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

IN RE: PRIMARY CARE TAC MEETING

May 9, 2019
10:00 A.M.
CHR Building
Medicaid Commissioner's Conference Room
275 East Main Street
Frankfort, Kentucky

APPEARANCES

Chris Keyser
PRESIDING

Yvonne Agan
Nikki Stone
Promod Bishnoi
TAC MEMBER PRESENT

David Bolt
Molly Lewis
Mary Elam
Noel Harilson
KENTUCKY PRIMARY CARE
ASSOCIATION

APPEARANCES
(Continued)

Sharley Hughes
Kate Hackett
Carl Ishmael
Judy Theriot
MEDICAID SERVICES

John Akers
WELLCARE

Christine Drake
Steve Hoagland
Justin Radford
Jennifer Beal
PASSPORT

Jacqulyne Pack
Scott Hunt
AETNA BETTER HEALTH

Ken Groves
ANTHEM BCBS

Cathy Stephens
Bethany Day
HUMANA-CARESOURCE

Stephanie Wilson
Darryl Wilson
BARBOURVILLE FAMILY HEALTH

Jordan Peters
Amanda Dannison
BLUE & CO.

Chris Heldman
MOLINA

Tom Christopher
RHC

Glenn Grigsby
BKD

AGENDA

1. Call to Order 4

2. Establishment of Quorum 4

3. Review and Approval of January 10, 2019
Meeting Transcript and Minutes..... 4 - 6

4. OLD BUSINESS:
A. Provider enrollment process, timely
loading of new FQ's and RHC's back to
date of approval by CMS ..... 7 - 15
B. Report on wrap/crossover claims cleanup
July 1, 2014 to June 30, 2018 .....56 - 60
* Action items for final resolution of
claims for the given time period
C. Other Old Business .....60 - 62

5. NEW BUSINESS
A. DMS PE Portal .....15 - 38
B. Due to HB 444, what documentation works
instead of licensure for FQ's and RHC's .38 - 56
C. Updates or announcements from MCOs .....63 - 68
D. Consideration of recommendations to DMS
and the MAC .....68 - 69
E. Other New Business 69

6. Adjournment 69

1 MS. KEYSER: This is the
2 Primary Care Technical Advisory Committee. It is May
3 9th. So, the Chair will call the meeting to order.
4 We have established that we have a quorum present of
5 committee members for the committee. There is no
6 approval needed for any past minutes and things like
7 that.
8 MS. HUGHES: Yes, because you
9 didn't have a quorum last meeting.
10 MS. KEYSER: We did not have a
11 quorum and we didn't meet.
12 MR. HARILSON: January we
13 didn't have a quorum.
14 MS. HUGHES: Right. So, you
15 need to approve the January minutes because you had a
16 meeting in January but you didn't have a quorum. So,
17 we have the transcript of that. So, we do need to
18 approve.
19 MS. KEYSER: We're not
20 approving the January meeting because there was no
21 meeting. We are approving the meeting prior to that,
22 the minutes prior to that.
23 MR. BOLT: In November.
24 MS. KEYSER: In November.

MS. HUGHES: I thought you all met in January downstairs. You didn't meet in March.

MR. BOLT: We did not have a quorum.

MS. HUGHES: Right, but you still had a court reporter there and we still transcribed everything that happened.

MR. BOLT: It cannot officially be minutes. They were recorded but they can't approve because they did not have a quorum.

MS. KEYSER: No business action can take place without a quorum.

MR. BOLT: No action was taken.

MS. KEYSER: An approval of minutes is an actionable item.

MS. HUGHES: Based upon that stance, then, the meeting should have just not happened at all if you didn't have a quorum because you all were allowed to----

MR. BOLT: No. That's when the Commissioner was there and she spoke to us.

MS. HUGHES: Right.

MR. BOLT: We had a quorum via electronic connection and she made us turn it off but she went ahead and spoke.

MS. HUGHES: She didn't tell you you had to turn it off. She just said that didn't count towards the quorum but either way----

MR. BOLT: Well, either way, there was----

MS. HUGHES: ---you all still have the minutes to----

MR. BOLT: Either way, there was not a quorum present and no action was taken.

MS. HUGHES: Okay, David. I'm not going to argue with you.

MS. KEYSER: So, we will review the history of our TAC meetings and determine which minutes have not officially been approved. No minutes went out with this committee agenda, so, we cannot approve anything at this moment. So, we will get ourselves oriented on what we do need to approve, then, if there is something.

We will go on to Old Business, then. Well, actually before I go into Old Business, we've got a lot of people in this room and the Chair just comments that we are really tightly packed in here. There's not much room for anybody else. I do see a lot of new faces, and, so, I would like to introduce everybody around the table here and our

1 guests that are here.
2 (INTRODUCTIONS)
3 MS. KEYSER: Thank you. We're
4 pleased to have so many people here.
5 Now we will move on to Old
6 Business. So, our first item is in regard to the
7 provider enrollment process for new RHC's and FQ's.
8 Can we have someone from Provider Enrollment to give
9 us an overview as far as what that process is?
10 MS. HACKETT: Sure. As I said,
11 my name is Kate Hackett. I'm Branch Manager for
12 Provider Enrollment within Program Integrity.
13 So, there were a couple of
14 questions posed that I drafted some responses so
15 that, in my nervousness, I didn't mess up. So, I'm
16 just going to kind of address them as we go along.
17 So, the questions that came
18 across had to do with what you all characterize as
19 timely loading of new FQ's and FQHC's and RHC's to
20 the date of the approval of CMS.
21 So, in our response, we do
22 allow backdating as long as the provider meets all of
23 the enrollment requirements back to the requested
24 date. Those requirements would include what the
25 license date is or even what the Medicare date is.

1 So, backdating can only occur up to one year from the
2 date Medicaid receives the application.
3 An application should be
4 submitted to DMS only when the provider is eligible.
5 So, a provider should not make application if they
6 aren't, for an FQHC or an RHC, if they are not
7 Medicare-enrolled because Medicare is a requirement
8 for both of those provider types.
9 So, having applied for Medicare
10 does not make the applicant Medicare-enrolled or
11 approved. It just makes them an applicant.
12 And, then, any claims that are
13 billed or paid under a provider number that has
14 become a PCC with the FQHC designation or an RHC,
15 they would have to be refunded and rebilled under the
16 FQHC/RHC provider number that is issued, the newly
17 issued number and they would have to be refunded back
18 to the effective date of the FQHC/RHC.
19 MS. KEYSER: Kate, you said
20 something and I just need a little clarification. In
21 regard to FQ's having to have Medicare, so, what
22 makes us an FQ is not Medicare. What makes us an FQ
23 is HRSA giving us our designation as that.
24 So, that's where I'm hearing a
25 little confusion as far as combining a Medicare

1 application to get a Medicare provider number and our
2 FQHC. The FQHC comes first. So, for Medicaid
3 provider enrollment, again, I'm just trying to
4 understand, are you saying that an FQ has to have a
5 Medicare number before they can apply for a Kentucky
6 Medicaid number?
7 MS. HACKETT: Correct because
8 we require the FQHC to be Medicare-enrolled.
9 MS. KEYSER: Exactly. And
10 where is that requirement? That is in the
11 regulations as far as that an FQ has to have a
12 Medicare number first?
13 MS. HACKETT: Correct. I
14 didn't bring the citation. I did bring the summary
15 with me that lists the citation but I didn't bring
16 the actual citation. So, it's in regulation but it's
17 also my understanding that in order to be an FQHC,
18 you have to be enrolled with Medicare.
19 MS. KEYSER: Well, yes, you do,
20 at some time you have to be. The requirement again
21 is when that happens is up to the FQHC, but our
22 ability to see patients under Medicaid and get the
23 wrap payment and everything from HRSA's standpoint
24 has never been contingent upon I have to have a
25 Medicare ID number.

1 Now, we see Medicare patients
2 certainly and we apply and we get a Medicare number,
3 but the Medicaid application, the Medicaid number is
4 our, what, primary number. Yes, Yvonne?
5 MS. AGAN: Once you have your
6 FQ status and then you're trying to get Medicare and
7 Medicaid both rolling and there is that lag waiting
8 for Medicare just like there is a lag for Medicaid.
9 The question is what statute
10 says that you can't apply and do both at the same
11 time? Where does that policy----
12 MS. HACKETT: So, we will not
13 issue a Kentucky Medicaid number without it being
14 enrolled in Medicare and having the FQHC designation.
15 MS. AGAN: So, you're saying
16 that you can never have a Medicaid number without
17 having a Medicare number?
18 MS. HACKETT: And the FQHC
19 designation.
20 MS. AGAN: And the FQHC.
21 MS. HACKETT: Yes.
22 MS. AGAN: Where do we find all
23 of this? Your information was very valuable. Where
24 can we get that?
25 MS. HACKETT: I would have to

1 go back and pull the citation. All I can give you is
2 what I have at the top of the provider type summary
3 and that's just the KAR. So, I would have to go
4 back.
5 MR. HARILSON: What is the KAR?
6 MS. HACKETT: It is 907 KAR
7 1:055.
8 MS. KEYSER: So, for the
9 committee, this question is to you all. Have you all
10 seen anything from HRSA that says that in regard to
11 the Medicare FQHC, because that's a different Part A
12 component, then, than a normal fee-for-service or
13 whatever, is there something that mandates us from
14 our designation that we have to have that within a
15 certain time frame or if an FQ wants to just be a
16 Part A fee-for-service provider?
17 MS. AGAN: I don't know of any
18 but I can't say that I know that to be completely
19 factual but I don't know of any.
20 MS. KEYSER: Right, because I
21 know on our Notice of Grant, it will say things like,
22 again, the expectation is you're going to see a
23 Medicare patient, and, so, you need to be enrolled in
24 Medicare, but there is nothing that says----
25 MS. AGAN: That you have "x"

1 amount of time to do it.
2 MS. KEYSER: That you have "x"
3 amount of time to do it.
4 MS. AGAN: I'm not aware of it
5 but I'm not going to say that doesn't exist
6 somewhere.
7 MS. KEYSER: Because I think
8 the confusion is in hearing you say, Kate, that you
9 require that. And, so, that's the part that we want
10 to flesh out a little bit better because, again, we
11 are an FQHC. Regardless of whether we bill Medicare,
12 we are an FQHC.
13 So, from our perspective for
14 billing Medicaid, we are an FQHC. So, that I think
15 for us is, we have that first. Why would that not be
16 sufficient for applying to Medicaid and getting a
17 Medicaid number, having that FQHC designation from
18 HRSA?
19 MS. HACKETT: So, I think, in
20 turn, if you could share as well the citations that
21 you're discussing and that will help me understand
22 where you're coming from. So, I would appreciate any
23 of those citations as well and, then, I can kind of
24 look at everything.
25 And Carl can attest to this. I

1 hate saying this because this is the way we've always
2 done it, but with regards to FQHC's, it's always been
3 that the center needed to be enrolled, the clinic
4 needed to be enrolled in Medicare and an FQHC
5 designation. That to me is not new information in
6 the last three years.
7 MS. KEYSER: David, share with
8 us.
9 MR. BOLT: But what I heard you
10 say first, regardless, you will backdate to DMS with
11 the Medicare enrollment to the designation date.
12 MS. HACKETT: Within a year
13 from the date that the application is made to
14 Kentucky Medicaid. So, not necessarily back to, but
15 only as far as Medicare will take it.
16 So, if Medicare is--can I just
17 give an example?
18 MR. BOLT: Well, what we're
19 running into is sometimes CMS is slow and we don't
20 get the--I mean, U.S. Senators in this state will
21 announce that you're a CHC before Medicare does
22 anything, before they even get the Notice of Grant
23 award. So, it's a timing thing; but if you're going
24 back, I think we need to look at that reg and see how
25 it phases in.

1 I don't disagree with Chris
2 that there are some FQ's that don't participate in
3 Medicare for whatever reason. They may have a
4 Medicare number but don't do it, but I think as long
5 as you're going to backdate to that date of
6 effectiveness, that takes care of the majority of the
7 problem.
8 MS. HACKETT: If it's no
9 further than a year. If Medicare is only six months
10 back, then, we're only going to go to the six months
11 for the FQHC designation.
12 MR. BOLT: Right. You'll go
13 back to the date as long as it's within a year.
14 MS. HACKETT: Within a year,
15 yes.
16 MR. BOLT: I don't think we've
17 had any go over a year yet.
18 MS. HACKETT: I don't either
19 and there have been a couple where the notification,
20 it's almost like it's been, what, six, maybe six to
21 eight months. I thought that was the last and the
22 longest that I had ever seen.
23 MR. BOLT: We had an RHC that
24 was at eleven months. They had gotten their
25 notification in December and didn't get a Medicaid

1 number until October but we worked that out.
2 MS. KEYSER: And in that time,
3 they were holding claims?
4 MR. BOLT: They were paid fee-
5 for-service and all of that has to to back and be----
6 MS. AGAN: So, if they choose
7 to hold their claims until they get both of their
8 designations, it will go through, or if they continue
9 to submit claims, they will have to correct those
10 claims and resubmit.
11 MS. HACKETT: Under the new
12 number, yes.
13 MR. BOLT: And the problem
14 there is with some of the timely filings to the MCOs
15 or the 180 days, that's going to cause a problem
16 because, then, we get into recoup and resubmit.
17 MR. HARILSON: The initial
18 request would probably be for overriding of the
19 timely filing as long as the MCO is agreeable to do
20 that in those situations.
21 MS. KEYSER: Did we have any
22 further questions regarding that process from the
23 committee?
24 MR. HARILSON: I think we're
25 good there.

1 MS. KEYSER: Okay. Then, so
2 that we can let our Provider Enrollment people get
3 out a little bit sooner, we're going to skip down to
4 New Business and discuss the provider enrollment
5 portal.
6 My understanding is that we
7 have been working with DMS and Kate on trainings for
8 clinics, etcetera. I guess from the committee, many
9 of us utilize the KPCA Precision. They are our
10 delegated credentialing. So, will they have access
11 to the provider portal as well on our behalf?
12 MS. HACKETT: Yes. I've
13 actually had three I would say webinars, many
14 trainings, 30-minute discussions on access and things
15 like that with Partner Portal and I have another one
16 set up I think next week with Susan and that group.
17 They are able to use an
18 authorized delegate form that is signed by the
19 provider or the group, the owner, officer or board
20 member of the group and work on behalf of that group,
21 that provider, that entity.
22 MS. KEYSER: Okay. So, they
23 will have their own credentials as far as getting
24 into this portal?
25 MS. HACKETT: Yes. They're in

1 and they have the ability to begin to enter and to
2 get things moving along inside Portal. So, Kentucky
3 Medicaid Partner Portal Application is essentially,
4 effectively, it is live today. So, any provider can
5 go in and use it. Even though we had a phased
6 approach, that phase ended. The phase approach ended
7 I believe last week. So, we are into hospitals now
8 and those things.
9 Having said that, there is the
10 requirement that Partner Portal is required to be
11 used as of July 1, but we will continue to have
12 technical assistance available to keep engaging
13 people because there are those times where you have
14 absolutely no reason to communicate with DMS.
15 So, it may be six months and
16 it's a shame that technical assistance ended in June
17 and you need it in October. So, we do have a phased
18 approach for what we call webinars, a technical
19 assistance to help people as we move along in this
20 required field.
21 And Susan and that group is
22 aware of these dates. The dates right now only go
23 out until July because we haven't built out the rest
24 of them but that support will be there for the
25 future.

1 MS. KEYSER: So, does that July
2 1st date mean that you all will no longer accept
3 paper mail-in things for provider enrollment?
4 MS. HACKETT: That is our
5 greatest hope, that providers use the electronic
6 system. It's not just more efficient but it's more
7 timely. It's more accurate. The use of Kentucky
8 MPPA has reduced the number of what we would call
9 return to providers, return to organizations because
10 of corrections because there are validations on
11 fields that it has to look like this before you can
12 move forward, whether it's the number of digits in an
13 NPI, the address validation, just a series of things.
14 And, so, it's a much more
15 effective way to make application and keep your
16 provider application up to date with us.
17 MS. KEYSER: So, that portal
18 will have all the forms that we typically normally
19 send, like whether it's a change of address or
20 notifying a provider----
21 MR. HARILSON: A 347 to
22 link----
23 MS. KEYSER: Yes, exactly.
24 MS. HACKETT: No. What it will
25 have is the opportunity for the provider or Precision

1 Health, for Susan to go in on a provider's file, go
2 straight to the address, rather than submitting a
3 529, correcting the information, hitting add to the
4 grid, going to what we would lovingly call ten auto
5 or something like that, in ours is submit and it will
6 come straight to us.
7 And, then, on our side, it will
8 flag us of what has been changed and what has been
9 updated and what we need to review. It's just that
10 much more streamlined.
11 So, a 347 to link, the only
12 reason that you would use a 347 is if you're the
13 group, you're the primary care center bringing on,
14 let's say a doc, a doctor because the doctor is
15 linking with you. We would ask that there be a
16 signed form, the 347.
17 However, if you're using an
18 authorized delegate, if Susan is doing it for your
19 group, you will not need a 347.
20 On the flip side of that, if
21 it's the doctor that's taking care of all of his
22 business on his Kentucky Medicaid file, you would not
23 need a 347 because he is doing the E-sign himself.
24 So, there's validations that
25 help a provider or a credentialing agent or the

1 authorized delegate to take care of that Kentucky
2 Medicaid file for that provider.
3 MS. KEYSER: And, so, how are
4 credentials set up for the portal? I'm sorry. I
5 don't think I know that.
6 MS. HACKETT: So, how do I
7 create an account?
8 MS. KEYSER: Yes, exactly
9 because, I mean, again, all of our providers work
10 under--well, they work under the organization name.
11 So, they will never go individually into this. So,
12 our staff, delegated staff or authorized individual
13 will be the one who is the current one that does the
14 paper on it will be the one to do that.
15 So, do we need more than one
16 login to do those things? Is it per provider?
17 MS. HACKETT: So, if Susan
18 Thompson goes in to update Sharley's file, Susan goes
19 in under her own login, she will have Sharley's
20 Medicaid ID connected to her. She will be able to
21 click on that and, then, go in and take care of the
22 address update or the new license as the individual
23 provider and, then, go to submit.
24 So, Susan will have several
25 Medicaid ID's that she is connected to, and she is in

1 the process of gathering that kind of information for
2 us in a spreadsheet so that she can get connected to
3 all those Kentucky Medicaid ID's and do that work on
4 behalf of providers and the centers, the clinics.
5 So, the individual provider, we
6 advocate that the individual provider have a login,
7 create their account because it is their account.
8 Everything that you send us, you will be able to see
9 for the first time. Historically, whatever you sent,
10 you had to remember that you sent it. Now you can
11 just go in and know that you sent it.
12 So, we encourage providers to
13 have that account because it is their Kentucky
14 Medicaid file. However, we know that in the work
15 that you all do that that's not always--the ideal way
16 to have those delegated people, dedicated people to
17 work that provider's file is the most efficient and
18 effective way for you all so they can create the
19 account and get connected as well, but a provider can
20 go in and do the exact same thing.
21 MS. AGAN: So, each individual
22 within a group, we have to have our own delegated
23 person, authorized person for each of our providers
24 because they're going to maintain and load and do all
25 that for their providers.

1 Also through the IPA, the IPA
2 is also an authorized person for the things that
3 they're doing for us. So, one single provider can
4 have more than one authorized person working in their
5 file.
6 MS. HACKETT: Yes. I don't
7 know what IPA means, but, yes.
8 MS. AGAN: The KPCA. Susan's
9 group.
10 MS. HACKETT: Susan's group.
11 Okay. Yes. Yes, because you may have billing
12 specialists or somebody in your individual clinic
13 that do probably a lot of legwork on behalf of
14 providers, remind them to update their KBML license
15 or do KBN. People just kind of know those dates and
16 know that these things need to occur, and, so, they
17 will be able to go in and upload it if that's what
18 they need to do, update it if that's what they need
19 to do. And, then, Susan's group can do however else
20 you designate her to work, that group to work.
21 MS. AGAN: And once this is
22 entered, it then goes through an approval process?
23 MS. HACKETT: Yes.
24 MS. AGAN: So, you still wait
25 for the approval to happen.

1 MS. HACKETT: You will still
2 wait for the approval but it's submitted.
3 MS. AGAN: Can you go back in
4 and check after that? I mean, what's the time line
5 once you enter the data before DMS is going to
6 approve it?
7 MR. ISHMAEL: Will you describe
8 how they're notified and the notification so that
9 they will know?
10 MS. HACKETT: So, when Susan
11 hits submit and it comes to DMS for review, Susan is
12 notified and the provider is notified via an email
13 that a change has been made on your Kentucky Medicaid
14 file. Feel free to log in to Kentucky Medicaid
15 Partner Portal Application. That change will be on
16 your dashboard or to look at the file to see what the
17 change is.
18 So, those notifications occur,
19 the email that the change has occurred and, then, you
20 go into the system and there's the notification.
21 There's a note that says this is what is going on.
22 So, on your side, you will be
23 notified that a change has been made at every step of
24 the way. And, then, on our side, once we do the
25 approval process, a notification that Kentucky DMS

1 has made a change on your file, log in here to go
2 into your file to see the update.
3 Now, we do have a return-to-
4 provider option and that's still electronic as well,
5 or, I'm sorry, that is electronic now. We all do it.
6 We do an address incorrectly. Instead of 275, we
7 might put 572 East Main Street. So, that has to be
8 corrected.
9 So, we would have the option,
10 then, to hit return to provider. This is the field
11 that you need to correct. It does not match and the
12 notification is sent to the credentialing agent to
13 make the change and they can go in, make the change
14 and then send it right back.
15 So, a notification is sent to
16 their email to go into the system. So, people don't
17 have to sit on the system. You're being notified
18 when there is a change.
19 MS. KEYSER: And, so, again,
20 Yvonne, to your question about who needs credentials
21 and things like that. So, we are a provider entity
22 that has our own Medicaid number.
23 So, I could go in and get
24 access and create my own credentials because I am an
25 entity. And, then, under my entity, I, then, list

1 all these providers who are under my bucket or in my
2 bucket that I need to have access to their files.
3 MS. HACKETT: Correct.
4 MS. AGAN: Does the provider
5 have to give permission? That's the one thing I
6 wasn't sure. Does each provider have to set up an
7 account and say I am authorizing Chris to work on my
8 behalf?
9 MS. HACKETT: No. Each
10 provider may do that. Each provider may do that.
11 Every provider if they're going to have an authorized
12 delegate has to sign a form, that authorized delegate
13 form allowing that credentialing agent or that
14 credentialing group to make a change to their
15 Kentucky Medicaid file and that gets uploaded on
16 every action.
17 MS. KEYSER: So, to that point,
18 that's different than our provider entity. We have a
19 delegated authorization relationship with Precision.
20 We've already signed that and we've said these are
21 the providers, dah, dah, dah, dah, dah, and you will
22 act on our behalf.
23 So, what I'm hearing is that
24 now we have to do a special authorization, every
25 provider, including our provider entity, us as an

1 entity. Then we give that to Precision who then,
2 when they go into the provider portal, uploads all of
3 those individual authorizations.
4 MS. HACKETT: And when they
5 need them, when it's needed, yes, because the
6 authorization is building on the contract or the
7 agreement between Kentucky DMS and the provider and
8 that the authorized delegate is allowed to do that.
9 MR. HARILSON: So, it will be a
10 heavy lift at the beginning, but, then, ongoing, it's
11 just new providers.
12 MS. KEYSER: So, will Susan and
13 them send us authorization forms that we are supposed
14 to fill out and get all the providers to do and back
15 to them because I'm not going to do--I mean, again,
16 this is just my group. I'm not going to do----
17 MR. HARILSON: Well, we can
18 talk to them about that. Susan is not here and, so,
19 I don't want to speak for anything that has already
20 been said in the meetings that she has had with Kate,
21 but I know that we've already sent a survey out to
22 say who wants us to do this because we're not making
23 any of our members use Precision to do this.
24 So, there are many that have
25 opted in, and, so, Susan will then handle that with

1 Sarah and the team, but there are some who have said,
2 no, we want to do it ourselves and we're going to let
3 them do those things.
4 MS. AGAN: For us to check our
5 files, though, we as individuals need to make sure we
6 have our account set up.
7 MS. KEYSER: At least one
8 log-on and, then, those providers under you have to
9 fill out a form.
10 MS. AGAN: So, if I'm going to
11 be my designated person within my facility, then, I
12 have to have that designated form with each of those
13 providers and myself to be able to look at their
14 accounts and all of that. With Susan doing it, you
15 would have that in addition to, both.
16 MR. HARILSON: Yes.
17 MS. AGAN: Setting up the
18 accounts, they are somewhat cumbersome. They are
19 very difficult. I'll just say that.
20 MS. HACKETT: Okay. So, the
21 question, the authorized delegate form is on our
22 website. It's over on the right as you go into
23 Kentucky MPPA. So, it will be Program Integrity,
24 Provider Enrollment and, then, Kentucky MPPA and,
25 then, there is the authorized delegate form. You

1 just click on it and it will open up.
2 So, to your point regarding
3 getting in, I apologize. Any new system can be
4 cumbersome.
5 MS. AGAN: It is.
6 MS. HACKETT: But because we
7 know that this is new, we have a technical assistance
8 group that is ready to answer and walk you through
9 what do I do next. You all probably know by heart
10 our Provider Enrollment Call Center number.
11 Well, when you call that number
12 and hit Extension 1, it will take you straight to the
13 TA group that will say, well, you fat-fingered this,
14 so, we've just got to get that corrected. They can
15 correct it. That's what their job is is to walk
16 people through this process.
17 Don't hesitate to use them.
18 They're good. We're really thankful that we have them
19 because of the heavy lifting at the front end of all
20 this. So, they have been an asset.
21 MS. KEYSER: And, so, again,
22 anything prior to July 1, we can still send through
23 paper and mail-in.
24 MS. HACKETT: Yes, but you are
25 welcome to get into Partner Portal.

1 MS. KEYSER: We're moving and
2 relocating into a new location. So, we're having all
3 the providers fill out that form and updating and so
4 forth but it will be before July 1st.
5 MS. HACKETT: And don't
6 hesitate to reach out to me or to Carl or even that
7 technical assistance group. Again, use them to get
8 on-boarded and, then, they will say, okay, from here
9 on in, you have to call the other Call Center or you
10 have to email program.integrity because you want to
11 link all your Medicaid ID's.
12 And what that means is that you
13 will just send me on a form that's online, you will
14 send me a spreadsheet of all the Medicaid ID's. It's
15 not like I have to sit there and work each individual
16 one. I get it bumped electronically and, so, there's
17 a back-end process for you.
18 And, then, actually, I think
19 they will only do the first couple and, then, we tell
20 you that it's almost done. Once you log in, the rest
21 of them show up on your file because it's by tax ID
22 and Medicaid numbers. So, the connections are tight.
23 It's supposed to be easy.
24 So, even when you're talking
25 about when you go in and you see all those, all it's

1 going to take is for us to do the first--let's say
2 you have thirty. All it's going to take is for us to
3 the first two and, then, the rest of them will
4 automatically show up the next time. You will have
5 to acknowledge them so that you can work on them but
6 they will show up. And if there's a problem, it's
7 that 877 number, Extension 1.
8 MS. HUGHES: And I will say
9 that in other TAC meetings, the providers that have
10 used it have all complimented and been very positive
11 about using the provider enrollment network.
12 MS. AGAN: I think it's going
13 to be very good once we get through that initial
14 learning curve and the initial bugs and all that.
15 MS. HUGHES: We're all
16 creatures of not wanting to change and we know what
17 we know.
18 MS. AGAN: We've just had some
19 personal experience in getting the individual people
20 set up and we're working through that.
21 MS. HACKETT: Don't hesitate to
22 reach out to us.
23 MS. KEYSER: David, did you
24 have something?
25 MR. BOLT: Of course, Kate, you

1 know we've worked with Susan and KPCA has worked with
2 you all on this from the get-go and it's marvelous to
3 see it actually happening; but the thing we try to
4 do, though, is lessen the burden on the individual
5 providers. I don't think anybody realizes how much
6 time all of this takes, and we know that clinicians
7 and some of the rest of us get in a hurry and we
8 don't do stuff right.
9 So, what we tried to put in
10 place was a process where it comes in clean and I
11 think you would attest to the fact that the things
12 that we have submitted through the portal through
13 Precision have been clean when they go in.
14 And I realize even on the CAQH,
15 the organization is supposed to have a sign-off by
16 the provider, but for years, I know, we just did it
17 under the provider's ID, my point being that we need
18 to focus on allowing the medical providers,
19 physicians especially as well as others to do what
20 they were trained to do and that is see patients and
21 not be tied up in all this arduous paperwork and
22 portals and getting on stuff like that is confusing.
23 We still have physicians out there that don't know
24 how to use, well, until probably the next generation,
25 don't know much about electronics.

1 I really messed one up
2 yesterday and I got an email from a PCA in Florida
3 that was bad and corrupted my whole computer.
4 And then you get like I was
5 down in Western Kentucky where I had a physician who
6 had a size 15 ring finger; and when he did a
7 computer, he would hit three numbers at one time.
8 And you walk down the hall and you see a computer
9 flying out the door hitting the wall across the way
10 and you immediately send somebody in to calm him down
11 and fix it all.
12 So, we just need to think more
13 about not what we're doing but the end user, what the
14 implications are on them; and anything you all can do
15 to help make this smoother through our efforts with
16 Precision or other groups like us I think would be
17 very helpful. I think you will get a better product
18 and the providers will be happier.
19 MS. KEYSER: Thank you, David.
20 Noel, do you have a question?
21 MR. HARILSON: Yes, I've just
22 got a real quick question. Is my assumption correct,
23 then, that as of 7/1, providers or practices will no
24 longer be submitting anything through the MCOs to be
25 submitted, like, that process will go away or are the

1 MCOs also still delegated?
2 MS. HACKETT: We haven't had a
3 paper application from an MCO in weeks.
4 MR. HARILSON: I just want to
5 make sure.
6 MS. HACKETT: We brought the
7 MCOs, their provider enrollment, their provider
8 specialists along with us since February and that's
9 what they're using. They're using Portal now.
10 MR. HARILSON: They're using
11 Portal. The MCOs are using Portal?
12 MS. HACKETT: Their provider
13 enrollment specialists.
14 MR. HARILSON: That's my
15 question. So, clinics can still submit via an MCO?
16 MS. HACKETT: Yes.
17 MR. HARILSON: They're not
18 required to go to the portal themselves?
19 MS. HACKETT: Right.
20 MR. HARILSON: I just wanted to
21 make sure that that process was still in place.
22 MS. KEYSER: Yvonne, do you
23 have something?
24 MS. AGAN: One last question.
25 So, when we're updating our documents like our Notice

of Grant awards, we can do that through the portal now?

MS. HACKETT: Yes, you can. So, you would just go to your provider number. You would log in, go to your provider number since you will have several. You will enter in the new end date under that certification and, then, you'll go to the document upload and upload it and, then, you will hit submit.

MS. AGAN: And, then, that still waits for approval.

MS. HACKETT: Right, but----

MS. AGAN: And we believe this new process will make that approval happen, again, in what time frame because that's where we get stuck?

MS. HACKETT: Right.

MS. AGAN: We send it in. It's sitting there. It doesn't get loaded. Our money gets cut off. W fall off the file. So, what I want to know, is this going to eliminate that issue from happening?

MS. HACKETT: It's going to create a lot more efficiencies on our end to prevent that from happening. We are already touching applications--whether it's a license, a certification

1 or a new application, we're touching them much faster
2 when they're coming into Portal while we address the
3 paper inventory because we have an internal process
4 that we do not want those hanging out. And I check
5 everything over 45 days every Monday morning that has
6 come in electronically. Actually, I check them if
7 they come in by paper as well, but every Monday
8 morning, I look at anything that is hanging out in
9 Portal electronically more than 45 days.
10 And I hate to say this but it
11 could have been that whatever happened created a bug,
12 and, so, we have to work with IT to get that fixed;
13 but when it gets fixed, it goes back to the original
14 date that it should have been done, but those have
15 been few and far between.
16 MS. KEYSER: Yvonne, now I've
17 got a question for you. I'm just curious. So, do
18 you get your Notice of Grant awards prior to the end
19 date of your grant always?
20 MS. AGAN: That can vary but
21 sometimes yes. We send it in and then it just--I
22 mean, the last several times we had done this, it has
23 set there literally for months.
24 MS. KEYSER: Because I will
25 tell you that I----

1 MS. HACKETT: Here?
2 MS. AGAN: Yes, and then your
3 funds are cut off and you're weeks and months out
4 trying to get your stuff loaded and your funds have
5 completely stopped. And, then, you have to start the
6 search to figure out why they stopped which can take
7 time in and of itself, but I just want to make sure
8 that if we get our notices sent in and we get them in
9 timely that they will get approved.
10 MS. KEYSER: See, that's my
11 point. What's timely because I'm going to tell you
12 that----
13 MS. AGAN: It's a very short
14 window.
15 MS. KEYSER: ----that I don't
16 think I get my Notice of Grant award at the end of my
17 three years prior to the end date of that date.
18 MS. AGAN: It's very close on
19 the line.
20 MS. KEYSER: Ours ends in
21 February and I would say in March, I'll get a letter
22 and it will have beginning March 1st to whatever, but
23 that notice won't come. I can't guarantee that--I
24 mean, it comes when it comes.
25 MS. AGAN: It's extremely close

1 to your end date.
2 MS. KEYSER: So, what is timely
3 filing? If I don't get the letter until after the
4 date, then, is there some sort of backdating?
5 MS. AGAN: My experience has
6 been they have backdated it. They have corrected it;
7 but during that time period, when it hits that date,
8 it's that fast, your wrap money is done.
9 MS. HACKETT: We do a nightly
10 file.
11 MS. AGAN: It's done. So, if
12 your expiration date is 3/31 and it is not updated
13 and that date is not changed in that file, on 4/1,
14 your money is cut off. You will not get it for any
15 dates of service for that time period.
16 And the problem is our notices
17 come in either right before the expiration or it
18 could come in after.
19 MS. KEYSER: Yes. I'm just
20 saying is that I agree with you.
21 MS. AGAN: And, then, you turn
22 around and you immediately get it to DMS and then you
23 wait and there's no feedback. You don't know if
24 somebody actually received it. Did it get lost? So,
25 the portal thing is going to stop--at least we can go

1 in and load it and we have proof that we've loaded
2 it.
3 MS. HACKETT: Correct.
4 MS. AGAN: But I'm still
5 anxiously waiting for the answer to say and we will
6 approve that in 48 hours or some time period.
7 MS. KEYSER: Because you're
8 going to send claims out the next day.
9 MS. AGAN: Your claims still
10 have to go out because you're still working with your
11 MCOs and, then, we start the it goes through,
12 rejected and back and forth. It's a mess and, then,
13 we're all doing extra work when it's delayed.
14 MS. HACKETT: Right. You're
15 trying to find out what happened, why it happened,
16 when it happened.
17 MS. AGAN: And, then, we have
18 to go back and we have to have the projects pulled
19 and George is trying to help us fix it and re-pull
20 it. It's just a mess.
21 MS. KEYSER: So, again, to move
22 the agenda item on, this kind of goes right into the
23 under New Business Item B, that due to the HB 444,
24 again, understanding what documentation works instead
25 of licensure for FQ's and RHC's, the Notice of Grant

1 award for the FQ's, that is the proof.
2 MS. HACKETT: That is the
3 document that would be required. It has an end date.
4 So, we would expect it to be submitted when the new
5 one comes because that certification will be there;
6 but for the RHC's, after doing our research, they do
7 not have to submit any additional documentation until
8 revalidation.
9 MR. HARILSON: So, every seven
10 years.
11 MS. HACKETT: Every five years.
12 We validate every five years unless something
13 changes. Let's say you move. You have to let DMS
14 know. Change of ownership, all those things would
15 require notification to DMS; but in terms of the
16 actual clinic itself, there would be nothing else
17 required until revalidation.
18 And you will still continue to
19 receive an electronic notice that your revalidation
20 is due--I'm sorry - I was about to say 60 but it
21 could be 60 days and then you'll get the notice in 30
22 days. That's due in 30 days. So, you will get
23 notification, electronic notifications.
24 MS. KEYSER: Who does that go
25 to, the electronic notification?

1 MS. HACKETT: Those will go to
2 whoever is listed on the file as the credentialing
3 agent and there's usually a contact person that's
4 listed. So, the contact person and then the
5 credentialing agent.
6 MS. KEYSER: Okay. So, no more
7 paper notification of provider revalidation.
8 MS. HACKETT: Yes.
9 MS. KEYSER: Are there any
10 other questions, committee, regarding anything for
11 Provider Enrollment? Noel.
12 MR. HARILSON: Do we have any
13 idea--so, presently, the revalidation has come via a
14 letter. And what if a clinic doesn't have--like----
15 MS. AGAN: What if they don't
16 have their portal set up?
17 MR. HARILSON: Could there be
18 clinics that could drop off unknowingly because
19 they're at the tail end?
20 And, so, is there a way that we
21 could assist by having a list of those that are close
22 to dropping off to where we could then go and say,
23 hey, just be aware, be looking for this? In the
24 future, it will be an electronic notification but in
25 case for some reason they may not get the letter or

1 the letter got put in File 13 or whatever.
2 MS. HACKETT: I hate to go
3 towards a fix because I'm not sure. So, I guess your
4 question is, what if it just falls through the cracks
5 and the clinic doesn't revalidate?
6 MR. HARILSON: Right, because
7 I'm assuming those revalidations stagger just like
8 the grant awards stagger all over the place.
9 MS. HACKETT: So, to be
10 proactive on behalf of the PCA, one of the things
11 that you could do is to pull together a spreadsheet
12 of just the clinics that you work with, whether it's
13 an RHC or a PCC, with their NPI, their Kentucky
14 Medicaid ID, their address and submit that to me and
15 we will have it bumped with the next set of
16 revalidation dates.
17 MR. HARILSON: And that's what
18 I was asking.
19 MS. HACKETT: We do that
20 routinely for organizations. We don't turn that
21 around in a day but it's not done by hand because we
22 have some that will send us--like, UK will send us
23 hundreds. And, so, we can get it bumped. We're in
24 line to get that worked.
25 MR. ISHMAEL: With Partner

1 Portal, though, in the future, we're hoping to get
2 completely away from that because as the provider or
3 the credentialing agent, you will be able to go in
4 and see when their revalidation dates are due.
5 MR. HARILSON: Yes. I guess my
6 question is where we're in transition.
7 MR. ISHMAEL: The transition
8 period from, say, around July or so where we're
9 transitioning. From now through probably (inaudible)
10 because we're trying to make sure we get transitioned
11 away from paper, I believe there still will be paper
12 notices going----
13 MS. HACKETT: For a little
14 while.
15 MR. ISHMAEL: But we need you
16 to help us encourage your providers to get into
17 Partner Portal and to get access to it in advance and
18 that will make a really good, smooth transition.
19 Now, there is a possibility we
20 could get still a few paper apps after July and we're
21 going to be notifying the providers and say, please
22 get into Partner Portal. This is a requirement.
23 MS. HACKETT: We've been doing
24 that since February.
25 MS. ISHMAEL: And we've been

1 doing that since February. So, it will still kind of
2 be the same process. There's going to be
3 efficiencies gained in this electronic process.
4 MS. KEYSER: I'm sorry. I just
5 want to make sure I'm understanding this. You are
6 requiring all providers, all providers that have a
7 Medicaid ID number to have their own individual login
8 access into this provider portal?
9 MR. ISHMAEL: So, there's two
10 pieces here.
11 MS. KEYSER: There's a
12 difference between requiring and encouraging because,
13 again, my providers, that's what we do on their
14 behalf. They don't want to have anything to do with
15 this. They will give me the information, whatever.
16 So, I'm just trying to understand the requiring and
17 encouraging. I'm hearing two different things.
18 MR. ISHMAEL: If you're an
19 individual provider and you have no credentialing
20 agent, you're required to have a login or you're not
21 going to have access.
22 MS. KEYSER: I understand.
23 MR. ISHMAEL: If you're doing
24 it on behalf of some providers, then, of course,
25 you're going to have a login. At that point, we do

1 encourage the individual provider to have a log-on
2 themselves because they ultimately are responsible
3 for the information even if you're their
4 credentialing agent or a credentialist helping them
5 with it.
6 When we refer to a provider,
7 and I don't like to use a generalization because
8 there are always exceptions to all the details, but
9 the person that submits the application to us that
10 has authority over it, those are the ones we're going
11 to be contacting.
12 So, if a credentialing agent
13 sends us a paper application, that credentialing
14 agent is going to be contacted. You need to get in
15 Partner Portal.
16 If an individual provider sends
17 it and there's nothing on the application for a
18 credentialing or contact person, that individual
19 provider is going to be getting a notification or a
20 contact and say, hey, we really need you to get into
21 Partner Portal and to start using that process.
22 So, we may use the term
23 interchangeably when we say provider, and I don't
24 want to cause confusion. We encourage all providers
25 to get into Partner Portal.

1 MS. HACKETT: But after July 1,
2 any update to the system or any new enrollment will
3 come through Partner Portal no matter who submits it.
4 MS. KEYSER: Right.
5 Understood.
6 MS. HACKETT: Does that----
7 MS. KEYSER: We understand
8 that, absolutely.
9 MS. HACKETT: If Susan is doing
10 it for 50,000 people, Susan is responsible.
11 MR. BOLT: And when you send
12 notices to physicians, we know how they treat emails
13 and letters from payors. I used to have to go around
14 and pick them up out of the garbage.
15 MS. KEYSER: But, I mean, DMS
16 has on record who the contact people are because we
17 have to fill that form out and everything. And, so,
18 again, as long as the contact person is informed and,
19 then, we assure that our delegated people get the
20 information, I think we're all good on this.
21 MS. AGAN: And I think for the
22 clinics or the practices out there is to make sure
23 they have somebody designated with DMS who their
24 contact person is. That's the big encouragement we
25 need to get out.

1 MR. ISHMAEL: Now, one thing
2 this is going to have, too, is, of course, with
3 revalidation and everything, but going to the
4 electronic process is going to help us keep and
5 encourage more of that information being kept updated
6 because as you all are aware here, there are some
7 changes that happen. Sometimes they forget to submit
8 a change or something or whenever there is a licensee
9 or something like that.
10 So, they will get electronic
11 notifications of that which will be I think more
12 helpful. Of course, an electronic email is going to
13 be like regular mail soon where if you get everything
14 through electronic notification, it would be like
15 getting mail and you have a stack of mail to go
16 through.
17 So, there will still be that
18 issue probably. I know I've got it now with all the
19 emails I get instead of paper, but it will help us
20 and we're going to look through because as we're
21 doing this and doing this implementation, our staff
22 along with Kate working with the different provider
23 groups, especially ones that have been involved with
24 this for a while, we're going through and trying to
25 increase the improvements while keeping in mind that

1 we have to meet all the federal requirements for
2 enrollment.
3 And, so, the better we can
4 improve this process and also get more electronic,
5 the efficiency is going to be there, the cost and
6 it's going to be a lot faster.
7 If I can give you just a
8 minute, when we look at the federal requirements now
9 for enrollment, this is how cumbersome it is on our
10 staff. We process - I say we - it's Kate's staff -
11 process, probably get somewhere from 800 to 1,000 new
12 provider applications a month.
13 We get somewhere between 600 to
14 1,000 to 1,200 revalidation applications a month.
15 And I think last year when we
16 did the count, we got 45,000 what we call maintenance
17 items. That could be it's an address update, it's a
18 linking, it's a license update that occurs.
19 Now, we're working to automate
20 all those processes as we can because some of you are
21 familiar with some of the bills that were passed.
22 One of them said they're encouraging the licensure
23 boards to work with the Department to set up
24 electronic feeds of licensure.
25 We get those processes moving

1 forward. For example, an individual physician won't
2 probably be getting a notice to update their license
3 because we'll be getting an electronic field from a
4 licensure board that will automatically update it.
5 MS. HACKETT: We don't have
6 that now.
7 MR. ISHMAEL: We don't have
8 that now. So, then, a physician or your
9 credentialist wouldn't have to upload.
10 MS. KEYSER: I don't think
11 there's any doubt. I think we're all excited that
12 this is happening electronically.
13 MR. ISHMAEL: Okay. I'm sorry.
14 So, the current process, though, with paper, I kind
15 of like to let staff know this a little bit is
16 because we have to maintain the record, we get a
17 paper app, the first thing it does is why we say
18 always send it to this one mailbox. It's considered
19 a legal document. It has to get imaged so we have a
20 record of it.
21 When it's imaged, there is a
22 Julian date stamped on the top of it. We know
23 exactly when it's got here. It is then brought over.
24 It is then logged into another system where it is
25 assigned and then can be round-robin assigned to

1 staff to review. That also tracks the review process
2 - who has it, when they have it and where it is in
3 the process. That is a heavily-resourced, intensive
4 process.
5 So, there can be instances.
6 We've had a few instances where someone calls and
7 says I sent in this update but I never got a
8 notification. My number has quit working. Okay.
9 Give us the NPI. Let us go look and see where that
10 is and we'll track down through that process and see
11 exactly what happened.
12 We can tell how many times and
13 when it was either sent back to the provider for
14 corrections, when we received it, what corrections
15 were requested, whether they made the corrections or
16 not when it was submitted to us. So, we can track
17 that entire process. That helps us improve that
18 overall process.
19 As you can tell, that is a
20 cumbersome process with the amount of paper that is
21 received by--how many staff do we have in Enrollment?
22 MS. HACKETT: Twenty-six, 25.
23 MR. ISHMAEL: Twenty-six or 25.
24 So, going to Partner Portal is going to help
25 eliminate those big pieces.

1 So, to try and help to answer
2 your question, tell me exactly how long this is going
3 to take to update, well, I'm sorry but I can't really
4 give you a specific date. I can say overall from
5 what we have seen, it's going to be faster.
6 If you notice in our
7 regulations before, if you're aware, Medicaid has 90
8 days to process an application that's clean. That's
9 one that doesn't have any errors.
10 If it has an error, it's not a
11 clean application because technically, according to
12 our federal oversight that comes in, they will look
13 at it and say that application is not clean and
14 correct. You should never enroll them. You have to
15 return it. It's not considered a clean application,
16 but we don't do that right off the bat. We try and
17 work with the provider to get those corrections back.
18 So, when we go through and do
19 that, that makes for a long process. With Partner
20 Portal, we don't have to track any of that anymore
21 manually. We don't have to send it off to get it
22 imaged where there's a delay of four to five days for
23 stacks of paper to be imaged and cataloged and then
24 for it to come back and then be entered into a system
25 so then it's further tracked. Partner Portal will

1 track all that.
2 The providers that will have
3 access to Partner Portal, if you want to know about
4 any information related to your provider, you will
5 hear us refer to it kind of as the profile for the
6 provider or the credentialing agent. You will be
7 able to go in and see all of that.
8 You will also be able to go in
9 and pull up documents and see some facsimile type
10 images of an application. When they fill out and go
11 through all the screens and they submit, there is a
12 facsimile type of the application generated that's in
13 your documents.
14 Also when it gets approved,
15 there is a facsimile that's going to be in your
16 documents of the approval letter that has the
17 Medicaid number and everything on it from Medicaid.
18 So, you will have access to that also.
19 So, we see this as - and I'm
20 giving you a long-winded explanation of the time
21 frame, but we do suspect it's going to have greater
22 efficiencies and make it a lot easier.
23 Now, in regards to logging on
24 and saying it's cumbersome to get access,
25 unfortunately, it could be and that's just my take on

1 it; but I say it is because we also have to be
2 careful and take into account federal security
3 requirements on these type of systems.
4 We don't want someone from
5 Kazakhstan getting access to your Medicaid ID and
6 then redirecting your payments to a bank account
7 somewhere that we don't have access to.
8 So, there are those type of
9 built-in checks and balances that when you first get
10 on, yeah, you're going to be challenged sometimes
11 because it's going to ask certain questions to ensure
12 you are who you are before you get access.
13 And in this day and age with
14 all the data breaches and stuff that we've heard
15 about - Equifax was one of the big ones - and I have
16 an IT background with it - but every bit of our
17 information in here, I can almost guarantee you we
18 could go out on the Web and find it.
19 So, just to simply ask someone
20 give me your Social Security number and your birth
21 date and I'll grant you access is no longer truly a
22 secure way to grant access to a system. That
23 information is out there. You can easily find it
24 probably through searches.
25 Also, we have to look at and be

1 careful because what about automobile information?
2 That stuff is out there, too. It's public
3 information. Sorry. I'm getting off a little bit on
4 that.
5 So, yes, it may appear to be a
6 little more cumbersome but there are specific
7 requirements that we have to meet from the federal
8 level and we want to make sure that we have those
9 security requirements in place because it not only
10 protects the provider but it also helps protect us
11 overall.
12 So, yes, it will make things
13 more efficient. I just can't give you a specific
14 time frame; but if you do have an instance where you
15 say I submitted this and it's been 90 days and I
16 don't know where it is and it's not done, contact
17 Kate or I about that and we will go back and pull
18 that and see what's happened.
19 MS. HACKETT: First we will
20 work it and then we will see what's going on.
21 MR. ISHMAEL: And see what's
22 going on so we can try and make sure it doesn't
23 happen.
24 DR. STONE: The 90 days that
25 you mentioned, does that also include like the

1 example that Yvonne gave where they're reapplying,
2 so, they got their Notice of Award and they sent it
3 to you on March 1st? Is there still a 90-day?
4 MR. ISHMAEL: Technically but
5 it doesn't go to 90 days because we look at that.
6 Those are more considered a maintenance type item.
7 And like if it's a licensure, if it's a licensure
8 item, we try and give those a higher priority because
9 it can affect the end date of the provider.
10 We don't sit there and say,
11 okay, we're going to wait 90 days to process. That's
12 not the case. So, we do look at it and we try to
13 make sure that those are processed more with a higher
14 priority. I'm not saying there couldn't be one that
15 somehow slipped through the cracks. That could
16 happen with the thousands of paper.
17 From a percentage standpoint,
18 that happening, and when we talk to a few providers,
19 they say, well, this is always happening. When we go
20 back and look at a percentage because we also track
21 time frames for processing, the amount of errors we
22 have is small; but if that one small error that's
23 maybe one-hundredth of a percent but it affects you,
24 then, it's 100% for you as a problem and we realize
25 that.

1 So, we try to minimize that as
2 much as possible; but if we do have instances in here
3 where we see it's taking longer than 90 days or 45 or
4 if you have some part that's expiring where your
5 number is becoming end-dated, then, let us know
6 because our goal here, too, is to make sure that the
7 services get out to the Medicaid members; but if you
8 do have that, then, let us know. Please feel free to
9 contact us.
10 MS. HACKETT: So, I just want
11 to leave this with you, Sharley. This is getting
12 started with Kentucky MPPA, just something if you
13 want to take back to the office. This is online.
14 And, then, these are the
15 provider type summaries for the RHC and the FQHC.
16 I'll leave these. These are recently updated to
17 include that the license is no longer required. No
18 other update is required for an RHC. Those things
19 have been resolved. And, then, the FQHC piece has
20 been in there. I only printed fifteen copies.
21 MS. HUGHES: That's fine. We
22 can put it out on their website.
23 MS. HACKETT: But those are on
24 the website as well. I want to say thank you for
25 inviting us. I feel like we monopolized the

1 conversation but I have a really good idea of where
2 you're coming from now and that's important to us.
3 MS. KEYSER: Thank you all.
4 We're excited to be part of this process and to make
5 it easier. Thank you all.
6 Then, we are going to continue
7 to move on. I'm watching the time. We are going to
8 head back up under Old Business and Item B and just
9 kind of see, where do we stand with DMS on a
10 resolution for this cleanup of wrap/crossover claims
11 from July 1st of 2014 to June 30th of 2018 and
12 ongoing. Do we have somebody who can address this?
13 MS. HUGHES: No, we do not.
14 Due to the scheduling problems, we do not have
15 anybody here to address it. The Commissioner said if
16 you all want to send specific questions to me, we
17 will address it in writing back to you.
18 MS. KEYSER: Okay. Then, let
19 me just ask the committee members here. Yvonne,
20 your group is working on that, the small little test
21 group, right?
22 MS. AGAN: Yes, we are.
23 MS. KEYSER: And has anything
24 new happened or changed? Are you working any
25 additions or more than the small--what did we submit,

1 twenty claims, something like that?
2 MS. AGAN: We had a meeting
3 with the Commissioner and several people in the
4 Department and we did present our findings of our
5 examples that we sent in and we had some discussion
6 around those findings that some were agreed to what
7 DMS reported back what they found and there were
8 several that were reported back that we disagreed
9 with their findings.
10 And at this time, the ball is
11 really in their court. They have taken our examples
12 and they are now evaluating those and looking at
13 those things as to why those things are happening
14 within the actual process and processing these claims
15 and where things could be lost.
16 I can say we submitted 100
17 examples and the one thing that I think was important
18 is that they did verify that 29 of our 100 had never
19 reached DMS.
20 So, I think that is proving
21 that fact that we still believe that there are quite
22 a few claims that are lost out there somewhere
23 between the MCOs and DMS. DMS. obviously, if they
24 have not received the claim, they're not going to be
25 able to send us an EOB to say that.

1 And, then, we talked about the
2 correction, when a claim is corrected and you have a
3 very high percentage of those that never make it back
4 through the system for your wrap payment correction.
5 MS. KEYSER: But at this point,
6 our understanding, our working with DMS, I mean,
7 again, is that we're just kind of in a holding
8 pattern.
9 MS. AGAN: That is my
10 understanding.
11 MR. BOLT: We've not heard
12 anything back.
13 MS. AGAN: We're waiting for
14 their reply to that meeting.
15 MR. BOLT: We need to point out
16 that there was a suggestion by KPCA leadership and
17 clinics that we just go ahead and submit spreadsheets
18 and put it into DMS' lap.
19 And Noel and others of us are
20 working on that spreadsheet now, something that would
21 be similar to what they're used to using, but it's
22 beyond the clinics now because the clinics have
23 validation that the MCOs paid the claims. And that's
24 where the MCOs' contractual obligations with the
25 clinics end. At that point, the issue is between the

1 MCOs and DMS but the clinics are suffering.
2 MS. KEYSER: Is Molly here?
3 Molly, I was going to ask. Can you speak on as far
4 as what we are proposing to the committee for a final
5 resolution?
6 MS. LEWIS: What we were
7 thinking - and we can send this in a detailed email -
8 was that the spreadsheet form that's been used and
9 been acceptable to Medicaid in the past, that we
10 would use that.
11 Again, the ball is still in
12 DMS' court, but we were trying to think of a way to
13 speed up the process was that we would submit claims
14 that way to you, bumped up against your numbers so
15 that payments could be made.
16 We're concerned about the
17 statute of limitations and some other issues since
18 we're coming up on five years.
19 So, we need to move pretty
20 quickly but we'll send the email indicating the
21 urgency that we feel.
22 MR. BOLT: And I might add,
23 that probably needs to be a recommendation from this
24 committee to the MAC.
25 MS. KEYSER: Yes. Does that

happen at the end of the meeting?

MR. BOLT: Yes.

MS. HUGHES: You probably would be better off--you can make the recommendation to the MAC for sure, but that delays your process because you're not going to meet with the MAC for two more weeks. And, then, from there, we've got 45 days to respond, whereas, if you just send the email with your direct questions and so forth, I can send that out to get you your answers to your emails.

MR. BOLT: I think we go both routes.

MS. KEYSER: Okay. We'll cover it from both sides. Then, the committee will get back to recommendations at the end of the meeting then.

We had an addition to the agenda. Noel, do you want to speak on that?

MR. HARILSON: Sure. So, this came up out of a meeting last week, Sharley. So, this isn't meant to surprise anybody or anything like this.

We've actually already shared what I'm going to mention with some DMS staff, Steve and Jacob, I believe, if I'm correct. In one of our

1 MCO meetings, there was a possible issue. So, we're
2 not saying that this is an issue, but we want to
3 present it here to the committee and also in front of
4 the other MCOs to then ask them if they have seen or
5 maybe look at as well, if this is something that they
6 are seeing, but it stemmed around an ICN not being
7 able to be found in the MMIS system.
8 MS. HUGHES: I-C-N as in
9 Neville?
10 MR. HARILSON: Yes. And that
11 is from my understanding the number that the MCO and
12 the clinic get back when a claim is accepted or an
13 encounter is accepted from Medicaid, when they get
14 that ICN number back, for those that may not know
15 what ICN is.
16 So, I wanted to ask if
17 Jacqulyne from Aetna just go over it at a very high
18 level because it was in our Aetna meeting that this
19 was brought to the table just to put it out there
20 and, then, request that the committee just ask for
21 the other MCOs maybe during their roundtable or to
22 make a formal request to the other MCOs to maybe look
23 at it and see based on what Jacqulyne may have to
24 say.
25 MS. KEYSER: Jacqulyne, can you

1 speak on that?
2 MS. PACK: Jacqulyne Pack,
3 Aetna Better Health of Kentucky. So, the meeting was
4 actually Tuesday morning of this week. We had worked
5 on our dental side - we have a third-party
6 administrator, of course - working very closely with
7 one of our clinics in Northern Kentucky. They had
8 identified that an ICN that had been accepted and
9 noted the file in which it had been accepted was no
10 longer available on the KIMIS website. When they put
11 in that ICN number, it would show claim unavailable.
12 We are taking our subject
13 matter experts. We're looking at this on the dental
14 as well as medical side. If you look at it from one
15 perspective, it makes perfect since as why it
16 wouldn't be there. So, we're just vetting it out.
17 And what we have, we will
18 provide back to the IT group at the State if we do
19 find that it does come to be an issue.
20 MS. KEYSER: Thank you. And we
21 will go around during the roundtable in just a
22 minute.
23 Committee, is there any other
24 Old Business that needs to be discussed today? No.
25 Okay. We're good.

1 Then, we will, indeed, go down
2 to the New Business, the updates or announcements
3 from our MCO representatives. Again, we'll just
4 start with Aetna here.
5 MS. PACK: Here I am again.
6 Providers have received as of April 30th a
7 notification via email for a provider survey. We do
8 request that everyone participate in that provider
9 survey. That would be greatly appreciated. The link
10 is within the electronic communication.
11 Provider portal enhancements
12 are under construction. So, we're really excited
13 about those. That's kind of a vague statement but
14 there will be announcements very soon coming forward
15 as to what those enhancements are and when they will
16 take effect.
17 And we are excited to welcome
18 two new contractors to the Aetna Better Health of
19 Kentucky family, in addition two new network
20 managers. And, of course, they're going through
21 their on-boarding process right now and we will
22 release their names as they become available to the
23 provider community. So, we are very excited - lots of
24 good things happening at Aetna.
25 MS. KEYSER: Thank you very

1 much. Can we hear from Anthem?
2 MR. GROVES: Ken Groves,
3 Anthem. We have an update coming to our Availity
4 portal. Basically it is a claims dispute
5 review/appeal process where you can actually submit a
6 review via electronic. So, we're going to be putting
7 out notification to the provider community very soon.
8 Also, we will be setting up a webinar as well to do
9 education.
10 So, in lieu of having to
11 contact our Provider Services, a provider can
12 actually go to our Availity website and submit a
13 claims review or appeal. So, again, notification
14 will be coming out very soon on that.
15 MS. KEYSER: Let me just follow
16 up. Did you understand Jacqulyne from Aetna, the
17 issue with the KIMIS that they're working on? Is
18 that something that you all can look into as well?
19 MR. GROVES: We can look into
20 it. We haven't heard anything about that, but, yes,
21 we can take that back to our encounters team and
22 investigate that. If I have any questions, I will
23 reach out to Noel to get more details as well.
24 MS. KEYSER: Thank you, Ken.
25 Passport.

1 MS. DRAKE: Christine Drake. I
2 don't have anything specific to add today, and we do
3 have recent E-News coming out that everyone receives.
4 But regarding the wrap issue, we have not heard that
5 either but we will definitely take that back to our
6 encounters team and have them take a look at that to
7 see if we can find examples as well.
8 MS. KEYSER: Thank you very
9 much. WellCare.
10 MR. AKERS: As my two previous
11 colleagues have indicated, I've not seen the ICN
12 number issue. What I heard was there was an ICN
13 number and now it can no longer be located. That's
14 news but I will get with Fran and do a followup and
15 let you guys know.
16 As far as our announcements,
17 our 2019 provider summits are coming up. So, Monday
18 we will be in Bowling Green. We start at 8:30. We
19 will be at Holiday Inn, University Plaza and the
20 Sloan Convention Center. So, see you then.
21 And, then, on the 21st, we will
22 be in Ashland at the Highlands Museum and Discovery
23 Center. On the 24th, we will be in Louisville at the
24 U of L Event and Conference Center on the Shelby
25 Campus and, then, in Lexington on the 28th at Embassy

1 Suites. So, we start at 8:30. Lunch is provided.
2 And I would share that if you
3 or any of you folks want to attend, we're just trying
4 to make sure on our RSVP that our caterer is able to
5 serve everybody. So, if you're coming, it doesn't
6 matter, there's not a limitation but we want to make
7 sure we've got enough to feed everybody.
8 Melissa Caudill is coordinating
9 that and her email is melissa.caudill@wellcare.com.
10 So, love to see everybody. Thank you so much.
11 MS. KEYSER: Did we have
12 anybody from Humana?
13 MS. DAY: Beth Day from Humana.
14 The most pertinent update that I have is that there
15 is a notification on our website and our portal April
16 policy updates and it is related to urine drug
17 screening. There has been a clear definition of the
18 criteria that must be met in order to bill for those
19 services.
20 There are also visit
21 limitations that are outlined in the policy to let
22 you know before prior authorization would be required
23 if it was in excess of 25 screens, and also let you
24 know that there are two codes that we have found have
25 been frequently used that don't seem to pertain to

1 the drug screening that we believe should be used and
2 those do require prior authorization from the start.
3 So, that is outlined in that but it is posted on our
4 website and also on the provider portal under Updates
5 and Notifications.
6 MS. KEYSER: And just to follow
7 up on that. The rationale for that policy, is that
8 following some sort of state as far as frequency in
9 which providers are supposed to, if they are
10 prescribing narcotics, how frequently they are
11 supposed to do a urine drug screen? Is there some
12 rationale?
13 MS. DAY: Yes. This was
14 determined by our Chief Medical Officer based on what
15 appropriate clinical guidelines would be for the
16 frequency of the testing and also the appropriateness
17 based on the definition of the CPT code by CMS.
18 MS. KEYSER: And does that fall
19 in line, though, with the regulations that are on the
20 provider?
21 MS. DAY: Yes.
22 MS. KEYSER: Checking on the
23 ICN issue.
24 MS. DAY: Yes. I will need to
25 take that back to the encounters team. This is

1 something new that we haven't experienced yet.
2 MS. KEYSER: We appreciate
3 that. Anybody else that I have missed? Wonderful.
4 Then, committee, let's kind of
5 review where we are on recommendations to the MAC. I
6 believe we just identified one. Am I correct, Noel?
7 MR. HARILSON: Yes.
8 MS. KEYSER: And the
9 recommendation is to look into what the process will
10 be for a resolution. Unless the committee has any
11 problems, we'll do it twofold. We'll do a
12 recommendation to the MAC and, then, Molly will help
13 us with wording and getting that recommendation as
14 well to DMS. Does that make sense?
15 MR. BOLT: Let her word it.
16 MS. KEYSER: Yes, exactly. So,
17 again, the recommendation is to let Molly word the
18 recommendation regarding the wrap and crossover on
19 our behalf.
20 MS. LEWIS: So, because we're
21 coming up on five years on the unresolved issue, we
22 would like to request that Medicaid responds with
23 their approach of what's acceptable, and if not, to
24 accept our approach which would be to use the
25 spreadsheets and submit claims with resolution

1 hopefully within thirty days of submission of the
2 spreadsheets for each individual provider.
3 MS. KEYSER: Were there any
4 questions, committee, about that recommendation? No.
5 Okay. That's great, and, then, to recommend that DMS
6 enforce the timely loading of provider enrollment and
7 credentialing. I need a motion for that
8 recommendation, please.
9 MS. AGAN: I move that we
10 submit the two recommendations as presented.
11 DR. STONE: I second.
12 MS. KEYSER: Is there any
13 further discussion on those recommendations? There
14 being none, all those in favor, aye. Those opposed,
15 like sign. Then we will get those worded and sent to
16 the MAC and follow up with DMS on that as well.
17 Is there any other business for
18 the committee?
19 MS. HUGHES: You will need to
20 send the recommendation to me electronically also by
21 the Monday before the MAC.
22 MS. KEYSER: Okay. Thank you.
23 It is 11:26. If there is no further business, then,
24 I will accept a motion to adjourn.
25 DR. BISHNOI: So moved.

1 MEETING ADJOURNED