

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

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

July 9, 2019
8:30 A.M.
Public Health Building
Conference Room C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Beth Ennis
CHAIR

Renea Sageser
Dale Lynn
(via video)
Linda Derossett
(via video)
TAC MEMBERS

Judy Theriot
Sharley Hughes
David Gray
MEDICAID SERVICES

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APPEARANCES
(Continued)

Lisa Lucchese
Sammie Asher
Colleen Smith
AETNA BETTER HEALTH

Holly Owens
ANTHEM

Pat Russell
WELLCARE

Rachel Vowels
Justin Radford
PASSPORT

Amy Cummins
HUMANA-CARESOURCE

Hilary Armstrong
FOUNDATION HAND &
PHYSICAL THERAPY

Appearing Telephonically:

Kathleen Ryan
ANTHEM

Pam Marshall
MARSHALL PEDIATRIC THERAPY

Karen Wight
WIGHT SPEECH & LANGUAGE
SERVICES

Scott Sageser
ASSOCIATES IN PEDIATRIC THERAPY

AGENDA

Review and Approval of May Minutes

Old Business:

1. Any precertification issues currently?
2. Codes - should have been updated correctly
3. Aetna and OT - Update? Was information sent to Aetna?
4. Telehealth regulations - Update
5. Any update on Medicare rules such as PT/TPA team seeing more than one patient at a time? Confusion on whether Kentucky Medicaid was requiring these rules which would make treatment impossible in many clinics

New Business:

6. Other New Business from TAC Members

Public Comment

Recommendations to the MAC

1 DR. ENNIS: It's 8:31. So, we'll
2 go ahead and get started. If we can go around the
3 room and just do introductions for the recording there
4 and then we'll go to the video and then we'll go to the
5 phone just to make sure we've got everybody.

6 (INTRODUCTIONS)

7 DR. ENNIS: I apologize for sending
8 out the agenda with yesterday's date on it. It was a
9 Monday. I did not get the May minutes.

10 MS. HUGHES: I sent them out
11 yesterday back to you.

12 DR. ENNIS: I'll look again. I'll
13 check my spam folder.

14 MS. HUGHES: Because I sent you an
15 email and had the minutes attached and said that the
16 call-in number was correct.

17 DR. ENNIS: I got the call-in
18 number was correct but I didn't see an attachment.
19 Now, I could have missed it because, again, that's the
20 way yesterday was.

21 MS. HUGHES: I thought I put the
22 attachment. Maybe I didn't. I might be wrong there.

23 DR. ENNIS: It's all good.

24 MS. HUGHES: Yesterday was a
25 Monday, remember.

1 DR. ENNIS: Yes, ma'am. There it
2 is. It's there.

3 MS. HUGHES: Oh, there was an
4 attachment?

5 DR. ENNIS: Yes.

6 MS. HUGHES: Oh, good.

7 DR. ENNIS: Therapy transcript, got
8 it; okay. Did someone else just join us on the phone?

9 (INTRODUCTION)

10 DR. ENNIS: So, I will send those
11 out just for the TAC to look at and make sure that
12 there are no suggested corrections and, then, we can
13 forward those on.

14 Any pre-cert issues that TAC
15 members have heard of to date? I had not received any.

16 MR. LYNN: None that I'm aware of.

17 MS. SAGESER: I'm looking at an
18 auth issue but----

19 DR. ENNIS: Okay. I'm going to put
20 those down to New because that came up since the last
21 meeting.

22 I'm just going to throw this out
23 for the Anthem folks because I know you guys are not
24 implementing the AIM pre-cert on the Medicaid side. I
25 know it is going out on the commercial side and it's

1 been pushed.

2 It's been a disaster nationwide.
3 So, they've backed the push date up on the commercial
4 side to August 1.

5 we would strongly support not ever
6 putting that on the Medicaid side just because of the
7 problems that have happened. So, I'm just throwing
8 that out to my Anthem folks.

9 I did get a call that the codes
10 were updated on our fee schedule. And those should be
11 retroactive back to January because we did get some
12 calls about that.

13 And Sharley clarified for us in
14 that whole email loop that those were supposed to be
15 January 1 effective dates. And, so, that was across
16 the board. Has anyone had any problems with the new
17 codes?

18 MS. WIGHT: I have.

19 DR. ENNIS: Karen, you have?

20 MS. WIGHT: Yes.

21 DR. ENNIS: What challenges have
22 you had, Karen?

23 MS. WIGHT: I believe our
24 challenges are with Aetna at this point and they still
25 do not give the updated rate for speech pathology.

1 DR. ENNIS: Okay. Have you
2 forwarded examples of those?

3 MS. WIGHT: No, but I can. My
4 office manager has been in contact with Aetna.

5 DR. ENNIS: Okay.

6 MS. WIGHT: She's, of course, not
7 here today, unfortunately.

8 DR. ENNIS: That's okay.

9 MS. WIGHT: Our issue is that Aetna
10 is -- Aetna actually reimburses less than all of the
11 other MCOs.

12 I was under the understanding that
13 that was consistent for Medicaid but they reimburse
14 less and they actually--they sent something out that
15 said that we could not bill the retro, and, so, we are
16 having an issue with that at this end.

17 DR. ENNIS: And you've been working
18 with your Aetna rep on that?

19 MS. WIGHT: Yes, ma'am.

20 DR. ENNIS: Do you know who the
21 Aetna rep is?

22 MS. WIGHT: No. Again, my office
23 manager is not here and she has all of that
24 information.

25 DR. ENNIS: Okay. If you can

1 forward that to me, I will get it to our Aetna folks in
2 the room here so that they can look into it.

3 MS. WIGHT: Okay.

4 DR. ENNIS: You have my email, yes?

5 MS. WIGHT: Yes.

6 DR. ENNIS: Pam, was yours a
7 similar issue with the codes?

8 MS. MARSHALL: Yes. Just overall,
9 I think the MCOs need to be informed that they have to
10 pay those rates as of January 1, 2019. There are
11 several that state they have "x" number of days to
12 update and they say they don't have to go back.

13 we had one actually tell us that
14 they didn't receive the new rates until April and they
15 have "x" number of days, and as of April 30th is when
16 they were processing claims with the new rate. So, I
17 think there's some confusion that the TAC needs to
18 clear up with them.

19 DR. ENNIS: I think that message
20 got sent out after we forwarded the last issue up the
21 chain, but we can make sure that that goes out again.
22 The other thing that I'm hoping ---

23 MS. HUGHES: Aetna, are you all
24 telling them that they can't file back to January 1?

25 MS. ASHER: No. We're taking ours

1 back to January 1.

2 MS. HUGHES: Okay.

3 MS. ASHER: And it's in

4 process----

5 MS. HUGHES: So, that should not be
6 an issue?

7 MS. ASHER: ----the new rate. So,
8 what we'll do, we'll do claims projects and it will
9 retro back to when the State dropped the effective
10 date, January 1. We always go by the State's effective
11 date.

12 DR. ENNIS: And I think it's been
13 some other MCOs, too, that they've had challenges with.
14 So, I think we've gotten the word out based on the last
15 email that you sent.

16 MS. HUGHES: Okay.

17 DR. ENNIS: I am hoping that with
18 the process that we're trying to put in place with
19 getting information to the Cabinet in our September
20 meeting, verifying in the November meeting before the
21 schedule gets posted in January that we're not going to
22 hit this again but we'll keep trying.

23 MR. GRAY: This is David Gray with
24 the Cabinet. Yes, certainly, and we've shared this
25 with other practice areas outside of therapy.

1 Optometry is another area where this comes into play.
2 The sooner you know because it takes about 90 days
3 with regard to codes to load through DXC and get
4 everything in.

5 So, if we got that information in
6 September. So, collectively, within speech,
7 occupational and physical therapy that you know these
8 codes are going to change with----

9 DR. ENNIS: Relative certainty.

10 MR. GRAY: ----great certainty
11 January 1, get us that information - the earlier the
12 better - ideally, on or before October the 1st because
13 we're going to, again, make some process changes with
14 regard to how we're getting code information in.

15 And, then, we'll deal with those
16 that, you know, like that are issues. Like in '19, we
17 want to reduce that number of codes that are recurring.

18 DR. ENNIS: That have to keep being
19 reposted----

20 MR. GRAY: Right.

21 DR. ENNIS: ----because they get
22 posted as session versus timed.

23 MR. GRAY: Yes.

24 DR. ENNIS: I think our limiting
25 factor on that is going to be CMS and when they drop

1 their information. So, sometimes we don't get it until
2 October or November for January.

3 MS. HUGHES: Right.

4 MS. HUGHES: Which also creates the
5 issue with us getting that because retro January.

6 DR. ENNIS: So, as soon as we get
7 anything, we will let you know.

8 MR. GRAY: And the other thing,
9 we've identified that over the years, the databases
10 just kept adding codes, adding codes, adding codes and
11 we've done that for a lot of years, and a lot of those
12 are not current codes.

13 So, we're going to do a clean-up on
14 that so that database becomes more manageable and
15 easier to manipulate and that's a good thing in terms
16 of the speed in which we can update it.

17 So, those are some changes that
18 we've identified really through input, frankly, from
19 this TAC and from the Optometric TAC.

20 DR. ENNIS: If we can help. If you
21 want to shoot us a list, certainly the collective minds
22 on the TAC can look through the codes and see what's
23 still usable and what's not, we're happy to help with
24 that.

25 Okay. We've had this recurring

1 theme with Aetna and OT. I know some things were
2 supposed to get sent to Aetna. I'm getting head shakes
3 from my Aetna folks that they never received anything.
4 Are we still having issues with prior auth with OT with
5 Aetna?

6 MS. ASHER: I think it was due to
7 the mental health diagnosis maybe is what we were
8 waiting on.

9 DR. ENNIS: Some of these were
10 straight OT kids.

11 MS. ASHER: Straight OT kids.

12 DR. ENNIS: And they were being
13 denied due to not covering sensory but there was
14 nothing sensory in the eval.

15 MS. ASHER: Yes. We'll need
16 examples of that.

17 MS. HUGHES: Okay. This is
18 something that's been on the agenda now since I took it
19 over in January.

20 DR. ENNIS: Right.

21 MS. HUGHES: So, who is supposed to
22 be sending Aetna information?

23 DR. ENNIS: Dale, did you send
24 anything in?

25 MR. LYNN: No, I didn't.

1 DR. ENNIS: Pam, did you send
2 anything?

3 MR. LYNN: I did not.

4 MS. MARSHALL: I'm sorry. Did I
5 send anything where? To you all?

6 DR. ENNIS: Yes.

7 MS. MARSHALL: I do not think that
8 I did. I know Dale and I touched base about it but I
9 can.

10 DR. ENNIS: Please do so that we
11 can get this taken care of and off the agenda.

12 MS. HUGHES: Okay, because if it's
13 an issue, then, I would think you all would have
14 already sent this in.

15 DR. ENNIS: I know they've been
16 dealing with Aetna individually; and as a group, OT has
17 had meetings with them just trying to make sure that
18 things are getting out.

19 MS. HUGHES: But if they're not
20 getting----

21 MS. ASHER: We do meet with them
22 individually, but as far as the auth standpoint, to
23 keep it from happening, Lisa would need those examples
24 to see why it's hitting.

25 DR. ENNIS: Right. She needs to

1 get those examples. So, please forward those so that I
2 can get them to them.

3 MS. HUGHES: Otherwise, if it's not
4 that important that it's not been sent since January,
5 I think we need to go ahead and take it off the agenda
6 because we've been asking this question on this since
7 at least January.

8 DR. ENNIS: Right. The only reason
9 it's still on the agenda is we were still getting
10 feedback that it was happening on an ongoing basis.

11 MS. HUGHES: Right.

12 DR. ENNIS: As far as the
13 telehealth regs, so, they did go into effect July 1.
14 However, we are sending some comments in. They put out
15 the E-reg with the regular reg to pair with it and we
16 are going to send some comments in on that because
17 there are some concerns, but they did pull back the
18 memo.

19 And I'm hoping our providers got it
20 because we did send it out through three associations
21 not to use the modifiers at this point because the
22 process was very confusing and that was one of the
23 things we were going to comment on in that letter.

24 So, they are just saying to use the
25 02 location code to designate telehealth, but,

1 otherwise, don't worry about the other modifiers right
2 now to designate originating source and that kind of
3 thing.

4 MS. SAGESER: which can be
5 confusing if you're working with an MCO that's
6 requiring you to put the modifier on it.

7 DR. ENNIS: Correct. So, I guess
8 the question goes out to the MCOs. Are you guys
9 putting that process on hold as well?

10 MS. ASHER: I have not heard that
11 we're putting it on hold, but I'll check on it and let
12 you know.

13 DR. ENNIS: Okay. If we can get
14 some clarifying information from the MCOs to put out to
15 our constituents on what modifiers you want them using,
16 that would be wonderful because the verbiage in the
17 memo from the Cabinet was confusing.

18 Most of the federal regs----

19 MS. MARSHALL: Beth----

20 DR. ENNIS: Hang on, Pam. Most of
21 the federal regs talk about the originating source
22 being the patient and they were talking about the
23 originating source being the provider. And, so, it was
24 very, very confusing and that's why it got pulled back
25 so that they could clarify some of that when they put

1 out the next set of instructions, but I'm understanding
2 that the MCOs are still using some of it, and, so,
3 being very clear about which modifiers you want them to
4 use and based on what.

5 MS. ASHER: Aetna released a fax
6 blast. I'll forward it to you.

7 DR. ENNIS: That would be great.

8 MS. ASHER: I just don't want your
9 claims kicking back looking for a modifier.

10 DR. ENNIS: Right, so that we can
11 put out to our constituents that the MCOs do still want
12 the modifiers used and what those are.

13 MS. ASHER: Right. I'll send it
14 over to you, Beth.

15 DR. ENNIS: That would be great
16 and, then, I'll send it to the rest of the TAC.

17 MS. SAGESER: It would be nice if
18 we make a spreadsheet with their requirements and be
19 able to send that out. I can help on that.

20 DR. ENNIS: Yes. Passport, are you
21 guys requiring----

22 MS. VOWELS: I've got the other
23 letter.

24 MS. SAGESER: what did you say?
25 I'm sorry.

1 MS. VOWELS: I've got your letter
2 of what they're requiring.

3 DR. ENNIS: So, we can add that.
4 wellCare.

5 MS. SAGESER: So, they're not
6 requiring it?

7 MS. VOWELS: No. I said I hadn't
8 seen that.

9 DR. ENNIS: Pat, do you know what
10 wellCare is doing?

11 MS. RUSSELL: We are using place of
12 service, too.

13 DR. ENNIS: Okay, and not requiring
14 a separate modifier for provider?

15 MS. RUSSELL: No.

16 DR. ENNIS: Okay. Anthem.

17 MS. OWENS: I'll have to check.

18 DR. ENNIS: Okay, that would be
19 great. Humana.

20 MS. CUMMINS: I do not know yet.

21 DR. ENNIS: Okay. If you can find
22 out and just send those to me, that would be great and,
23 then, we can put together a Fact Sheet with everything
24 on it to send out to constituents. I'm sorry, Pam.
25 What were you going to say?

1 MS. MARSHALL: Renea actually hit
2 the nail on the head.

3 DR. ENNIS: Good.

4 MS. MARSHALL: Thanks, Renea. Just
5 that each MCO, they don't have their processes down.
6 So, I was wondering if there was a certain timeline or
7 anything because, as we all know, when there's new
8 things introduced, sometimes you can provide that
9 service and bill for it but the process isn't there and
10 we may not get paid and just the whole problem is
11 confusing when you can't get clear direction from the
12 MCO.

13 DR. ENNIS: So, hopefully, we'll
14 have that information soon and we can put something
15 together and we'll send it out through KPTA, KSHA and
16 KOTA.

17 MS. MARSHALL: Great.

18 MS. SAGESER: Passport was asking
19 for the modifier and an example would be a
20 practitioner's office to residence, residence to
21 another therapeutic site or physical. They were asking
22 for those modifiers.

23 DR. ENNIS: Okay.

24 MS. SAGESER: PT modifier.

25 DR. ENNIS: Number five for Old is

1 still on there because I don't know that we've ever
2 gotten----

3 MS. HUGHES: The answer is DMS has
4 no plans to change our current policy on therapy
5 services.

6 DR. ENNIS: But we didn't get the
7 current policy. So, people don't know are they using
8 CMS's rules under Medicare for a group or for seeing
9 two Medicaid patients at the same time.

10 MS. HUGHES: Were you seeing
11 Medicaid patients more than one at a time prior to----

12 DR. ENNIS: It depends on the
13 setting. If it's an outpatient setting, then, it's
14 possible.

15 MS. HUGHES: Okay. Send me
16 specifically what the question is and I will get you
17 the answer.

18 DR. ENNIS: Okay. I appreciate
19 that. TAC folks, anything new?

20 MS. SAGESER: So, we have the
21 wellCare authorization issue. So, wellCare, we get
22 auth through eviCore and wellCare denies every claim
23 because they want a wellCare auth and they have no way
24 of getting that.

25 So, we have to send a spreadsheet

1 to Jason Mingess and he has to manually push these
2 through. So, then, we have delays in funds and we've
3 had no resolution.

4 So, they're asking for these
5 eviCore but, then, they're denying them after they get
6 them.

7 MS. RUSSELL: Are you putting the
8 eviCore also on the claim?

9 MS. SAGESER: Yes and they're not
10 wanting that. They wanted their own wellCare number
11 and they're not giving it. EviCore----

12 MS. RUSSELL: And Jason has some
13 examples?

14 MS. SAGESER: Jason Mingess has all
15 of them. We have to manually give him a spreadsheet
16 every time.

17 MS. RUSSELL: I'll get with Jason
18 and we'll get that.

19 MS. SAGESER: Okay.

20 MS. ARMSTRONG: We had that issue
21 previously, and I had to work probably for six months
22 with a rep about getting all of that figured out. It
23 was a mess.

24 DR. ENNIS: So, this is an ongoing
25 issue, Pat.

1 MS. RUSSELL: Okay.

2 MS. SAGESER: And Passport was
3 recently bought out by----

4 MS. VOWELS: Evolent.

5 MS. SAGESER: Evolent, and we were
6 told that they're going to be going away from eviCore.
7 Is that correct?

8 MS. VOWELS: There was an E-news.
9 I actually had it brought up before I brought up the
10 other one. There was an E-News that was just sent out
11 maybe last week - I can go back to it - just kind of
12 stating our new auth process starting August 1st.

13 So, all these changes will happen
14 August 1st. Anything prior would still be with eviCore
15 but August 1st will be in-house.

16 DR. ENNIS: I was going to say it's
17 an internal process now?

18 MS. VOWELS: Yes.

19 DR. ENNIS: Okay.

20 MS. SAGESER: So, with it being
21 August 1st, that's really soon. So, are we going to go
22 back to the old way of like just sending because I just
23 don't want it to become August----

24 MS. VOWELS: There's a phone number
25 and fax number. You can fax your authorizations or

1 call for an authorization. It's on the bottom of the
2 E-news and I'm looking for that date. I sent it to
3 some of my providers, the E-news. I sent it to you.

4 DR. ENNIS: Can you forward that to
5 me as well?

6 MS. VOWELS: Yes.

7 MS. MARSHALL: Rachael, it's Pam.
8 Can you clarify that the current prior authorizations
9 through eviCore will continue, or are you saying that
10 all patients have to submit for new prior authorization
11 as of August 1st?

12 MS. VOWELS: We're honoring
13 anything you received from eviCore, and, then, anything
14 from 8/1 forward would go through Evolent in-house.

15 MS. MARSHALL: Okay.

16 MS. VOWELS: We're honoring
17 anything through eviCore previously, and there's always
18 a run-out with them anyway. So, we'll have them and
19 their information.

20 DR. ENNIS: So, once their six-
21 month or whatever runs out, the new recert would go
22 through in-house.

23 MS. HUGHES: So, will you all be
24 obtaining rollover information from them or how will
25 you know that the prior auth has already been issued?

1 MS. VOWELS: Well, I mean—
2 DR. ENNIS: Those numbers go on the
3 claim, right?
4 MS. VOWELS: Yes. So, that
5 information would be on the claim, but, also, like
6 before we moved from our previous system, we had like a
7 run-out time where we could go in still and we can look
8 up those authorizations. So, we'll have access to go
9 in and log in and see that but you just won't be
10 calling them or going through them online to receive
11 those.
12 MS. HUGHES: Okay.
13 MS. VOWELS: And, then, back to
14 your question. You said----
15 MS. ARMSTRONG: Like what sheet do
16 we----
17 MS. VOWELS: What sheets, okay,
18 because that wasn't clear on the E-News. I'll get that
19 and I will get that over to you.
20 And, so, Beth, I can send the E-
21 News and then the answer.
22 DR. ENNIS: If you send me both,
23 that would be great.
24 MS. SAGESER: And, then, of course,
25 the other----

1 MR. SAGESER: This is Scott with
2 Associates in Pediatric Therapy. That E-news from
3 Passport stated that twenty visits each will be allowed
4 without an authorization for PT, OT and speech therapy
5 services.

6 MS. VOWELS: Yes.

7 DR. ENNIS: Correct. They're
8 adopting fee-for-service.

9 MR. SAGESER: So, authorization
10 will be after the twenty.

11 DR. ENNIS: Correct, and that we
12 did get.

13 MS. VOWELS: That was the exciting
14 part of the E-news, everyone.

15 DR. ENNIS: Absolutely, because it
16 makes it much easier when things go along the same
17 lines because that's what fee-for-service is doing.

18 MS. SAGESER: So, we are seeing
19 some positive momentum. However, we were told long ago
20 our contracts were going to be loaded and corrected and
21 they're still not.

22 MS. VOWELS: Crystal is still
23 working with you on that.

24 MS. SAGESER: But she hasn't
25 responded to us.

1 MS. VOWELS: She's on vacation.

2 DR. ENNIS: Are you good?

3 MS. SAGESER: Yes.

4 DR. ENNIS: Dale, any issues from
5 your end that you've heard from constituents?

6 MR. LYNN: No, nothing other than
7 the things that Pam discussed.

8 DR. ENNIS: Okay. Linda, what
9 about you?

10 MS. DEROSSETT: Not at this time.

11 DR. ENNIS: Okay, great. And we
12 got yours forwarded on and taken care of. Okay.
13 Anything else? Do the MCOs have any concerns?

14 MR. SAGESER: This is Scott again.
15 I do have a couple of things that were brought to my
16 attention.

17 DR. ENNIS: Okay.

18 MR. SAGESER: Credentialing with
19 wellCare and Humana-CareSource, we've been working with
20 wanda wyatt with wellCare and been delayed it seems
21 like several months getting loaded into wellCare's
22 system there with some credentialing.

23 And, then, we moved from Joy Davis
24 to Katie Shacklett with Humana-CareSource and some of
25 our loads are approaching a year now. So, we can send

1 over any type of documents we need to.

2 DR. ENNIS: That would be great
3 and, then, I can forward them on.

4 MR. SAGESER: Who do we send that
5 to?

6 DR. ENNIS: Send them to me, Scott,
7 and I'll forward them to the reps. Our CareSource and
8 wellCare reps in the room are writing down names so
9 that they're keeping track of who you've been working
10 with. If you can shoot them to me.

11 MR. SAGESER: Okay. I'll get it to
12 Renea and Renea can get it to you.

13 DR. ENNIS: Perfect.

14 MS. WIGHT: This is Karen Wight.

15 MS. MARSHALL: This is Pam.

16 MS. WIGHT: I'm sorry.

17 DR. ENNIS: Go ahead, Pam.

18 MS. MARSHALL: So, I just want to
19 second that, what Scott is saying. Overall, there's
20 got to be a way that the TAC can work with Medicaid to
21 encourage the MCOs to have a more streamlined process.

22 If we're submitting credentialing
23 to the State for Medicaid with that online portal, it's
24 confusing why it's taking so long. It's just so
25 burdensome on the provider to continue to go past the

1 90 days. Claims are paying wrong that entire time.
2 And, then, to go back and clean it up, it's more work
3 for everybody and it's just exhausting. It happens
4 every single person you credential with at least
5 several MCOs.

6 So, there's got to be a better way
7 that this could be streamlined for the whole state.

8 MR. GRAY: This is David Gray with
9 the Cabinet. So, through some different laws, there is
10 a process to where we're going to be reducing the
11 number of credentialing bodies that the MCOs are using.
12 So, it would be no more than three. Probably the
13 minimum would be two, no more than three.

14 There will be an RFP sent out soon,
15 and I've been saying that, unfortunately, for a while
16 now but it is in the process to have the entities.

17 The Kentucky Hospital Association
18 will be one of the credentialing bodies. I know
19 they've already got contracts with I think some of the
20 MCOs.

21 The Primary Care Association would
22 be a second credentialing body. You guys may know them
23 - Precision Healthcare Delivery out of Louisville - and
24 there possibly could be a third entity.

25 So, that will reduce the number of

1 entities involved in the process. So, I would think
2 that that should be up and going by calendar year 2020.

3 MS. SAGESER: Can I ask you a
4 question?

5 MR. GRAY: Yes.

6 MS. SAGESER: Are we going to have
7 to go through them, then, to be credentialed? Is that
8 what you're saying?

9 MR. GRAY: So, you would go into
10 the Partner Portal and, then, you would select the
11 credentialing body that you want to----

12 MS. SAGESER: Do you know----

13 MR. GRAY: Whichever MCO has
14 selected that credentialing body.

15 DR. ENNIS: This came up in
16 discussions with the MAC probably five years ago, if I
17 remember correctly.

18 We understand that Medicaid needs
19 additional information outside of what an organization
20 like CAQH uses. However, most of us have gone through
21 credentialing and are in the CAQH portal anyway.

22 So, with the initial provider
23 portal doing all the background checks that are
24 additional, would it not just make sense to have that
25 as an easy way to verify credentialing because it keeps

1 all that other information in there, and you've got to
2 update it every 90 days. I just got my emails
3 yesterday.

4 MR. GRAY: I'll have to say I'm not
5 familiar with that level of specificity, but everything
6 would drive through the Partner Portal.

7 DR. ENNIS: Right. It's just it's
8 one more body to go to.

9 MS. SAGESER: You're not familiar
10 with CAQH?

11 MR. GRAY: I mean, I know what it
12 is, but in terms of how it interfaces with the overall
13 credentialing process in terms of how the MCOs use
14 it----

15 DR. ENNIS: Most of the commercial
16 insurances use CAQH as their credentialing body.

17 MS. ARMSTRONG: Most of the MCOs
18 do, too.

19 MS. ASHER: Aetna does. We do
20 verify with CAQH.

21 MS. SAGESER: I know in the Red
22 Tape Initiative which I see on your jacket, this would
23 be an amazing, huge thing across the board for health
24 care, across the board for hospitals.

25 DR. ENNIS: Because it's something

1 most of us are using. I would say 99% are using it
2 already if they're working with third-party payors.

3 MR. GRAY: Well, what I would ask
4 is if one of you maybe would just put out a couple of
5 paragraphs, email it to me.

6 DR. ENNIS: I will shoot it to you.

7 MR. GRAY: The merits of that and
8 let's see how it could possibly fit with what we've
9 already got.

10 Again, in this past Legislature,
11 there was actually two. There was House Bill 69 that
12 was Ken Fleming's bill in this last. If I called out a
13 number, it seems like it's ---

14 DR. ENNIS: It was one of
15 Alvarado's bills, wasn't it?

16 MR. GRAY: It was actually Steve
17 Meredith's. It was a Senate bill. 110?

18 MS. HUGHES: I'm not sure.

19 MR. GRAY: So, there are two. So,
20 there was Bill 69 and, then, Senate bill----

21 DR. ENNIS: 110 or 112, something
22 like that.

23 MR. GRAY: By Steve Meredith that
24 clarified some language that was needed to be
25 identified from Ken Fleming's bill in 69.

1 DR. ENNIS: I'll shoot you a couple
2 of paragraphs, absolutely, but it would be huge.

3 MS. SAGESER: Huge, huge across the
4 board----

5 DR. ENNIS: For healthcare
6 professionals in general.

7 MS. MARSHALL: Beth, this is Pam.
8 To all the MCOs in the room, you can look at this from
9 a business perspective - I know those of you who are
10 reps that deal with us, the provider - how much time
11 and money it will save your MCO to streamline this
12 process because all the reps are tied up with we
13 providers going now you've got to fix this, now you've
14 got to do this, you know, all the claims projects and
15 the reprocessing. It would save a lot of money,
16 honestly.

17 DR. ENNIS: I can work on that when
18 I get to the office today.

19 MS. SAGESER: I would assume that
20 there are other states that are utilizing the CAQH.
21 And, so, I will offer to help do some research to see
22 if we can find some other states that already
23 streamline this process.

24 DR. ENNIS: If you can dig for
25 that, I'll start putting a couple of paragraphs

1 together and we can add that in and, then, I'll send it
2 to David.

3 MS. SAGESER: This would be an
4 amazing project underneath your all's umbrella.

5 MS. HUGHES: I think what David is
6 saying is it's already being worked on and
7 streamlined----

8 MS. SAGESER: But it's not going to
9 be streamlined. What we're saying is we still have to
10 do CAQH.

11 DR. ENNIS: It would be a separate
12 portal. And if you haven't put the RFP out yet----

13 MR. GRAY: Which we have not, no.

14 DR. ENNIS: It might be a way to
15 save some money.

16 MS. SAGESER: And this might be a
17 solution across the board and it would save the State,
18 save everybody time. I mean, this would be a huge. It
19 would be amazing. We would all cheer and have cookies
20 and cake.

21 MS. ASHER: It's going to be great,
22 but us, as Aetna, even when the Partner Portal gets
23 going, we will still rely on CAQH to pull that
24 information.

25 DR. ENNIS: Sure. And since

1 providers are already loaded in there----

2 MS. ASHER: It's just a great
3 database of your information.

4 DR. ENNIS: Absolutely. It makes
5 it so much easier.

6 MS. RUSSELL: But instead of doing
7 it for five MCOs at a minimum, it's one. So, that
8 helps right there alone.

9 DR. ENNIS: I've had my CAQH for
10 fifteen years, updating it every 90 days, and all of my
11 third-party commercials go there and verify and move
12 on.

13 MS. SAGESER: We can get together
14 and have some meetings.

15 DR. ENNIS: Yes. Karen, you had a
16 comment.

17 MS. WIGHT: My question was in
18 regard to credentialing and the expensive delay. So,
19 with the CAQH aspects, they're absolutely magnificent.

20 DR. ENNIS: Okay. So, you got a
21 unanimous vote in the room, David.

22 MS. ASHER: I think every provider
23 in the state would agree but they have to update those
24 as well as us because that's where we get our
25 information.

1 DR. ENNIS: The administration at
2 the time -- and, like I said, this was I think five
3 years ago, my second year in this place - came back
4 with but we need more information than what CAQH
5 houses, which is what you guys are collecting on the
6 portal.

7 MR. GRAY: Right.

8 DR. ENNIS: So, it would make sense
9 now to use this as a secondary piece that everybody is
10 already engaged with. So, we will put that together.

11 Any other new stuff? Technical
12 term.

13 MS. WIGHT: This is Karen Wight. I
14 just have one question.

15 DR. ENNIS: Go ahead.

16 MS. WHITE: I'd like something
17 clarified. Are the MCOs required to use the same
18 Medicaid rate for reimbursement for all codes? Is it
19 universal across the state, or are they all allowed to
20 choose their own reimbursement rate?

21 DR. ENNIS: My understanding is
22 that they have to provide the services that are covered
23 under Medicaid but they are allowed to negotiate their
24 own rates with individual providers, and I'm getting
25 head nods from just about everybody in the room.

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MS. HUGHES: That's correct.

MS. WIGHT: But they have to provide the services that are covered under Medicaid.

DR. ENNIS: At a minimum. They can go above and beyond; but if it's covered under State Medicaid, if it's part of the State Plan, then, it has to be covered through the MCO but they are allowed to negotiate their own rates.

MS. WIGHT: We are having an issue with Aetna on that and I will go ahead and forward you all those notes tomorrow as soon as my office manager is back and we get all of our information together.

DR. ENNIS: Okay. That sounds great, and I'm going to collect cards before folks leave the room so I make sure I get the right information to the right people.

Anything else? All right. Hearing crickets, our next TAC meeting is September. And I've got to pull it up. I think we were again dodging -- I think it's set for the 10th.

I know that I have had some concern just with most of the TACs meeting this second week, and a lot of people tend to pick Tuesday. It's really hard to get Cabinet folks to these meetings, and I appreciate the Cabinet folks that are in the room right

1 now. Thank you.

2 would anyone be - and we've got
3 plenty of notice. So, I think we can move it even
4 though it's set on the 10th. Anyone opposed to moving
5 it to the 3rd? It's the day after Labor Day. I know
6 that's a rough day, but I'm just trying to decrease the
7 stress on some of our Cabinet staff.

8 MS. HUGHES: We're okay.

9 DR. ENNIS: You're okay with the
10 time?

11 MS. HUGHES: Next year, I am going
12 to try to get some of the TACs that are meeting in this
13 week period to shift either before or after because it
14 just really makes it impossible. This also happens to
15 be, I believe, the week that during the interim LRC,
16 instead of having meetings all during the month,
17 they're picking them one month.

18 So, this is the same week and I
19 think we have five meetings that staff has to attend
20 over at LRC this week, plus, I think there's six or
21 seven, eight TAC meetings this week.

22 DR. ENNIS: Well, since it's posted
23 on the website, we'll go ahead and leave it for now.
24 I know it's only July but it's going to come quicker
25 than we think because in November, we'll set our

1 schedule for next year.

2 MS. HUGHES: Right.

3 DR. ENNIS: So, be thinking about
4 days of the week. I'd like to at least have two weeks
5 between us and the MAC just to have turnaround time for
6 minutes and that kind of thing but we can look at what
7 days of the week work better for people. Can we go
8 back to that first week of the month kind of thing and
9 be thinking about it.

10 MS. SAGESER: So, we're going----

11 DR. ENNIS: We'll stay with the
12 10th.

13 MS. SAGESER: I have one more
14 question. Did we find out if it was approved?

15 DR. ENNIS: No. We have no word
16 yet on video. I don't think Beth has heard anything
17 from the Attorney General yet.

18 MS. HUGHES: She's got it on the
19 agenda for the MAC meeting. I did look online and I
20 did not see an opinion that had been issued.

21 DR. ENNIS: We're still using it,
22 but I can't say we have a quorum until we get the
23 official word. So, if we get the word, yes, we do.

24 MR. GRAY: And that was Senate Bill
25 110.

1 DR. ENNIS: 110. Yes, ma'am.

2 MS. WIGHT: Karen Wight. I just
3 have one more question with regard to the progress that
4 has been made with adjusting rates for the CFY speech
5 pathologist. Where are we on that?

6 DR. ENNIS: My understanding is
7 that they are allowed to bill under their supervising
8 speech pathologist number at this point and they're
9 just not being credentialed separately.

10 MS. SAGESER: That's correct. So,
11 you shouldn't be using them as your billing provider.
12 It should be either----

13 DR. ENNIS: Their supervising
14 speech.

15 MS. SAGESER: ----the supervisor
16 that meets with them and signs off on all their
17 documentation, and the documentation has to be signed
18 off within 48 hours based on the new regulations.

19 MS. WIGHT: What about the speech
20 pathologists that we hire in an outpatient clinic? Can
21 they bill with us? Can they bill under my number, or
22 do we have to wait for four months before they----

23 DR. ENNIS: If they're not in CFY,
24 then, you have to get them credentialed.

25 MS. SAGESER: You have to get them

1 credentialed but there is a mentorship--like we have a
2 mentorship process in place within our facility. We
3 have a supervisor. Their supervisor bills off on them
4 until they're credentialed. So, even if they're not a
5 CF, we have a supervisor for them that meets with them,
6 bills off on their documentation and helps with their
7 patients. Does that make sense?

8 MS. WIGHT: Yes, it does. I just
9 was interested in how you would define your mentorship.

10 DR. ENNIS: I'm going to get the
11 two of you together to discuss that.

12 MS. SAGESER: It's something our
13 company, in particular, did. I can get you that.

14 DR. ENNIS: Karen, I'll shoot you
15 Renea's email.

16 MS. WIGHT: Thank you so much.

17 DR. ENNIS: Is the MAC the 25th?
18 I'm just clarifying.

19 MS. HUGHES: Fourth Thursday.

20 DR. ENNIS: That's the 25th. Okay.
21 Good. I will be at that. Is it Dr. Theriot?

22 DR. THERIOT: Yes..

23 DR. ENNIS: I pronounced it
24 correctly?

25 DR. THERIOT: Very good.

1 DR. ENNIS: Good. I did want to
2 introduce Dr. Theriot because this is her first time at
3 one of our meetings. She is the new Medical Director
4 because Dr. Liu went to Columbus. So, we welcome her.
5 Thank you for being here today.

6 I will be at the MAC on the 25 and
7 we will be back here on September 10th. If there are
8 issues between times, please send them to one of the
9 TAC members. and we'll send things up the chain as we
10 go.

11 MS. HUGHES: Can I make a
12 recommendation that you all get Beth----

13 DR. ENNIS: I'm grabbing cards
14 before they leave the room.

15 MS. HUGHES: Because, then, when
16 you all have issues----

17 DR. ENNIS: We can go straight to.

18 MS. HUGHES: If it's one provider
19 or something like that, then, they need----

20 DR. ENNIS: And that's what I've
21 been doing. I just don't have direct contact
22 information yet. So, I want to make sure I get them.
23 All right. Thanks, guys.

24 MS. HUGHES: whoever is supposed to
25 send Aetna that information on OT, get that. I'd like

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to get that off the agenda.

DR. ENNIS: Thanks, guys.

MEETING ADJOURNED