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DEPARTMENT OF MEDICAID SERVICES
THERAPY SERVICES
TECHNICAL ADVISORY COMMITTEE

September 10, 2024
8:30 a.m.

Stefanie Sweet, CVR, RCP-M
Certified Verbatim Reporter

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A P P E A R A N C E S

TAC Members:

Dale Lynn, Chair
Linda Derossett
Kresta Wilson
Emily Sacca
Renea Sagaser
Elise Kearns

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MS. BICKERS: Good morning.

This is Erin with the Department of Medicaid. It is not quite 8:30, and we are clearing out the waiting room, so we will give it just a moment before we get started.

Good morning. It's 8:30 and the waiting room is clear.

And Renea, I believe that you are steering this bus this morning?

MS. SAGESER: We will do our best this morning.

MS. BICKERS: All right. I will hand it over to you.

MS. SAGESER: All right. Good morning, everybody. We are going to start by -- was everybody able to look at the minutes from July 9th, and did you have any concerns or do we have anybody who would make a motion to approve?

MS. SACCA: Renea, I will make a motion to approve.

MS. SAGESER: Okay, thank you, Emily.

Do I have a second? Okay. Do I

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have a second? I'm not sure if that was
you, Kresta.

MS. BICKERS: I believe Kresta
raised her hand.

MS. WILSON: Yes.

MS. SAGESER: Okay. So we will
say the minutes are approved then. Thank
you.

Let's go into Old Business and
see if we have any follow-up from the
state. I think Dale had asked this
question the last time we were on. Do we
have any findings about increasing the PT
OT Fee schedule? This is something we are
all anxiously waiting to hear from.

Good morning, Justin.

MR. DEARINGER: Good morning.
How are you all?

MS. SAGESER: We are great.
Beautiful weather.

MR. DEARINGER: Yes, it is.
So currently, that is still
ongoing. No news for the findings for the
increase on the fee schedule.

MS. SAGESER: Are you waiting

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for Christmas? Are we going to get this at Christmas? All right. I'll keep talking to Santa Claus.

All right. The next thing is the therapy diagnosis code that we were talking about potentially bypassing after the 20-visit limit due to just medical diagnosis. These are listed here.

Justin, is there anything else? Is there something that we think is going to move forward? Anything else on our end?

MR. DEARINGER: No. We had asked your all's assistance, so we just wanted to give you all time to look at this. If there was anything you wanted to add or discuss, then we had, kind of, our own listing that we are finalizing right now before we send that proposal forward, so this is just, we wanted to just make sure that you were good with this list as a final list from your all's perspective and get your all's feedback before we move forward in the process.

MS. SAGESER: Was Down syndrome

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going to be on here as well? I'm not seeing it on this particular list, but I thought we did talk about that. Maybe I am missing it. I'm not seeing it. I don't think.

MR. DEARINGER: I didn't have that on this list, but we can look at that one.

MS. SAGESER: Okay.

Does anyone else see anything else that might, potentially, need to be looked at?

MS. SACCA: Justin, I don't know if I sent that to you or not, now that I am looking at the list. But was there any consideration in relation to lymphedema for that diagnosis, especially acute flareup?

MR. DEARINGER: I don't remember that, but we can look at that. And if you think of anything else as this is going through the process, just shoot me an email.

MS. SAGESER: What is the timeframe on this process, Justin?

1 MR. DEARINGER: Well, all
2 processes are different. So any time we
3 do a policy change like this, it goes
4 through a review process. Most of the
5 time, since it is a fairly significant
6 policy decision, we'll send this to the
7 Commissioner's office and they will decide
8 whether or not to send that to the
9 Secretary's office or not. So it just
10 kind of depends on those two things. I
11 would think that we will have a decision
12 at some point, within the next 30 days, or
13 so.

14 MS. SAGESER: Okay. Thank you.

15 MR. DEARINGER: You're welcome.

16 MS. SAGESER: I don't think we
17 had any other old business at this time
18 based on the agenda. So we are going to
19 move on to New Business. We have quite a
20 bit of new business this month.

21 The first one, I will just jump
22 into that. So Passport, following the
23 initial 20 visits, really started in
24 August, we started noticing this, I think
25 several other companies reached out to me

1 also noticing it. The authorizations
2 versus just getting another 20 visits or
3 they were really denying a lot of those,
4 and referencing more rehabilitation
5 guidelines, and not habilitation. So I
6 know -- I did, personally, get to talk to
7 Passport, and they had offered up a
8 meeting to discuss this with any company
9 or agency or provider who wanted to be a
10 part of that meeting, so if someone would
11 like to -- I don't know if there is
12 anybody from Passport -- I see Crystal is
13 on this morning.

14 What would be the next thing,
15 Crystal, is it to put our name in the chat
16 if we would like to set up that meeting,
17 with everyone together, like, we will set
18 up a provider meeting?

19 MS. ROPER: Good morning. Yeah,
20 I'm sorry, I was trying to get off of mute
21 there.

22 Yes, please. You can put your
23 names in the chat, or I can also put my
24 email address in the chat, as well, and
25 you can shoot me an email. Either way,

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and we can coordinate with you guys if needed.

MS. SAGESER: I think there were several who wanting to be part of that meeting and again, at this time, if anybody wants to put their email in the chat, then we will make sure Crystal has that, so that we can all jump on that meeting. I will go ahead and put mine in there as well, just to be part of that as well, Crystal.

MS. ROPER: Absolutely. Thank you.

MS. SAGESER: All right. So for that, specifically, I think there were -- I think we were just trying to again, Crystal, get some guidance of what we were referring to more so in the guidelines, making sure that it was habilitation and not just rehabilitation. So I think there has been some movement there, and I think there, maybe, has been some progress, so it might not be as big of an issue, but I believe that there are still some concerns. All right. Does anybody want

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to say anything else about that?

MS. MARSHALL: I will chime in.
It is Pam Marshall. What I would be interested in hearing in that meeting, is we understand that it is a table that the physicians are using, and we have, as providers, no known, we don't understand what that table -- I assume data is being entered and it is spitting out the number of visits; however, we don't understand how habilitation is measured within that table, and believe it's not being measured, but what can Passport provide that shows us that it is not a strictly rehabilitative table, versus a habilitative table.

MS. SAGESER: Yeah.

And Nicole just said she is having some difficulty with the mute button, so if you have topics for that we can go from there.

I think, once you are interested in being a part of that, Nicole, I didn't see that you were on, Nicole, so thank you for jumping on. She has been very helpful

1 in trying to make sure we are figuring
2 that out, so I appreciate that. I think
3 we all appreciate that. We will get -- in
4 the next week or two weeks, to set up a
5 meeting time, if that works for everybody.
6 And I know Dale was wanting to be part of
7 that, too. Dale is out of the country
8 right now, so I know he will want to be
9 part of that meeting.

10 The next one is translation
11 services no longer being provided by MCOs.
12 We're just starting to see -- again, in
13 the past, there was the information that
14 MCOs work to provide translation services
15 for members that needed that. And being a
16 business owner, just to give this example,
17 we are seeing in our Bowling Green area --
18 I will use this as an example -- a lot of
19 patients that are refugees that are coming
20 in and they have just a variety of
21 different languages that are not your
22 typical language, maybe, that we would
23 have a translation provider easily
24 accessed. So you are having to call an
25 interpreter line just to go through that

1 if you need to get medical background,
2 really find out what is going on and talk
3 to that mom. You can talk to that mom for
4 20 or 30 minutes. Most of the translation
5 service phone lines are, like, \$1.20 to
6 \$1.60 per minute for these services. So
7 if you take in on top of that, what you
8 are getting for the evaluation, you might
9 be losing money by taking a child that has
10 these significant language barriers that
11 desperately need our services, so we added
12 this on here because we do feel that this
13 is an issue that, again, not having an
14 increase since we have been in business
15 with Medicaid, I mean, not having some of
16 these things, it is really affecting the
17 way that we are providing services, and so
18 we wanted to add this to New Business to
19 see if there's anything that the state can
20 do, anything that we can get creative
21 with, if any of the MCOs want to chime in
22 here to help us; but at the end of the
23 day, it is hard for us to give out
24 services to individuals and still be able
25 to pay our employees and pay for our rent

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and all of these things, so that is why this is added to bring it to the state to see what we can do to help the situation.

MR. OWEN: Renea, this is Stuart Owen with WellCare. I am not aware of any MCOs doing away with translation services. I know we haven't. I have heard the Commissioner, Commissioner Lee, talk about that DMS is contemplating a single number for interpreter service translation that would be used for the entire Medicaid program. That is just something that they are thinking about. I have heard that, but we still have interpreter services. I'm not aware of any other MCO that stopped having that. Are you actually seeing that or experiencing that?

MS. SAGESER: Well, in the past -- so for example -- yes, we are seeing it and experiencing it. So in the past, say we have WellCare and we call WellCare to get a translator, WellCare says that they only provide it to tell a patient where services -- like they help, but they aren't necessarily helping us

1 during our therapy session. It's on us,
2 as providers, to provide that. I know in
3 the past, for example, we used to be able,
4 with Passport, to call and a translator
5 would help us during that session, they
6 are no longer providing that service. So
7 we have to, then. provide it on top of
8 that for that patient. Does that make
9 sense?

10 MR. OWEN: So during the actual
11 clinical --

12 MS. SAGESER: Yes.

13 MR. OWEN: I was totally not
14 aware of that at all. That is news to me.
15 I will definitely investigate at WellCare
16 to see if that is the case.

17 MS. SAGESER: Okay.

18 MR. OWEN: I am not at all aware
19 of that.

20 MS. SAGESER: Yes.

21 MS. BASHAM: This is Nicole. I
22 finally got my mute resolved.

23 Are you experiencing that with
24 Passport, as well?

25 MS. SAGESER: Yes, we are.

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MS. BASHAM: I will take that one back for you.

MS. ROPER: And also, just to add, too, this is Crystal with Passport. I actually have a flyer that provides the phone numbers that you can call with the company that we use, Lobo, for you all to set up that translation service and actually have it during the session as well.

So Renea, can I send that to you and would you be able to share that with the group?

MS. SAGESER: Yes, yes. I will get that to the group.

Crystal, I will email you and Nicole, specifically, because I know that that has actually been one of our bigger ones, so I will email you, specifically, with what we have been told.

MS. ROPER: That would be great. Thank you. And just to clarify --

MS. BASHAM: We will get that addressed. Thank you.

MS. SAGESER: And then, just to

1 clarify, and this was something I wanted
2 from the state, so Justin, or I see
3 Jennifer is on here. Is the MCO -- so
4 just to clarify for us -- are the MCOs
5 supposed to provide translation services
6 during the therapy session for part of it
7 if the parent needs -- if they have
8 communication barriers? We don't typical
9 have them in the whole session, but if
10 there is needed for evaluation or
11 following up after the sessions to talk
12 about home exercise programs and
13 carryover, is that something, who is
14 responsible for providing that service?

15 MR. DEARINGER: Is there anybody
16 from the MCO branch on?

17 MS. BICKERS: I was looking. I
18 will try and ping somebody and see if they
19 can hop on really quick, but I do have it
20 on our takeback email if I can't get
21 somebody on quickly.

22 MR. DEARINGER: I don't really
23 want to answer that. MCO contracts are
24 not my specialty. I don't want to
25 misspeak. I will say that we have

1 fee-for-service translation services, two
2 different areas. One is mainly for
3 members and enrollment and eligibility,
4 and the other one is for members to assist
5 with other types of services and care, so
6 I think Mr. Owen is correct. We are
7 trying to look into, maybe, one specific
8 provider for all, but right now it is a
9 little fragmented, so we do have that for
10 fee-for-service, as well.

11 MS. SAGESER: Okay. And I did
12 just put in there, in the contracts
13 between DMS and MCOs, there is a
14 requirement, C. 20.0 enrollee service
15 provisions; 20.1, which states the
16 appropriate language. That was sent to me
17 from the state, so we can put that in
18 there for everybody to have that, as well.

19 MS. OWENS: Renea, this is
20 Holly with Anthem -- I'm sorry. I don't
21 want to cut you off.

22 MS. SAGESER: No, you are good.
23 I was just saying it was put in there for
24 you guys to have that.

25 MS. OWENS: Okay. Thank you.

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At Anthem, we do provide interpreter services on a daily basis. We get those requests pretty often. Are you experiencing that with Anthem, as well?

MS. SAGESER: I will verify my list here, but the email I did receive said that the majority of the MCOs were pushing back on providing that service, so I will send that -- I can get that to Erin so that she can get that out to everyone.

MS. OWENS: Okay, and we also have a flyer, too, that we can email to you, as well, with all of the information and the phone numbers. It's really simple with Anthem. The provider can fill out the form and fax it to us and we set that all up for you.

MS. SAGESER: Okay.

MS. BICKERS: If any of the other MCOs have flyers they can share, everybody can send that to me, and I can send that to the TAC as a whole.

MS. SAGESER: That would be great.

MR. IRBY: And where are you

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posting that language? That contractual language? I don't see it in the chat.

MS. SAGESER: Oh, sorry. I thought I put it in the chat. Let me make sure. It says it is too long -- my message was too long. I couldn't send it. Sorry.

MR. IRBY: Gotcha.

MS. SAGESER: Let me do that right here. Let me just see if I can copy part of it.

MS. BOSA: Hey, there Renea, it is Jill. I just want to offer - I am seeing in the chat a lot, here, that the MCOs are offering interpreter services, and just to be clear, what we are seeing is there are interpreter services being offered to assist with signing up for plan, enrolling in a plan, or if they have questions about their plan, but we are not, we are getting pushback for any assistance, like, with treatment sessions and whatnot.

MR. IRBY: Right. This is Greg at UHC. I will make sure that I look into

1 this further. To Suzanne's point, Suzanne
2 posted, we try to offer translation
3 services as often as we can, but I believe
4 the specific language is about our
5 internal operation, so when a member calls
6 and needs to speak with somebody about
7 their insurance, then we will absolutely
8 offer translation services. Also, if they
9 need written materials translated, we
10 would do that. So when it comes to the
11 provider's office, I know that there is
12 provider responsibility in that as well,
13 as part of the participation with Medicaid
14 regulations, but I would need somebody
15 like Justin, or the department, to speak
16 to more of that.

17 MS. SAGESER: Yeah, and I think
18 that is what we are saying right here. Do
19 you go by Greg or Gregory? One of the
20 things that we are saying is, when you
21 provide that service on top of what we are
22 contracted with, with our MCOs, we are not
23 even able to pay our therapist. It is
24 costing money to see that child, and we
25 again, cannot afford to be in this

1 situation. So if that is what is -- we
2 have been told that UHC says this -- that
3 they will provide helping set them up for
4 a plan, or transportation, or things like
5 that, but then, as far as the therapy,
6 they do not provide that. We need to work
7 with the state, and that is what I am
8 trying to figure out if that is an MCO
9 issue or a state issue. We have to figure
10 out to come up with a plan for our
11 providers, because as providers, we can't
12 afford to continue to do this. We can't.
13 Without the increases, where, you know,
14 with inflation, we are losing providers
15 left and right. We are losing -- so we
16 have to come up with a solution, here,
17 with that. That's why I was trying to
18 figure out what the state is requiring for
19 the providers, and then from there, if
20 it's not required, how can we come up with
21 a solution so that we can all get the
22 service for our kids. So that is what I
23 am trying to figure out, right now.

24 MR. DEARINGER: Renea, I think
25 you have a two-part question. And so we

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will work with our MCO branch and look at the specifics of those contracts, and then we will also look at, you know, look at some other ways that we may be able to solve that issue, too, so we will definitely take that back and keep this as a topic on the agenda for next meeting and we will discuss it and have some solution by then.

MS. SAGESER: Okay. And maybe is a modifier that we put on, if that is needed, and the state is able to give a supplement for that specific service. I'm not sure what that solution could be, but I am just trying to think outside of the box here, to help all of the providers, because that is a burden. So thank you.

Okay. The next thing is CPT 92551, hearing screens not covered by Medicaid and MCOs. I am not sure who posted this one, so if you are on and this was a concern, do you want to chime in here?

MS. WILSON: I think it was me, Renea, but it has been awhile since we

1 were having and I don't have specific
2 issues. I can get those, like, where they
3 are happening, but I just know that in
4 general, that wasn't something being
5 covered. It not like it's a high paying
6 code, but if we are paying to have
7 audiometers calibrated every year and we
8 are using them and we are doing the
9 screenings as part of the evaluations,
10 that is something that we want to be
11 reimbursed for. So, yeah, if somebody
12 needs specific examples I will have to dig
13 those out.

14 MS. SAGESER: Kresta, do you
15 know, one thing that we will probably need
16 to look at it, does Medicare reimburse,
17 does CMS reimburse for that code as well?
18 We can do a little research, and Justin,
19 do you know?

20 MR. DEARINGER: They do. We did
21 some research and we did this code, we
22 never covered before through speech
23 therapy, we covered it through our
24 audiology fee schedule, but it wasn't
25 covered through that. So what we have

1 looked at, we have made a decision to add
2 that to the 2025 fee schedule, so it will
3 be there January 1st, 2025. As you all
4 know, it is cost prohibitive to add codes
5 outside of those few times when we change
6 those throughout the year. Specifically,
7 the main time that we change those in
8 January, and we try to do another look and
9 change sometime in April to May for
10 mistakes or issues, and that is usually
11 it, as it costs us quite a bit of money to
12 make those changes in the system outside
13 of those two major changes. So we have
14 researched that code and decided to add
15 that for you all for the 2025 fee
16 schedule. It will be on there on January
17 1st.

18 MS. SAGESER: That was like a
19 stocking stuffer, Justin. I like it.

20 The next one is EviCore is not
21 loading WellCare patients into the system
22 correctly, making them ineligible for
23 services, therefore no PA is obtained.

24 I'm going to let Pam talk about
25 this one. I think you are on mute.

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MR. OWEN: This is Stuart with WellCare. Sorry. May we investigate -- I thought I would say this on the front end -- we investigated and we discovered that we did have a problem back in August and it has been remedied and fixed, so it should not continue to happen.

MS. SAGESER: Great.

MR. OWEN: So I will just say that on the front end that, yes, that was a problem.

MS. MARSHALL: So Stuart, what is the process to get the back issues resolved for providers? Who should they contact?

MR. OWEN: I would start with your provider relations rep.

MS. MARSHALL: Yeah, we have done that.

MR. OWEN: On this particular issue?

MS. MARSHALL: Yeah, yeah. And children have actually lost therapy, have had to stop therapy, because there is no way to obtain the PA, and the provider rep

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is not successful in that process in a
timely manner.

MS. SAGESER: Pam, do you care
to explain, just again, making sure,
because I believe this happened to other
agencies, too, could you care to explain
what the issue was just to make sure, so
that we can go back and review.

MS. MARSHALL: I believe,
Stuart, and you may correct me if I'm
wrong, that it is a communication issue
between WellCare and of EviCore. And
EviCore, when a patient has had WellCare,
it has been no problem obtaining the PA,
but when a patient has switched, or been a
new WellCare member, that they are not
loading the member correctly, so there is
no way on EviCore's website to obtain a
PA, because it will say that the member --
we recognize the member, but then you go
to obtain the PA, and it is like you are
not allowed to get a PA for that service.
So there has been no way to get a prior
auth, and no resolution to getting that
prior auth.

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MR. OWEN: It was about a week and half ago that I was told that it was resolved, I believe in late August.

MS. MARSHALL: It went on for a couple of months.

MR. OWEN: Yeah.

MS. SAGESER: So those patients who are, sort of, in limbo right now, what did they need to do, Stuart, to be able access those services.

MR. OWEN: Well, I was told that it was fixed, and that everything should be okay now, and that was about a week and a half ago, so it should not continue to be a problem. If it is, then obviously, it is not fixed.

MS. MARSHALL: Okay. Well, how about this? I will double check with my team and see if all of those issues have been resolved as of today, and if not, I will reach out to you, directly.

MR. OWEN: Great. Do you have my email?

MS. MARSHALL: I do.

MR. OWEN: That sounds good.

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MS. SAGESER: Awesome. Thank you, guys.

Okay. Are there any other issues from the TAC members or anyone else on this phone call from the public who would like to come forward?

All right. So TAC members, do we have any recommendations that we would like to take to the MAC? I don't think we have any at this time. I do think that once we get back from some of that new business we might have some recommendations to take, but I don't think we have any at this time.

I do, personally, want to say that sometimes we have hard conversations on here, and I just really appreciate everybody being a part of this from all of the different MCOs in the state. And I work in several different states, and not every state has this TAC, so having this ability today, I just want to say thank you, and I am very grateful that this is something that Kentucky provides.

Thank you, guys, for jumping on

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and Erin, I will turn it back over to you.

MS. BICKERS: Okay. Sorry,
excuse me. If nobody has anything, I
guess I will see you guys in November. I
was able to grab some of the information
in the chat for the TAC, and I also tried
to grab some of the email addresses for
Crystal and Nicole, so I will get all of
that information out to everybody after
the meeting.

MS. SAGESER: Okay. Thank you,
Erin.

Thank you, guys. You all have a
great week.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 12th day of September, 2024

 /s/Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M