solutions for both of those
different groups.

MR. CAUDILL: And we had an open
discussion last time about that. I think that at
this point, about everyone that wants the vaccination
has got it. From a very active program, our numbers
have reduced to almost nothing. It’s kind of
dangerous in our service area for two or more people
to get together because we’ll try to arrive and get
one of them at least a shot but it’s not always
working out.

DR. HOUGHLAND: I think from the
front lines’ delivery, understanding is there
hesitancy because of one product versus the other.
J&J we know has had some challenges. The other two
requiring two shots creates a different kind of issue
that we have to think about from a delivery system.

To let you know, we are
implementing an incentive program for members moving
forward to get the vaccine and more information will
come from that, but hopefully that will help as you
are working with your members to do - well, to get
the preventive health services that seem to make
sense for preventing disease progression, spread, etcetera in public health.

I have at least one colleague that’s really adamant about vaccines and the role that they play and I think there’s others that do. And, so, I don’t want to take a lot more time, but I just want to let you know we have worked with the State to develop an incentive program to let our members know that this is important; and if you do this, we’re also going to help provide some financial support for you to get it done.

MR. CAUDILL: Personally, if they would say that you can’t go to one of the UK or Louisville ball games unless you’ve been vaccinated, that would probably be the biggest push that we could get.

DR. HOUGHLAND: I don’t know that we have a lot of control over that. There’s been a lot of push-back around having that “carting” activity.

My personal and professional views, we’ve tried to work within the area that we can. And, so, incentivizing our members to get the vaccine is kind of where we have landed at this point in time. I wanted to make sure that everyone is
aware of that and how to gain access to it. We’re trying to do it in a way that doesn’t rely on claims, that even if they send us a photo of the vaccine being administered, then, we’ll work on getting them the incentive.

MR. CAUDILL: Well, we certainly appreciate your efforts.

Let’s move on. United Healthcare. The last time we didn’t have a representative. Do we have one this time?


Just to piggyback on Dr. Houghland’s comments about the COVID vaccine, I think he was referring to me being the colleague that’s very vaccine proactive.

As a pediatrician, vaccines are near and dear to my heart. And for those of you who know me know my story and that contributes to that.

We as a health plan have multiple initiatives ongoing to encourage our members to get vaccinated. We are working with the Kentucky Association of Health Plans on several initiatives.

As Medicaid MCOs, we are all
going to be participating with the State and be at
the State Fair offering incentives to our members to
get vaccinated as well and working with the State who
will be there actually putting shots in arms. As you
know, we can’t do that but we can try to get the
people there.

We’ve done some site visits to
KPCA practices and talked to providers. We’ve heard
the vaccine hesitancy amongst the health care
providers, although nationally the AMA says 96% of
physicians have been vaccinated.

Those that obviously aren’t,
it’s kind of a difficult message to give a patient to
get vaccinated if they haven’t been vaccinated
themselves, and we’re working with KPCA to try to
encourage that and remove barriers.

We will be participating in the
KPCA Roundtable on Adolescent Vaccines tomorrow.
We’ll be there in person.

And we’re willing to talk to
anyone - provider, members - at anytime about
vaccines and remove hesitancies. We’ve actually done
some public speaking on local television to encourage
people to get vaccinated.

I have a powerful message. I’m
available to deliver that at anytime and anyplace.

I want to piggyback off of what the Deputy Commissioner said about presumptive eligible members. Those 120,000 members or so are actually ours.

We have been working with them since March when their first period of eligibility ended to try to help them complete their application. As you know, a number of them may not qualify and they have lost coverage as of yesterday.

We have reached out to each one of the members that we have in conflicts’ care management to smooth the transition of care to community resources, working with several to complete their applications.

As you can imagine, there’s a lot of confusion among these folks about membership particularly since they got new membership cards just within the last two weeks because of the switch to the single PBM.

We’re doing our best to work with these folks. We’re very concerned about them, but our hands are pretty much tied.

We have provider town halls on 8/12 and 8/17 mainly focused towards our billing and
collection. More to that will be going out on that soon.

I also want to announce that we are constantly evaluating our prior authorization list because of some comments we received from providers about the allergy codes that receive PA. We have removed those from our prior authorization list and have reprocessed all the claims that were denied for lack of PA. That project has been completed.

I’m happy to offer our assistance as much as we can to any of our members that you might have that have lost their eligibility. We have a vast library of community resources that may be available to them in addition to the Exchange and you can reach out to our case management folks with some specifics and we’ll do our best to help those folks.

MR. CAUDILL: All right. Thank you.

We’ll go back to the agenda, then. The next item is 5D, recommendations to the MAC. Let me state that the last time we had a recommendation that had been passed to be presented to the MAC, the recommendation in written
form was not timely submitted. So, there was no vote.

In the interim, at that meeting, the DMS asked and was adopted by the MAC in its recommendation that recommendations to the MAC be submitted thirty days in advance to allow DMS to have adequate time to respond prior to the MAC meeting.

DMS has responded to this TAC’s recommendation and has requested additional information. And based upon that, we will table the recommendation until the September meeting to allow the response to DMS’ request for more information.

So, at that September meeting, it can be presented to the MAC in proper format with the response and response to the questions from DMS.

Are there any questions about that? Are there any other recommendations that someone would like to make to be presented to the MAC?

All right. The next item on the agenda is 5E, confirmation of Chair to attend the MAC meeting. It will be held on July 22nd from 10:00 a.m. to 12:30. I will not be able to attend this meeting. Would someone like to volunteer to be there and present to the MAC on behalf of the Primary Care
Technical Advisory Committee?

    MS. HUGHES: It will be held via Zoom if that helps.

    MR. MARTIN: I can, Mike. Who is our Vice-Chair, Mike?

    MR. CAUDILL: Chris is and she is not here today.

    MR. MARTIN: Okay. If Chris cannot make it, I will attend it on our behalf.

    MR. CAUDILL: We will attempt to put it off on her to make sure she attends the next meeting.

    MR. MARTIN: Okay. That can be her punishment.

    MR. CAUDILL: That’s right, and Barry will stand in. Good deal.

Moving on, then, on the agenda, 5F, new items for discussion, is there anything?

Last time, Veronica was good enough to share some things with us. Do you have anything coming up that you’d like to share with us, Veronica?

    MS. CECIL: I’m sorry. I had to take a call. What was the question?

    MR. CAUDILL: We’re just in the new items for discussion, and last time you had
provided information and I just wanted to make sure
you had an opportunity if DMS has something coming up
they want to share or keep us advised of, this would
be a good place on the agenda to do so.

MS. CECIL: Thank you.

Honestly, I think we covered the big-ticket items and
I can’t think of anything else. Again, the single
PBM, make sure you let us know if you all are having
issues. That is it for now.

MR. CAUDILL: How about KPCA,
Teresa? Do you or any member of the KPCA, do you
have anything you want to share with us for purposes
of this meeting?

MS. COOPER: I don’t at this
time.

MR. CAUDILL: Let me throw this
out. One of the problems that causes us a lot of
manpower and a lot of consternation about is the
problems with referrals and pre-certs and I’m just
curious, Yvonne and Barry. Is this a problem or have
you all figured out a magic bullet on being able to
handle this with a minimum of manpower and precision?

MR. MARTIN: From our
perspective, referrals has always been cumbersome.
There’s not a lot that Medicaid can do; but other
than the PA’s, it seems like more and more services are requiring PA’s which does cause more time.

I understand the attempts to control, but by the same token, there’s some that’s really unnecessary, especially ultrasounds in pregnancies or if somebody has already been diagnosed with something really chronic or debilitating, it seems like a PA is very unnecessary. That’s been a constant battle.

MR. CAUDILL: The same thing with us, and sometimes they’re having to stay on the phone for referrals for an hour or more trying to get everything taken care of.

It’s really labor intensive for us and we’re doing workgroups right now to try to make that more efficient, but maybe out of our internal things that we can come up with some recommendations that our third-party people are having to work with that might help that, but it is one of those things that’s a difficulty and that’s a real thorn in the side.

MR. MARTIN; Especially with peer-to-peer.

MS. AGAN: I would say that what Barry and Mike have shared is constant throughout the
clinic. We face that and it’s a lot of labor-intensive time to get (inaudible)

Again, we understand we need to control certain items but perhaps there’s the opportunity to look at them to evaluate if any of these could be lifted to relieve some of the burdens and the barriers that it’s put in place within patient care.

It is common for them to be on the phone for forty-five minutes to an hour and fifteen minutes trying to (inaudible). It’s not a seamless system.

MR. CAUDILL: Okay. Anyone else have anything they would like to bring up?

There being none, we’ll return to the agenda. Under 5G, the next meeting will be September 2, 2021 at 10:00 a.m. to 12:30. As we have approved in this meeting, it will be held live with a Zoom option at the KPCA office in Frankfort.

And if anybody is wondering if that will interfere with Labor Day, Labor Day is not until September 6th. So, it’s the week before.

And the last item on the agenda is adjournment. If there’s no other matters to be had, would someone care to make that motion?
MS. AGAN: I move that we adjourn.

MR. CAUDILL: Motion made by Yvonne. Barry, do you second?

MR. MARTIN: Second.

MR. CAUDILL: Motion made and seconded. All approved say aye. Motion carries.

Thank you for your attendance.

MEETING ADJOURNED