CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
THERAPY
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
March 14, 2023
Commencing at 8:33 a.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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1 APPEARANCES

2

3 **BOARD MEMBERS:**

4 Dale Lynn, Chair (not present)

5 Linda Derossett (not present)

6 Kresta Wilson

7 Emily Sacca

8 Renea Sageser

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1 MS. SAGESER: Okay. So we had some
2 old business, just following up from the
3 Department of Medicaid. I don't know if
4 anybody is on to speak of these issues.
5 We can just start with No. 1.
6 Follow-up from Department of Medicaid with
7 Medicaid's position on increasing the OT, PT,
8 ST fee schedule for 2023.
9 MR. DEARINGER: Hi. This is Justin
10 Dearinger. I am the acting director for the
11 division of healthcare policy. So we are
12 doing two or three different studies
13 currently at the time. We have the internal
14 study we're doing right now with all the
15 different fee schedules for OT, PT, and
16 speech as well as waiver.
17 We also are currently undergoing a
18 rate study for the 1915C home and
19 community-based service waivers. We're kind
20 of waiting on that rate study to be complete.
21 And when that rate study is complete, we're
22 going to review that with the internal
23 studies that we've completed and see exactly
24 where we are with rates and fees.
25 Once those studies are complete, we

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1 can do a comparison and then fiscal analysis
2 to see exactly where we are and fiscally what
3 we can do and where we're at with those
4 rates.
5 So that's kind of where we're at
6 right now. We're kind of just waiting on
7 that 1915C waiver study to complete before we
8 can compare and analyze all those rates.
9 MS. SAGESER: When is the
10 completion date of that, Justin?
11 MR. DEARINGER: I don't have a
12 specific date. I think it's -- I mean, we
13 were -- I think we were kind of expecting
14 that to be done already, so it's a little
15 bit --
16 MS. SMITH: It is --
17 MR. DEARINGER: Yeah. Go ahead,
18 Pam. Pam can --
19 MS. SMITH: Sorry. I was going to
20 say -- sorry, Justin. I didn't want to
21 interrupt you, but it actually -- so it has
22 been completed. It is, though, in the stages
23 of the validating the -- you know, the
24 results, the quality, make sure -- you know,
25 just looking through everything, and it's

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1 with executive staff for review. So -- but
2 the actual components of the study have
3 been -- have been completed.
4 MR. DEARINGER: So very soon, then.
5 MS. MARSHALL: This is Pam
6 Marshall. Can you explain to us what goes
7 into that study? Like --
8 MR. DEARINGER: So I'll let Pam
9 talk more about the 1915C study. And real
10 quick, I'll go over some of our internal
11 studies. So on the internal study, we look
12 at the fee schedule, the current fee
13 schedule. We look at the two different
14 provider types. We look at provider type 45
15 and 76. We look at OT, PT, and speech.
16 We look at every single code that's
17 listed on our fee schedules and then we look
18 at any rate that Medicare has and then we
19 look at multiple different states' rates. We
20 compare the same codes with multiple states
21 to the codes that we have, and we kind of
22 show those on a side-by-side comparison. And
23 then we also look at things like cost of
24 living and things like that and take those
25 analysis into effect as well.

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1 So those are the internal studies,
2 and I'll let Pam talk a little bit more about
3 the 1915C study.
4 MS. SMITH: So the 1915C study
5 looked at actually all of the waiver
6 services. Therapies were not initially
7 included because I think, as you know, based
8 on what Mary Hass had testified in the last
9 meeting, that therapies are moving out of the
10 waiver into the state plan and will just be
11 in the waiver as extended state plans.
12 But what went into the studies for
13 the waivers, it's kind of similar to what
14 Justin said, looking at states that surround
15 us, states that are similar to us, also
16 looking at what the actual cost is reported
17 by providers who provide those services to
18 1915C waiver members. So it was a study of
19 every service within the 1915C waivers.
20 MS. MARSHALL: Thank you.
21 MS. SAGESER: Yep. All right.
22 Thank you for that.
23 All right. So the next one is
24 following up on the Kentucky Medicaid
25 requiring physician signatures on the plan of

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1 care before approving PAs. Anybody on from
2 Medicaid?
3 MR. DEARINGER: Yeah. I don't have
4 a lot of updates on that one currently at
5 this time, so I'll have to get back with you
6 on that one specifically unless anybody else
7 has an update.
8 MS. MARSHALL: This is Pam Marshall
9 again. I'll just add as -- over the years,
10 we've discussed this with MCOs because it
11 sometimes is a thing that they'll try to do
12 just as an administrative piece that's very
13 burdensome and very tricky, the timelines on
14 that and trying to get physicians to sign a
15 plan of care.
16 It -- you know, the language in the
17 reg is "in collaboration with." You know,
18 that would be the quote right out of the
19 way -- reg, is in collaboration with. And
20 it's been interpreted -- because we've
21 discussed this with the Medicaid PA
22 department, that they're interpreting those
23 words to mean that the physician has to sign
24 it. But nowhere in the reg does it say it
25 has to be a signed plan of care. It just

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1 says the words "in collaboration with."
2 So we'd really like an answer to that
3 because we've been able to help the MCOs
4 understand that, you know, physicians are
5 very busy treating sick kids. And they refer
6 to us as the expert to be, you know,
7 providing therapy, and we send them our
8 updated plans and all of that.
9 But it's just -- because we don't
10 have some kind of national electronic system
11 where they can just sign it and get it back
12 to us, it just becomes, you know, trying to
13 chase it down. And it is not -- not a
14 reasonable thing, trying to get those signed
15 and back and -- without having to put the
16 child on hold.
17 Because the child is making progress,
18 and it could take two to four weeks in some
19 systems to try to get that from -- from a
20 physician. So now you've got to put the
21 child on hold, and you've got to put somebody
22 else in that spot. And maybe that family can
23 only come at that time. It just becomes a
24 huge burden that's unnecessary.
25 MR. DEARINGER: Yeah. I know -- I

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1 was just -- I wanted to say really quickly
2 we've gotten multiple issues that we are --
3 have taken up from other TACs but also just
4 from different provider groups and provider
5 requests concerning prior authorizations.
6 So we're doing multiple reviews with
7 our regulations and with prior authorizations
8 to see if there are different ways we can
9 ease -- you know, ease those burdens and ease
10 back into some of the prior authorizations,
11 specifically the ones that were cut off
12 during the Public Health Emergency.
13 So even though this is one of the
14 issues that I'm not current on, I'm sure it's
15 one of the ones that's -- now that you said
16 that, one of the ones that's being worked on
17 and being looked at.
18 I can't remember. Did you all
19 submit -- I know there was -- did you all
20 submit a recommendation on how the Cabinet
21 would verify physician collaboration on those
22 or --
23 MS. SAGESER: We did not, I don't
24 think.
25 MR. DEARINGER: Okay.

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1 MS. SAGESER: I don't recall that.
2 But if we need to, we can definitely do that,
3 if you would like for us to do that.
4 MR. DEARINGER: Well, it's just a
5 thought. I think -- for some reason, I was
6 thinking that that came from somewhere,
7 another group maybe, maybe another provider
8 type with the same issue.
9 So that's always welcome. I'll
10 definitely look into the other provider type
11 to see what they had -- what their
12 recommendation was on that because I think
13 it's similar language in their reg. But
14 absolutely, I'll -- let me look into that and
15 make sure I email that -- get an email out to
16 the group.
17 MS. MARSHALL: Yes. And you may
18 want to, you know, in the meantime, notify
19 the Medicaid PA department, you know, because
20 they're the ones kind of being sticklers on
21 that particular piece. But it definitely is
22 not clear in the reg to require that.
23 MS. PARKER: This is Angie with
24 Medicaid. Just to get clarification, you're
25 talking about fee for service or traditional

1 Medicaid as well as the MCOs? Is everybody
2 doing that, requiring the --
3 MS. MARSHALL: Correct. The MCOs
4 are not because we've communicated with -- I
5 say we, most of us on TAC who have therapy
6 companies that communicate with them.
7 Like, UHC tried to put this in recently
8 and make this a requirement. And it was one
9 of the things that when they came into the
10 state, I talked to them about when they came
11 into this state that, look, you can't --
12 because they do this in other states just to
13 cause an administrative burden and just to
14 keep therapy -- it keeps it delayed and stops
15 it. And you have less therapy happening --
16 right? -- because it's interrupted
17 constantly.
18 And what's different about our
19 services than physician services is our --
20 the children coming to us are typically
21 coming weekly.
22 MS. PARKER: Right.
23 MS. MARSHALL: And it's a huge
24 disruption to that family to have to --
25 MS. PARKER: Right. And I just

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1 wanted to get -- yeah. I just wanted to get
2 clarification if it was only traditional
3 Medicaid or the MCOs as well.
4 MS. MARSHALL: Well, the --
5 MS. PARKER: So you're saying that
6 it's traditional Medicaid that's requiring
7 this, and the MCOs are not?
8 MS. MARSHALL: Correct.
9 MS. PARKER: Okay.
10 MS. MARSHALL: Because we did get
11 UHC to change their view on this once we
12 explained to them why this was burdensome.
13 But it doesn't mean that at any time --
14 because this happens all the time. When
15 things are unclear, an MCO will automatically
16 try to start something else.
17 Just -- you know, UHC recently did
18 with one CPT code, just didn't announce it to
19 any of the providers and just said, "Well,
20 we're not paying for this code. It's not
21 medically necessary." And I said, "Wait a
22 minute. It's on the fee schedule. You can't
23 do that."
24 So that stuff happens to us all the
25 time if it's not corrected in fee-for-service

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1 Medicaid for us to be able to say, look, you
2 know, this is not a requirement. It needs to
3 be corrected in fee-for-service Medicaid
4 because everybody else follows suit.
5 MS. PARKER: Okay. All right. And
6 just as an FYI, if they change something,
7 they have to give the provider 30 days'
8 notice so --
9 MS. MARSHALL: Yes. I realize
10 that, so yes.
11 MS. PARKER: Okay. Good.
12 MS. MARSHALL: I made that
13 announcement to them.
14 MS. PARKER: Okay. All right.
15 Thank you. So it sounds like Justin is on
16 it.
17 MS. SAGESER: All right. Thank you
18 for that.
19 Okay. So the next one on No. 3 is
20 the credentialing concerns, and we had talked
21 about just streamlining the credentialing
22 process with the MCOs, some of those issues
23 there. So is there anyone that would like to
24 speak on that?
25 MR. OWEN: Good morning. This is

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1 Stuart Owen with WellCare. I don't know if
2 you're aware, but there's a credentialing
3 alliance that four -- I believe four of the
4 MCOs have contracted with, but we have not
5 gone live yet. It would be -- it's KHA
6 partnering with Verisys, I think it is. So,
7 I mean, that would definitely help, but it
8 hasn't launched yet.
9 MS. SAGESER: Verisys, how do
10 you -- is that with an F or --
11 MR. OWEN: Sorry. V-e-r-i-s-y-s.
12 MS. SAGESER: Oh, V. Okay. Thank
13 you for spelling that.
14 MR. OWEN: Sure. And I understand
15 four of the MCOs have reached, you know,
16 basically an agreement, but it hasn't
17 actually launched yet. So they will be doing
18 the credentialing for four of us.
19 MS. SAGESER: Okay.
20 MR. OWEN: And I think it's -- I
21 believe it's the four with the most volume of
22 members.
23 MS. SAGESER: Okay. All right.
24 That's -- that might be helpful. So that is
25 some update there.

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1 Does anybody have any other update on
2 that? Thank you, Stuart.
3 (No response.)
4 MS. SAGESER: Okay. Does anybody
5 that's on the TAC team have any other
6 comments for the credentialing concerns that
7 they want to add?
8 MS. MARSHALL: This is Pam again.
9 No, just that it is a, you know, burden that
10 we need to continue to look at.
11 And then the other issue is because
12 credentialing and loading and all of that is
13 so challenging, that typically, if there's
14 not a recourse when an insurance company
15 suddenly kicks your providers out of network
16 and then it takes you six months to
17 straighten it out. And it's nothing we, the
18 provider, did. It just happens in the
19 system.
20 So while looking at this, I think
21 it's very important to have some kind of
22 recourse for that, for -- you know, like a
23 timeline that they have to get it corrected.
24 Because it just seems like it drags on and on
25 and on, and I don't -- Renea, I don't know if

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1 you can speak to that as well.
2 MS. SAGESER: Yeah. I actually
3 don't know if that's happened to us. But is
4 that with MCOs, or is that with --
5 MS. MARSHALL: Yes. Yeah. MCOs.
6 MS. SAGESER: Okay. So they just
7 kick your company out of network?
8 MS. MARSHALL: Yes. It's happened
9 before where, like, randomly, they do an
10 update to their system and, somehow,
11 providers get kicked out of network. And
12 sometimes it's only, like, a small group of
13 them or --
14 MS. SAGESER: Okay. So it's not
15 your whole agency.
16 MS. MARSHALL: No. Sometimes it'll
17 be like a -- but the issue is there should be
18 a timeline to get that corrected because it
19 just seems to drag on and on and on and takes
20 a really long time to correct.
21 MS. SAGESER: Okay. So that would
22 be a question for Kentucky Medicaid. Is that
23 a legislation issue that would need to go in,
24 or is that something that would be in regs
25 for Medicaid to put in for the MCOs? I saw

1 Judy was on. I don't know if --
2 DR. THERIOT: I'm not -- I'm not
3 sure. This is Dr. Theriot. I'm not sure.
4 MS. SAGESER: Okay.
5 MS. PARKER: There are contractual
6 requirements of the MCOs regarding
7 credentialing. I'm seeing if I can find the
8 specific information on that right now, but
9 there are credentialing requirements.
10 MS. MARSHALL: Yeah. We do have
11 the 90 days, but we don't -- there's
12 nothing -- that's initial credentialing.
13 There's nothing that's holding them
14 accountable to this problem when you're just
15 humming along. You have everybody
16 credentialed, you know, and a group of your
17 providers gets -- now their claims are paying
18 as out of network.
19 And there's no timeline to get that
20 fixed. There's nothing really to hold them
21 accountable other than we're working on it.
22 We're working on it. You know, and that
23 happens. And typically, it takes, in my
24 experience, six, seven months before things
25 are straightened out and chasing claims to

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1 get reprocessed and all of that.
2 MS. PARKER: If you're -- if you
3 encountered those types of issues, you may
4 submit a complaint to our health plan
5 oversight division, and there is a link on
6 our website that has that complaint form that
7 could potentially help you get this resolved
8 quicker than six or seven months. I don't
9 know if you've ever tried that route or not
10 but --
11 MS. MARSHALL: Oh, yes. You all
12 are very familiar with our complaints.
13 Sometimes it doesn't work. I'd have to go
14 back and look at examples, but it still drags
15 on because it has to be fixed in the system,
16 you know, of that MCO.
17 MS. SAGESER: So, Angie, would that
18 be something that you guys could look at
19 putting in the rules and regulations there as
20 far as, like, if this happens, somebody has
21 been credentialed? You know, maybe it's a
22 three-month -- like no more than 90 days.
23 Is there any kind of writing that
24 could be added to that?
25 MS. PARKER: It's something that we

1 can look into.
2 MS. SAGESER: Okay. Thank you.
3 Okay. No. 4, is there any resolution
4 on Aetna not paying for the CPT 96112,
5 developmental testing?
6 MS. WILSON: So I was mistaken. It
7 actually wasn't Aetna. It was Anthem.
8 MS. SAGESER: Oh, okay.
9 MS. WILSON: So that's my bad on
10 that. I've been speaking with a lady from
11 Anthem -- I mean, I'm sorry -- Aetna about
12 that and some other issues. So she's aware
13 that it was not them for the 96112.
14 Anthem, I do need to find out why it
15 is that they're denying that, saying it's a
16 mental health code. That's what they were
17 saying. So I'm not certain. So that's not
18 resolved, obviously, because I had the wrong
19 insurance company.
20 MS. RYAN: Can you hear me? This
21 is Kathleen with Anthem Kentucky Medicaid.
22 And just yesterday, I did see some
23 communication going on about that code,
24 96112. And we did clearly state to our
25 provider rep in claims that it is a therapy

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1 billable code. I know that there is
2 information being passed on. I didn't see if
3 that was specifically what therapy provider,
4 but I know there is discussion on that.
5 MS. WILSON: Okay.
6 MS. RYAN: Thank you.
7 MS. WILSON: Thank you.
8 MS. SAGESER: Okay. All right. So
9 that was all that we had on the old business.
10 So moving on to the new business, we
11 had on here: When will the 2023 Kentucky
12 Medicaid OT, PT, speech fee schedule be
13 published?
14 MS. MARSHALL: I thought it was
15 already up --
16 MR. DEARINGER: That's what I was
17 going to say. It's --
18 MS. MARSHALL: -- last week. It's
19 up.
20 MR. DEARINGER: Yeah. It is
21 currently up, yes.
22 MS. SAGESER: Oh, is it? Okay. I
23 did not see that. Okay. I was secretly
24 hoping it was going to have a magic increase
25 in there, and that's why we weren't putting

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1 it up there.
2 All right. So, Mary, did you want to
3 say something?
4 (No response.)
5 MS. SAGESER: Okay. All right.
6 Well, is there any other new business? I did
7 have one come in on my phone here.
8 MS. MARSHALL: Yes. Renea, it's
9 me, Pam Marshall. I wanted to know if anyone
10 else was experiencing -- back in 2016, we had
11 an issue when WellCare hired eviCore and
12 began restricting prior authorizations not
13 based on the required medical necessity
14 criteria from InterQual or Milliman. And
15 it's happening right now with speech, and
16 Humana MCO has hired eviCore.
17 So it's definitely an eviCore issue,
18 but they're not following medical necessity
19 criteria. And the reason that's provided in
20 the denial is just very generic, that it
21 hasn't, you know, met medical necessity
22 criteria. But we know the criteria very
23 well, and we're looking at the documentation.
24 And the documentation is meeting medical
25 necessity criteria.

1 So I'm wondering if anyone from
2 Humana MCO can find out if they are indeed
3 following InterQual criteria or not because
4 it's not clear to the provider that they are
5 when we're, you know, requesting the reasons
6 why the prior auth is denied.
7 MS. SAGESER: And, Pam, I did ask
8 my revenue cycle director, and she said that
9 we have had some as well. And they've had to
10 contact them. She said they've been opening
11 them back up for us, but it is, again,
12 administration burden.
13 MS. MARSHALL: Yes. That's the
14 same that's happening to us, and it's
15 literally been every single one. So you
16 always know there's a big red flag when that
17 starts happening.
18 MS. SAGESER: Yep. So it has been
19 happening to us, too. So is there any --
20 MS. MARSHALL: And limiting -- the
21 other thing they'll do is they'll give a
22 prior auth for six -- or two visits or six
23 visits over a 90-day period or something like
24 that, a 12-week period.
25 MS. SAGESER: Is anyone on here

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1 from Humana that can speak to that?
2 MS. HARRISON: Hi. This is
3 Samantha Harrison with Humana Healthy
4 Horizons in Kentucky. I believe that Pam
5 Trigilio has addressed that. But, Pam, can
6 you speak to the communication you've had
7 with providers related to eviCore?
8 And we also have Kathy Kauffmann on
9 who is our associate director overseeing
10 utilization management who also works with
11 eviCore as a subcontractor. So both can
12 possibly address the questions that you're
13 having. Pam?
14 MS. TRIGILIO: Yeah. So good
15 morning, Pam Marshall. Yeah. I just sent
16 you this morning eviCore's answer on all of
17 those concerns, and I believe that is related
18 to your request for a call between eviCore
19 and our UM teams; is that correct?
20 MS. MARSHALL: Yeah. I did -- I
21 did request that.
22 MS. TRIGILIO: Okay. Yeah. They
23 gave some pretty extensive responses to what
24 you sent, so you may want to review that.
25 And then let me know if you'd still like to

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1 have that meeting, and I'd be happy to set
2 that up.
3 MS. MARSHALL: Okay. I will review
4 that. And in the meantime, if anyone else --
5 any other therapy provider is having that
6 issue, maybe we can work on it together.
7 MS. HARRISON: Kathy, would you
8 like to address the clinical criteria by
9 eviCore quickly? I believe you're on mute.
10 I can see her talking, and I don't hear her.
11 MS. KAUFFMANN: Double muted. I
12 just -- eviCore does have their own clinical
13 criteria that was sent to the Department and
14 approved. But if there is questions about
15 the specific denial reasons, we can always
16 re-broach that and send it back to you on
17 specific cases.
18 MS. SAGESER: All right.
19 MS. MARSHALL: So you're saying --
20 MS. HARRISON: And like I say, we
21 are more than happy to go ahead and set up
22 that meeting, Ms. Marshall, get it on the
23 books so that we can have a discussion so
24 happy to do that.
25 MS. MARSHALL: Yes. I would like

1 to do that.
2 So you're saying that eviCore is
3 using their own criteria that they submitted
4 to Medicaid to get approved? Because the reg
5 says it has to be InterQual or Milliman. I
6 mean, it says specifically what the -- so can
7 anyone from Medicaid speak to that? Because
8 I don't think you can go outside of that reg.
9 MS. HARRISON: Actually, we have
10 the ability based on contract to get
11 additional criteria approved by the
12 Department, and we followed that process with
13 the implementation of eviCore.
14 I'm not Medicaid, though, so I don't
15 know if there's anyone on the Department's
16 staff that can speak to that as well.
17 MS. PARKER: This is Angie with
18 Medicaid. Yes. Milliman and/or InterQual is
19 the primary for medical. But yes to what
20 Ms. Harrison -- Humana says. If Medicaid has
21 approved their criteria -- it is reviewed and
22 does -- they are able to obtain approval for
23 eviCore's criteria.
24 MS. SAGESER: And so I just wanted
25 to say, I think that right there just sort of

1 talks about the issues in itself where
2 there's so many -- and I know that we don't
3 have time to discuss this today, but this is
4 something that I know several of us providers
5 are concerned about, is that there are so
6 many different regulations for different MCOs
7 versus the Medicaid. And it's not a
8 streamline.
9 And so when we go back to looking at
10 our fee schedule and when you compare
11 Kentucky to other states, there is so much
12 more -- and I'm in three states myself, so I
13 can tell you the administration burden in
14 Kentucky is so much more than it is in
15 Tennessee and Indiana.
16 So if you're comparing states to
17 states, you have to look at administration
18 burden, too, when you're looking at our rates
19 in general because you are -- we have to have
20 so much more manpower to man Kentucky's MCOs
21 and Medicaid than we do in other states.
22 So I think that that needs to be
23 taken into consideration with these work
24 studies for financials when you're looking at
25 that. And it cannot be a comparison exactly

1 for a state-to-state rate. I did want to add
2 that.
3 I would also love for the Kentucky
4 Department of Medicaid to look at how they
5 can streamline these so that there are not so
6 many administration burdens for our providers
7 and MCOs and that they're -- you know, the
8 MCOs follow the Medicaid guidelines, and
9 they're not able to, you know --
10 It's so hard. If you have a company
11 and you have multiple locations and multiple
12 MCOs that you contract with and -- because at
13 the end of the day, you're just trying to
14 help the kids. It is so hard to understand
15 that, you know, oh, Humana changed it to
16 this. Now Anthem is doing this. Medicaid is
17 doing this. Passport is doing -- you know,
18 Molina is doing this. So there's just so
19 many things.
20 I think as a group at the TAC, we
21 would all come together to say: Is there
22 anything Medicaid can do to decrease the
23 burden and help streamline these across the
24 MCOs?
25 MS. MARSHALL: I would second that,

1 Renea. It's Pam Marshall speaking again.
2 You know, just like this example of what
3 we're experiencing now, you know, the rules
4 of prior authorization now for Humana MCO
5 with eviCore's -- with these mystery
6 standards that's been approved, you know,
7 they're also asking for developmental
8 assessment or scores or whatever. And
9 Medicaid doesn't require -- I mean, there's
10 some children that don't -- you can't
11 complete standardized scores on. So we've
12 been round and round over the years with that
13 as well.
14 And so there's not much that we can
15 do. You know, we don't have the control to
16 change the criteria that they're using. But
17 it's pretty much cutting off, you know,
18 any -- it's just a big red flag when you're a
19 provider trying to help children, and now
20 most of your PAs are being denied. And you
21 have no real reason why and no understanding
22 why.
23 I think it's just a problem that the
24 providers aren't -- the rules of the game is
25 changing, and we're not in it.

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1 MS. SAGESER: Thank you, Pam.
2 Anybody else have any other new
3 business that we have not addressed today?
4 MS. WILSON: I have a question,
5 Renea. This would be for -- well, I guess
6 it's really for everybody. It's about
7 interpreters.
8 So our understanding is that MCOs
9 have interpreters that we have access to
10 potentially, but the problem is that the
11 member has to initiate that process. So, you
12 know, there's just so many things wrong with
13 that whole setup, with getting someone who
14 doesn't speak your language to initiate
15 getting an interpreter on the phone. You
16 know, it's just a nightmare.
17 So I guess my question is: Why is it
18 set up that way, to where a member has to
19 initiate that? I mean, you know, we're
20 initiating authorizations and checking
21 benefits, and we're doing all that for the
22 member. So why can we not also do this? I
23 guess I just am unsure, so it's just really
24 difficult for us to be able to access those
25 interpreters.

1 MS. SAGESER: Is there anyone on
2 that could potentially help address that at
3 the MCO level in Medicaid?
4 MR. OWEN: I mean, this is Stuart
5 Owen with WellCare. I just know that we have
6 to provide interpreters. I don't -- I'm not
7 aware of a requirement that it absolutely has
8 to be the member that initiates and the
9 provider or provider staff can't assist the
10 member. I'm not aware of that. I can
11 research it, but I'm not aware of that.
12 MR. DEARINGER: And this is Justin
13 Dearinger with Medicaid. We'll -- I'll
14 definitely take that back as well and get you
15 all an email and see what we can do.
16 MS. HARRISON: We can -- this is
17 Samantha Harrison with Humana. We can share
18 with the TAC the information that we've
19 shared with other TACs on interpreter
20 services that we offer, if you would like.
21 MS. WILSON: Yes. That would be
22 great. Do I need to put my email in the
23 chat, or are you going to send that out to
24 the group?
25 MS. HARRISON: I would send it out

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1 to Kelli Sheets to distribute.
2 MS. WILSON: Okay. Thank you.
3 MS. SHEETS: Thank you, Samantha.
4 MS. HARRISON: You're welcome.
5 MS. WILSON: I do have a question.
6 Justin, I guess this would be maybe for you.
7 If we are lucky enough to get an increase on
8 the fee schedule, would that be something
9 that would be backdated to January 1 of 2023?
10 MR. DEARINGER: No. So if we
11 decide that the -- you know, during that
12 analysis that that's something that we can do
13 moving forward, then it would start from
14 whatever date it was -- you know, that it was
15 changed. It wouldn't be -- it wouldn't retro
16 back to January 1st. So the fee schedule
17 that came out for 2023 is what's on January
18 1st, and any increase would be from that
19 point moving forward.
20 MS. WILSON: Okay. Thank you.
21 MR. DEARINGER: You're welcome.
22 MS. SAGESER: Is there any other
23 new business?
24 MS. OWENS: Hi. Can you all hear
25 me?

1 MS. SAGESER: Yes, ma'am.

2 MS. OWENS: Sorry. I was speaking,

3 but no one could hear me a second ago. This

4 is Holly Owens, and I'm with Anthem.

5 Just to touch on interpreter services

6 for Anthem, we do have a form that providers

7 can fill out. And they send it to our -- and

8 they can fax it to our case management

9 department, and they set up those interpreter

10 services.

11 So I can get more information on that

12 and then we can pass it along to you guys,

13 too, with the vax information and the form

14 that you all can have.

15 MS. SAGESER: Okay. Thank you.

16 MS. OWENS: Thank you.

17 MS. ROPER: And this is Crystal

18 with Passport. We have a whole -- we

19 actually just created a whole kind of sheet

20 that explains how you can request different

21 types of interpreters, whether that be in the

22 office for a face-to-face, ahead of time for

23 an appointment, things like that.

24 Providers can request it by calling

25 in, so I will share that with Kelli Sheets to

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1 be distributed as well.
2 MS. SAGESER: Okay. All right.
3 Once Kelli gets that to us, we will get that
4 out to the providers. We'll get it out to
5 our different associations there.
6 Okay. Does anybody else have any
7 other new business?
8 (No response.)
9 MS. SAGESER: Thank you, Holly.
10 Okay. With that being said, our next
11 Therapy TAC meeting is going to be Tuesday,
12 May the 9th, 8:30.
13 And would anybody want to -- I guess,
14 I don't know, Holly, do I need to -- or not
15 Holly. Do I need to have somebody approve
16 the ending? This is my first time to do this
17 meeting, so I apologize. Or do we just
18 adjourn?
19 MS. SHEETS: Renea, it's Kelli.
20 You did not approve the minutes, so if you
21 can go back.
22 MS. SAGESER: Okay.
23 MS. SHEETS: And I would just ask,
24 in order to comply with open meeting laws,
25 for all of the TAC members, if you're voting,

1 to please have your camera on during the vote
2 on those minutes. And then no, you do not
3 have to have a motion to adjourn.
4 MS. SAGESER: Okay. Okay. So --
5 MS. SACCA: Renea, I make a motion
6 to approve those minutes from last --
7 MS. SAGESER: Thank you, Emily.
8 All right. Yes. So this is my first time to
9 do that, so I did not do that. So I
10 apologize, so thank you. Okay. All right.
11 So the minutes have been approved.
12 And, Kelli, can you give your email
13 there for Crystal?
14 MS. SHEETS: Yes, I can.
15 MS. SAGESER: Okay. All right.
16 And then everybody else, I hope you guys have
17 a great day. Hopefully it will warm up soon,
18 and thank you guys for being a part of this
19 meeting. And I will go ahead and adjourn.
20 (Meeting concluded at 9:10 a.m.)
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2 C E R T I F I C A T E

3

4 I, SHANA SPENCER, Certified

5 Realtime Reporter and Registered Professional

6 Reporter, do hereby certify that the foregoing

7 typewritten pages are a true and accurate transcript

8 of the proceedings to the best of my ability.

9

10 I further certify that I am not employed

11 by, related to, nor of counsel for any of the parties

12 herein, nor otherwise interested in the outcome of

13 this action.

14

15 Dated this 23rd day of March, 2023.

16

17

18 *_/s/ Shana W. Spencer_*

19 Shana Spencer, RPR, CRR

20

21

22

23

24

25