

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

IN RE: PRIMARY CARE TAC SPECIAL-CALLED MEETING

September 10, 2020
10:00 A.M.

(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Chris Keyser
PRESIDING

Yvonne Agan
Mike Caudill
Raynor Mullins
Barry Martin
TAC MEMBER PRESENT

Noel Harilson
Mary Elam
Teresa Cooper
David Bolt
Edward Conners
Zach Sturgill
KENTUCKY PRIMARY CARE
ASSOCIATION

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

APPEARANCES
(Continued)

Stephanie Bates
Veronica Judy-Cecil
Angela Parker
Charles Douglass
Sharley Hughes
Lee Guice
Amy Richardson
MEDICAID SERVICES

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

AGENDA

1. Call to Order
2. Establishment of Quorum
3. Review and Approval of previous transcript -
July, 2020
4. OLD BUSINESS:
 - A. Report on wrap/crossover claims cleanup
July 1, 2014 to June 30, 2018
 - B. UB Modifier is not working as intended - final
update from DMS
 - C. Adding G0511 to the DMS fee schedule - final
update from DMS
 - D. G025 telehealth code not being recognized -
concern with effective date of 7/1/20. This
differs from the latest CMS letter.
 - D. DMS limitation of 30 site NPIs - TAC has further
questions
5. NEW BUSINESS
 - A. Updates or Announcements from the MCOs
 - B. Recommendations to the MAC
 - C. Next Meeting - 11/5/20
6. Adjournment

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MR. HARILSON: Chris, Mike is deferring to you as Vice-Chair. He was trying to do it from home but he's fifteen minutes from the office and he will join once he gets to the office and is able to use the computer he feels will work.

MS. KEYSER: Okay. It is 10:08 Eastern Standard Time. So, do we have a quorum established with those that are on the call?

MR. HARILSON: Yes.

MS. KEYSER: Great. Perfect. So, then, I will call the Primary Care TAC meeting to order and we've established a quorum.

Everyone should have received a copy of the previous meeting from July, 2020. If I can have a motion to approve those minutes. Please identify yourself so that will help the transcriptionist, please.

MS. AGAN: This is Yvonne Agan. I move that we accept the minutes as presented.

MS. KEYSER: Do I have a second?

MR. MARTIN: Barry Martin. I'll second it.

MS. KEYSER: Are there any questions relating to the minutes of the July meeting? There being none, all those in favor of

1 approving the minutes, say aye. Those opposed, like
2 sign. Okay.

3 Moving on, Noel, are we still
4 having Agenda Item A?

5 MR. HARILSON: Yes, we are. The
6 recommendation before the committee would just be
7 that DMS continue to work with KPCA to resolve the
8 ongoing issues.

9 MS. KEYSER: Okay. So, this is
10 in regard again to the wrap/crossover claims' cleanup
11 from July 1st of 2014 to June 30th of 2018 and beyond.
12 So, is there any discussion on that from the
13 committee members?

14 MR. HARILSON: I would say that
15 Mike may. So, Sharley, if it's okay, when he comes
16 on, we may go back to that agenda item in case he has
17 anything else he would like to say as the Chair.

18 MS. HUGHES: That's fine.

19 MR. HARILSON: So, I don't want
20 to say that nobody has discussion but I just want to
21 make that reference that the Chair may have some
22 additional information.

23 MS. HUGHES: That's fine.

24 MS. KEYSER: We will just keep
25 that open; and if that happens, he will be able to

1 indicate and discuss further.

2 Then, we will move on to Item B
3 which is the UB modifier is still not working as
4 intended. Has there been any update or change from
5 DMS that needs to address that?

6 MS. GUICE: I'm not really sure
7 what you mean that it's still not working as
8 intended.

9 MR. HARILSON: Vice-Chair, if I
10 may.

11 MS. KEYSER: Yes, please.

12 MR. HARILSON: So, all that is
13 is that's the wording that has always been on the
14 agenda. I think what the committee is looking for is
15 just confirming that the communication was sent and
16 we need confirmation from the MCOs if possible that
17 it's good to go so we can officially just take it off
18 the agenda.

19 MS. GUICE: Well, I believe that
20 we sent you a written response and you got that at
21 the last meeting, the minutes that we went over in
22 the last meeting that the message was sent to the
23 MCOs the first of June, okay, and you would be the
24 ones to tell me if it's working correctly from the
25 MCOs.

1 MR. HARILSON: I don't think the
2 question is for DMS to tell us if it's working for
3 the MCOs but just to ask if the MCOs can confirm that
4 it's working.

5 MS. KEYSER: Noel, this is Chris
6 again. So, during our roundtable at the end, we can
7 just hear from each of the MCO representatives and
8 make sure that they are again in confirmation that
9 they received the notification from DMS and that it's
10 turned on to whatever capacity.

11 And, then, I'll ask, Yvonne,
12 have you all seen any movement toward that being
13 rectified on your side for billing?

14 MS. AGAN: I am not getting
15 reports from our billing people that they have had
16 anything not working correctly in the last say forty-
17 five to sixty days, but I can't attest that that is
18 true for all clinics.

19 MS. BATES: This is Stephanie.
20 I think that that's the right approach is for you to
21 put that on the MCOs at this point because we haven't
22 heard much. And from the DMS side, we have
23 communicated with MCOs and done everything that we
24 said that we were going to do.

25 So, I think if you want to

1 verify that with the MCOs that are on this call,
2 that's one thing; but to our knowledge, everything
3 should be working as it should be.

4 MS. KEYSER: Then, we will do
5 that at the end and everything. I just wanted to
6 hear from the committee if they were getting any
7 feedback from billing.

8 I mean, I don't think we're
9 seeing it perform in the way that it is intended with
10 the addition of the UB modifier, particularly from
11 January on. And I guess my understanding was that it
12 was supposed to have been something that was
13 officially turned on as early as January of this
14 year. Was that correct, Lee?

15 MS. GUICE: I think that's what
16 was in the minutes, yes, ma'am.

17 MR. DOUGLASS: This is Charles
18 Douglass. That was implemented on 1/7 of 2020.

19 MS. GUICE: Thank you, Charles.

20 MS. BATES: And this is for fee-
21 for-service systems, though. So, we have to keep
22 that in mind. Things that we implement right away
23 don't automatically cross over to MCOs. So, there's
24 some time.

25 So, my point is unless you can

1 provide us with very specific examples of where
2 something isn't working, it's our understanding it
3 is. So, have you all provided specific examples to
4 Medicaid where the MCOs are doing something
5 different?

6 MS. KEYSER: Teresa Cooper, have
7 you heard from any clinics in that regard?

8 MS. COOPER: No, Chris, I
9 haven't heard anything about it not working.

10 MS. KEYSER: Okay. Then, I
11 would say, then, that we'll go around to the MCOs at
12 the end just to get confirmation to see if they're
13 hearing any kickback from clinics. And, then,
14 otherwise, if not, we'll take it off the agenda item
15 and we will just keep an eye on it. And it may crop
16 up again, but if so, we will work the process through
17 the MCOs and, then, notify DMS if there is still an
18 ongoing issue.

19 All right, then, let's move on
20 to----

21 MS. HUGHES: Chris, there was a
22 Mike that joined. I'm assuming it might be Mike
23 Caudill, just to let you know; and if it is, Mike, if
24 you would start your video so we can see your smiling
25 face. Maybe it's not the right Mike.

1 MS. KEYSER: I'm not seeing a
2 Mike listed on the list here.

3 MS. HUGHES: Yes, but it just
4 says Mike. It doesn't tell me who.

5 MS. KEYSER: Oh, I see. Yes.

6 MS. HUGHES: Maybe it's somebody
7 other than Mike Caudill. So, go ahead. I'm sorry.
8 I just saw him come in and I thought it was Mike.

9 MS. KEYSER: No problem. All
10 right. So, we will move on to the next item - get my
11 agenda back in front of me - the agenda item adding
12 the G0511 to the DMS fee schedule.

13 We're just asking for a final
14 update on this request. We're ready to officially
15 close and remove it from the agenda. We're just
16 confirming, would like confirmation that
17 communication was sent and that there have been no
18 issues from DMS and MCOs. This would also include
19 the full listing of G codes we provided.

20 Do I have anybody from DMS who
21 can jump on that one?

22 MR. DOUGLASS: This is Charles
23 Douglass again. All of those G codes including the
24 5011 were put in the system and implemented as zero
25 pay codes. That goes back a few months when they

1 were implemented.

2 MS. KEYSER: Okay. Thank you,
3 Charles.

4 MR. HARILSON: Chris, this is
5 Noel.

6 MS. KEYSER: Yes, Noel. Go
7 ahead.

8 MR. HARILSON: I would make the
9 same suggestion to the MCOs for all of those that we
10 are looking at for the UB modifier, if they can
11 confirm for the committee specifically the list. I
12 know that G0511 was sent; and if I recall, the letter
13 that was provided to us from DMS about the G0511
14 mentioned that the list of G codes wasn't in full
15 function yet.

16 And, so, that's why I think
17 that there's a question about making sure and
18 confirming that that full larger list of G codes was
19 implemented.

20 MS. KEYSER: Okay. Well, then,
21 I will bring that up to them as we have our
22 roundtable.

23 Moving on, again, another G
24 code - G2025 - the telehealth code not being
25 recognized. There is some concern that the effective

1 date is July 1st and this differs from the Medicare
2 CMS letter.

3 MR. DOUGLASS: I believe I have
4 that down as 7/1 of 2020 for Kentucky Medicaid
5 approval and, again, as a zero pay code.

6 MS. AGAN: I think that some of
7 the concern there might be that the RHC's, the rural
8 health clinics were asked to report the G2025
9 starting between January 27, 2020 through June 30,
10 2020 on their claims submissions, and I don't know if
11 that's creating any issues with their crossovers, if
12 that code is coming through our crossover claim prior
13 to 7/1. Would that give them a crossover error and
14 not work correctly if it's on that claim?

15 MS. KEYSER: So, again, Yvonne,
16 those who were billing earlier received notification
17 from Medicare to start billing and using that
18 telehealth G code all the way back to January is what
19 you're saying.

20 MS. AGAN: I mean, that's what
21 is in that MLN Newsletter. It clearly states for them
22 to add that code to the claim and append them on a
23 prior GT or 95 which is (inaudible) Medicare payment.

24 If that code was on a claim
25 prior to that 7/1 of 2020, will that create any

1 problems when those crossover claims are put on a
2 (inaudible). If DMS confirms it's not kicking the
3 claim back, I'm not sure that would be an issue, but
4 if it does kick the claim, we probably need to try to
5 work together to get that fixed.

6 MS. KEYSER: Charles, did you
7 understand the issue is that the rural health clinics
8 and those who are billing for crossovers are
9 receiving information from Medicare to start putting
10 that G code on as far back as January.

11 So, when those pass through as
12 crossover secondary claims to Medicaid, the concern
13 is that those codes being on prior to Medicaid's July
14 1st, 2020 effective date, would that cause a problem?

15 MR. DOUGLASS: I will check into
16 that. I believe that code is for the approval of the
17 RHC/FQHCs as distant site locations for telehealth,
18 if I'm not mistaken.

19 MS. AGAN: That is correct.

20 MR. DOUGLASS: And our
21 notification came much later than that to add it to
22 Medicaid, but I will check into that and see exactly
23 what we can do about that.

24 MS. AGAN: Okay. Thank you.

25 MR. HARILSON: Charles, this is

1 Noel. If you'd like, we can send you that MLN
2 newsletter for reference if you don't have it
3 already.

4 MR. DOUGLASS: Okay. That would
5 be great.

6 MR. HARILSON: Okay. We'll do
7 that.

8 MS. KEYSER: Thank you. Then,
9 moving on, we have Medicaid's limitation of thirty
10 site NPIs. Yvonne, did you have----

11 MS. AGAN: I think what we're
12 trying to do is follow up with that. There seems to
13 be conversation about trying to get examples and we
14 have been unable to secure any examples to forward.

15 But we do know that there are
16 sites out there that are growing and could exceed
17 this thirty-site limit but it's limited at Medicaid
18 that they cannot - so, if they go over thirty sites,
19 if they have thirty-one sites, they cannot put those
20 site NPI numbers on their file at DMS, and we feel
21 like they should be able to list as many sites as
22 they have.

23 It was first thought that there
24 was a limit and they verified with NPPES that there
25 is no limit and they can have as many sites as they

1 have listed under their group NPI number.

2 So, we're just asking that DMS
3 expand that field and allow clinics that have more
4 than thirty sites the opportunity to list all their
5 individual NPI and link it to their files.

6 MS. GUICE: This is Lee Guice.
7 Kate from Provider Enrollment is out right now.
8 However, she sent me an update for you on this topic.

9 And what's happening is that we
10 have certainly confirmed that Medicare doesn't care,
11 our MMIS doesn't care. However, for whatever reason,
12 Partner Portal seems to have that limitation and we
13 are in discussion right now looking to see what the
14 effort would be to increase that number and to move
15 forward with increasing that number.

16 MS. KEYSER: Thank you.

17 MS. AGAN: Thank you, Lee.

18 MS. GUICE: You're welcome.

19 MS. KEYSER: So, Noel, we'll
20 just think about bringing this back up at the next
21 meeting so we can see what the progress is on the
22 other side that Lee was mentioning who seems to be
23 having the issue.

24 MR. HARILSON: Sure, that's no
25 problem. We'll just keep it on for regular updates

1 during the next meeting.

2 MS. KEYSER: Okay. Then, we
3 will move on to New Business and have our updates or
4 announcements from the MCOs, and particularly we're
5 wanting to get some confirmation the UB modifier and
6 that they have received the G code list and that they
7 are not aware of any issues, how that's going from
8 them.

9 So, do I have somebody from
10 Anthem present? Please start from the beginning.
11 Identify yourself first.

12 MS. SMITH: My name is Jennifer
13 Smith and I'm with Anthem and just a couple of
14 updates. To address the UB modifier that you were
15 asking about, we do have all of that confirmed. I
16 know Noel and I communicated on that back in June.
17 So, that has been set up in the system and configured
18 as well.

19 I haven't heard anything going
20 wrong with it. So, if there are examples that can be
21 provided if that is occurring, then, just let me
22 know.

23 MS. KEYSER: Okay. Anything
24 else that Anthem would like to report on?

25 MS. SMITH: We do have a KMA

1 Raise Your Guard which I'm happy to send out
2 additional information as a followup. It's a
3 campaign that's designed to just counter any sharp
4 decline of the vaccinations that are happening with
5 children. So, again, I can send additional
6 information out to everybody so you can review that
7 in greater detail but that is an announcement I
8 wanted to bring up.

9 Also, just one last thing. Any
10 telehealth claim issues, we ask that you just reach
11 out to your assigned network relations rep to
12 address.

13 MS. KEYSER: Okay. Thank you.

14 MS, AGAN: Jennifer, can you
15 give an update on the G codes. Have they been loaded
16 in Anthem?

17 MS. SMITH: Yes. Those have
18 been configured.

19 MS. KEYSER: And who do I have
20 from WellCare?

21 MR. AKERS: Chris, this is John
22 Akers from WellCare. I can confirm our UB modifier
23 has been loaded for quite some time now and I've not
24 had any feedback as to if it's not working. We've
25 got all the G codes updated and loaded. So, if

1 anyone has any issues, they can outreach to us, but I
2 can confirm with WellCare that all of that is already
3 loaded and configured.

4 As far as updates, I just want
5 to remind everybody that I host and have been for the
6 last couple of years a Friday WellCare Informational
7 Webex, and if anybody needs the invite, they can let
8 us know. We cover a lot of pertinent topics.
9 Tomorrow I'm going to be talking about CAQH and the
10 importance of all the elements of that. Following
11 the next Friday, our friend, Andrew Bledsoe from
12 KHIE, he is a repeated guest and he's going to be
13 back. So, we've got a lot of good information we
14 share on our Friday Webex. If anybody has any
15 questions, just let me know.

16 MS. KEYSER: Thank you, John.
17 How about Aetna, do we have somebody from Aetna?

18 MS. BATES: Just real quick.
19 This is Stephanie. I turned my video off because I
20 was freezing up, but, Johnie, is someone from the
21 Department invited to that?

22 MR. AKERS: Absolutely. Anybody
23 is welcome to be able to join. And if you would like
24 the invite, I'm happy to send it over to you.

25 MS. BATES: That would be great.

1 Thank you.

2 MR. AKERS: Just to confirm,
3 could you shoot me over your email address? My email
4 is johnie.akers@wellcare.com.

5 MS. BATES: I'm happy to do
6 that, but mine is stephanie.bates@ky.gov.

7 MR. AKERS: All right. I've got
8 it, then, and I'll send it over to you.

9 MS. KEYSER: Again, anyone from
10 Aetna?

11 MS. ASHER: It's Sammie Asher.
12 I first want to confirm the UB modifier has been
13 loaded and is working great. All claims that had
14 denied in the past have been cleared.

15 I haven't heard any indication
16 from the providers that there's an issue. So, if
17 you're having that issue with the UB modifier, the
18 providers can reach out to me.

19 The G0511 has been implemented
20 as well for some time and it seems to be working
21 appropriately as well. So, the same. If there are
22 any issues, just please let me know.

23 As far as updates from the
24 Plan, we're currently diligently to getting our SKY
25 Program running. We will be releasing the first

1 round of educational information and updates in
2 November to the providers. So, those will go out.

3 We're also compiling some
4 information for our virtual workshops. We're going
5 to begin with quality. So, we're looking forward to
6 that; but, of course, again, if there's any claims
7 reverting back to the G0511, please let me know.

8 MS. KEYSER: Thank you. How
9 about Humana?

10 MS. DAY: This is Beth Day with
11 Humana. I can confirm that Humana does have the UB
12 modifiers loaded and also the G0511 number. We also
13 have the telehealth G2025 code loaded with the
14 7/1/2020 effective date provided by DMS. And, of
15 course, if that is changed, we would retro that back
16 to whatever notification DMS determines to be
17 applicable.

18 As far as updates go, I do want
19 to let you guys know that we have added the Walmart
20 Marketplace locations to the list of available COVID-
21 19 drive-up testing locations. I know that there are
22 some communities that have those grocery store type
23 Walmarts sprinkled in amongst the big super centers.
24 So, it might be easier to get an appointment at one
25 of those locations and that is a valid place where

1 they can get that testing done now.

2 I did also want to let
3 everybody know that Humana is the first insurer in
4 the country to do a pilot program with Lab Corp for
5 in-home COVID-19 testing which I think it's
6 fantastic. I know some of our Medicaid members may
7 have transportation issues or some serious
8 comorbidities that might preclude them from wanting
9 to go in to an area where they might not be as safe
10 to have that testing done.

11 That information is available
12 on Humana.com. There's a huge COVID-19 section with
13 all of the updates available for that and the press
14 release for that is there, but our partners at KPCA
15 were kind enough to post that press release about the
16 in-home testing and the addition of the Walmart
17 locations on their Intranet. So, if you're able as a
18 member to access those notifications that they posted
19 there as well.

20 MS. KEYSER: Thank you. Do I
21 have anybody from Passport?

22 MS. DRAKE: Good morning. This
23 is Christine Drake. So, we can confirm the UB
24 modifier is working. We do have a ticket that is in
25 final stage that is clearing out some older claims.

1 That's in claims reprocessing now and we've been in
2 touch with our providers regarding that.

3 The G codes I did confirm early
4 that, yes, those are loaded and working properly.
5 And the same as other MCOs. Just please let us know
6 if you are having issues with that code and we're
7 happy to refer to that for you.

8 Just regarding any updates, of
9 course, as you guys know, Passport Health Plan has
10 been acquired by Molina Healthcare and the
11 acquisition was approved on September 1st. We are
12 officially Passport Health Plan (inaudible) and that
13 will go live on 1/1.

14 So, we are in transition period
15 beginning September 1st and we will be in
16 communication with providers. We'll be doing
17 training with a lot of hands-on. Nothing is changing
18 for the members at this time but we are really
19 excited for the opportunities ahead.

20 MS. KEYSER: Thank you. I think
21 we hit all of the MCO representatives.

22 Noel, do we need to turn this
23 over to Mike? Did he have some comments on the first
24 agenda item?

25 MR. HARILSON: Mike, we had said

1 that you may have some comments on Agenda Item A in
2 addition to just the recommendation that DMS continue
3 to work with KPCA to resolve. If not, just say so or
4 feel free to share any additional comments.

5 MR. CAUDILL: Okay. Thank you
6 all, and, Chris, thank you so much for taking over
7 for me in my absence. I hate incompetency and I
8 especially hate it when it was in me; but in all
9 fairness, I thought I'd do a Dave Bolt and do it from
10 home so I could sit there and have a nice backdrop or
11 something, but that's my first problem trying to do
12 it like Dave Bolt did. So, my apologies to
13 everybody.

14 I'd like to read this into the
15 record. It's an update on reconciliation with DMS
16 and this committee, Primary Care TAC.

17 As you may recall the KPCA
18 formalized a Tolling Agreement with the previous DMS
19 Commissioner. This agreement was to protect the
20 clinics from the possibility of a statute-of-
21 limitation issue since the problem goes back over
22 five years.

23 Since the beginning of the
24 year, we have discussed the wrap/crossover issue with
25 the now Secretary of CHFS and with the DMS

1 Commissioner and her staff. In all instances, working
2 in partnership to resolve problems and in a concerted
3 effort to improve the health of Medicaid
4 recipients has been stressed. It has been openly
5 stated the root cause of PPS problems may rest
6 with the MCOs, DMS, the clinics or a combination
7 thereof.

8 A joint effort has been
9 discussed to develop an approach amenable to DMS and
10 the clinics with the past and current DMS
11 Commissioner. KPCA volunteered to implement an
12 automated proof-of-concept approach using some of the
13 clinics connected to CHARLI. KPCA has also supplied
14 feedback on questions and issues timely.

15 With little progress from DMS
16 and in good faith knowing that they were working on
17 pandemic and contracting issues, KPCA requested DMS
18 extend the Tolling Agreement they had executed with
19 the previous Commissioner with a time frame of ninety
20 days.

21 As with the original agreement,
22 KPCA included the requirements previously inserted as
23 a condition of the Tolling Agreement. While
24 there were some discussions the last few months, the
25 response to the development of a process and data

1 elements for an automated process or a fill-in the
2 data spreadsheet for use by KPCA or the clinics was
3 delivered only a week or so ago.

4 The KPCA has reminded DMS of
5 the need to extend the Tolling Agreement. Verbally
6 and via email, the Deputy Commissioner agreed
7 to the extension.

8 In a video conference with DMS
9 personnel, Ted Waters from Feldsman Tucker Leifer
10 Fidell shared information regarding how other states
11 manage the reconciliation process.

12 Payment of the PPS rate by the
13 MCOs must be approved by CMS under a State Plan
14 Amendment, which has not been developed or submitted.
15 More importantly, DMS did not include the PPS payment
16 in the rates for the bid by the MCOs. This means the
17 added cost would go to an individual clinic's Medical
18 Loss Ratio potentially making the clinic appear to be
19 less competitive on cost and reduce or eliminate a
20 clinic's ability to attain incentive payments.

21 Do you have anything you need
22 to add to that, Noel?

23 MR. HARILSON: No, sir.

24 MS. KEYSER: Thank you. So, we
25 have that on for the record.

1 And, so, then, we're down to
2 the recommendations to the MAC. Mike, do you have
3 something prepared in regard to what the Primary Care
4 TAC's recommendations would be?

5 MR. CAUDILL: At this time,
6 there will be no recommendation to the MAC.

7 MS. KEYSER: Any committee
8 members have any questions or anything else to say
9 during this business meeting?

10 MR. MARTIN: I'd like to make a
11 comment. Recently, Passport has made some mass
12 adjustments going back to 2018 and '19, and I'd just
13 like to kind of make a statement that these kind of
14 mass adjustments has really caused havoc on our
15 billing people. I know it's causing havoc on DMS
16 processing.

17 I'd like to say that it would
18 be nice for the MCOs to take into account the impact
19 and the manpower and the efforts and the resources we
20 have to spend to reprocess these because most of them
21 have to be reprocessed by hand and how much time and
22 effort it takes for the Billing Departments to go
23 back through this and make all these corrections.

24 MS. KEYSER: And, Barry, again,
25 on those kind of mass adjustments, does it typically

1 seem like it is due to an error in regard to loading
2 a fee schedule or something and, then,----

3 MR. MARTIN: Typically, that's
4 it, loading schedules.

5 MS. BATES: Barry, if you have
6 some examples of that, I'd like to see them just so I
7 can get an idea.

8 MR. MARTIN: I've got a pot load
9 of them.

10 MS. BATES: Oh, I love that.
11 That's great. The more the merrier. That way I can
12 kind of get an idea on whether or not they're
13 compliant with their contract with us and all of
14 that. So, if you could shoot me over some stuff and
15 I'll take a look at it.

16 MR. MARTIN: Okay. I can do
17 that.

18 MS. KEYSER: And, Barry, I think
19 the concern not just the amount of time and effort it
20 takes for our billing staff to deal with these
21 recoupments, but it's the length of time in which
22 they can go back and recoup for something. And at
23 the end of the day, it seems like - and, again,
24 correct me on your side because we were affected, too
25 - that the recoupments are pennies, change, just a

1 few cents here and there because it off a difference
2 of the fee schedule, but just that initiation of them
3 taking it back causes us to undo everything we did
4 initially as in the wrap payment has to be adjusted
5 again.

6 Then, the correct fee schedule
7 or payment has to occur and, then, the MCO then has
8 to send that corrected information to DMS so that we
9 can then get the wrap payment again in the adjusted
10 amount. Is that correct? Is that what you all are
11 struggling with as well?

12 MR. MARTIN: Yes, definitely.
13 And not only that, when you go back and we finally
14 have to do our reconciliation somewhere along the
15 line, that just muddies the water even more so
16 because you have that many more different processes
17 to take into consideration. Okay.

18 They paid WellCare, paid the
19 physician fee schedule for nurse practitioners.
20 They've gone back years to recoup that. The lab fee
21 schedule, like, years ago and Passport is having the
22 same issue.

23 I mean, our Billing Department
24 hasn't caught up with the last physician fee schedule
25 as far as processing. So, it's just costing a lot of

1 money to collect money that we already collected to
2 process it back and it seems like it's very
3 unnecessary.

4 MS. AGAN: I would like to add
5 to that. I would support everything that has already
6 been stated, but the administrative burden that this
7 is putting on the clinics can be monumental.

8 We have received EOBs and this
9 stuff does not run through your electronic hub and it
10 ends up being posted by (inaudible). And we have
11 received checks that we've had to - EOBs that would
12 literally take up a banker box to be that large and
13 it was all adjustments less than five cents. Some of
14 them we've had EOBs as many as three thousand pages,
15 this type of adjustment occurring in prior financial
16 periods which just creates havoc.

17 And you go in and, then, it
18 moves over to DMS and DMS is having to reprocess all
19 this and sometimes you get your wrap recouped and if
20 all works well, you'll get that paid back; but if
21 those recoupments (inaudible) different periods.
22 And, then, there are times we will never see the wrap
23 repaid which then gets tied up in our reconciliation
24 processes.

25 It is a huge, monumental

1 administrative burden on the whole system and any
2 consideration to put some types of limits or dollar
3 value to control those. And I would be happy to send
4 copies of the mass adjustments that we have received.

5 MS. BATES: If you will just
6 send those so I can kind of get an idea. The problem
7 is is we do have to - and I don't know without
8 looking at these what's going on - but we do have to
9 follow the process to be compliant with CMS
10 sometimes, too, and sometimes that's administratively
11 burdensome, but I'd hate for everything to be over a
12 few cents when it doesn't really matter.

13 So, I just need to see it, if
14 you don't mind.

15 MS. KEYSER: All right. It
16 sounds like, Stephanie, we're going to get you some
17 claim data on that recoupment and everything.

18 Does the committee have
19 anything else further under New Business or anything
20 to add?

21 It looks like the next meeting,
22 then, is November 5th. Again, we presume that we
23 will still have a Zoom meeting. So, we'll get that
24 information out to everybody.

25 If there is no further

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business, then, I will entertain a motion to adjourn.

MR. MARTIN: So moved.

MS. KEYSER: All right. Thank you all for being on the meeting and we appreciate Sharley getting the Zoom meeting going as well.

Noel, any other final remarks?

MR. HARILSON: Stephanie, if it would be okay, I'd be happy to take those examples so you get them from one entity. So, anybody from the committee who is providing examples on the last bit of discussion, if you'd like to send them to me. So that Stephanie is not having to track several emails, we can make sure that she gets those.

MS. BATES: That's perfect.

Thank you, Noel.

MS. KEYSER: Thank you, Noel.

Everybody take care and stay safe.

MEETING ADJOURNED