

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

IN RE: THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

May 14, 2019
8:30 A.M.
Public Health Building
Conference Room C
275 East Main Street
Frankfort, Kentucky 40601

APPEARANCES

Beth Ennis
CHAIR

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

MOORE COURT REPORTING SERVICES

Rita S. Moore
74 REILLY ROAD
FRANKFORT, KENTUCKY 40601
(502) 223-3507

APPEARANCES
(Continued)

Sharley Hughes
David Gray
MEDICAID SERVICES

Lisa Lucchese
Sammie Asher
AETNA BETTER HEALTH

Holly Owens
ANTHEM

Rachel Vowels
PASSPORT

Amy Cummins
HUMANA-CARESOURCE

Hilary Armstrong
FOUNDATION HAND &
PHYSICAL THERAPY

Chris Heldman
MODINA

Appearing Telephonically:

Kathleen Ryan
ANTHEM

Pam Marshall
MARSHALL PEDIATRIC THERAPY

Cathy Stephens
HUMANA-CARESOURCE

AGENDA

1. Call to Order
2. Establishment of a Quorum
3. Review and approval of previous meeting minutes
4. Old Business
 - a. Any precertification issues currently?
 - b. Have incorrectly posted codes been corrected?
97112, 97113, 97116, 97124
 - c. Aetna and OT - update? Was information sent to Aetna?
 - d. Telehealth regs - reviewed and PT sent comments - no response to date to comments
 - e. Any update on Medicare rules, such as PT/PTA team seeing more than one patient at a time? Confusion on whether KY Medicaid was requiring these rules which would make treatment impossible in many clinics
5. New Business
 - a. New requirement regarding level-of-care reporting? Is this required for certain Medicaid recipients?
 - b. Other New Business from TAC members
6. Public Comment
7. Recommendations to MAC
8. Adjournment

1 DR. ENNIS: We don't know if we
2 can call it a quorum because I haven't heard back
3 from Beth Partin on if she's gotten a ruling from the
4 AG yet. If she did and we're okay, then, we have
5 one. So, did anybody have any corrections to the
6 minutes from the last meeting?

7 Then, pending whether we know we
8 have a quorum or not, we'll accept those minutes.

9 So, TAC members that are here in
10 the room, Renea Sageser; myself, Beth Ennis, the
11 Chair. On video, Dale Lynn, TAC member from OT;
12 Linda Derossett, TAC member from OT. And, then, I
13 think the only person on the phone right now is Cathy
14 Stephens from Humana-CareSource. Correct?

15 MS. STEPHENS: Yes. I didn't
16 hear anybody else speak.

17 DR. ENNIS: I didn't either.
18 Okay. So, then, let's go around the room for other
19 people that are in the room for the minutes.

20 MS. ARMSTRONG: Hilary Armstrong,
21 Foundation Hand & Physical Therapy.

22 MS. HUGHES: Sharley Hughes,
23 Medicaid.

1 MS. LUCCHESI: Lucy Lucchese,
2 Aetna.

3 MS. OWENS: Holly Owens, Anthem.

4 MR. HELDMAN: Chris Heldman,
5 Molina.

6 MR. GRAY: David Gray, Cabinet
7 for Health and Family Services.

8 DR. ENNIS: So, our first thing
9 under Old Business is actually going to tiptoe into
10 New Business as well.

11 And I'm kind of glad that we have
12 an Anthem rep in the room. Before we step into that
13 piece, has anybody had continued precert issues other
14 than the Aetna sensory one that we know we're dealing
15 with and that will come up next? Okay.

16 The one tiptoe towards New
17 Business that I want to go to before we get to the
18 Aetna issue, PT was told by Anthem commercial that
19 they were shifting to a new in-house precert group.

20 MS. ARMSTRONG: Yes.

21 DR. ENNIS: AIM, that is due to
22 start, it's either June 1 or July 1. I don't know
23 that we've confirmed a date.

1 MS. ARMSTRONG: I think it's July
2 1 is the memo we got.

3 DR. ENNIS: July 1 was the memo
4 you got?

5 MS. SAGESER: We've started it in
6 Indiana.

7 DR. ENNIS: Yeah. It's been
8 started elsewhere in the country, and it has not been
9 a pleasant experience.

10 MS. SAGESER: No.

11 MS. ARMSTRONG: Is it worse than
12 OrthoNet?

13 MS. SAGESER: It's worse.

14 MS. ARMSTRONG: Oh, great. So,
15 Anthem commercial said Anthem Medicaid was going
16 to---

17 DR. ENNIS: No. Anthem
18 commercial is using it. We want to find out is
19 Anthem Medicaid using it.

20 MS. OWENS; No.

21 DR. ENNIS: Just so that ---

22 MS. OWENS: WE do all therapy
23 in-house.

1 DR. ENNIS: Just so that we could
2 have a heads-up if certification processes were
3 changing or anything like that, because they were
4 saying this was an in-house component as well.

5 MS. SAGESER: Kentucky wasn't on
6 even the commercial when it got started in June. So,
7 are you sure---

8 DR. ENNIS: It is. It came
9 across PT, yeah. They had a call with Anthem on the
10 30th of April.

11 MS. OWENS: I will confirm with
12 my management, but as far as I know and I'm a lead
13 for authorizations.

14 DR. ENNIS: It's not going to
15 affect Medicaid. It's just the commercial side.

16 MS. OWENS: It's not, but I'll
17 confirm that. And, Sharley, I'll let you know.

18 MS. HUGHES: Okay, thanks.

19 DR. ENNIS: The hope was that,
20 similar to how we worked through things with eviCore
21 and made that a better process, if we had issues, we
22 could do the same here, but we just wanted to know
23 was it going to be rolling out in Medicaid as well so

1 that we could let our constituents know.

2 MS. OWENS: As far as I know,
3 that's not the case, but, like I said, I'll confirm
4 and let you know.

5 DR. ENNIS: Okay. We did see the
6 codes that were posted incorrectly as visit versus
7 timed. I didn't have a chance to check. Has anyone
8 checked to see if those have been corrected to timed
9 codes?

10 MS. ARMSTRONG: They're not
11 online.

12 DR. ENNIS: They're still listed
13 as visit codes online?

14 MS. ARMSTRONG: Yeah. I was just
15 looking it up.

16 DR. ENNIS: Okay. So, Sharley,
17 who should I send a note to in the Cabinet? Is it
18 Charles?

19 MS. HUGHES: Yes.

20 DR. ENNIS: Okay. I will send an
21 email to Charles and copy you to try and get those
22 up-to-date, because, again, the challenge is that the
23 MCOs use the fee schedule that's posted online. And,

1 so, when they're posted incorrectly, ---

2 MS. HUGHES: And I will repeat
3 this again. MCOs, ---

4 DR. ENNIS: Don't have to.

5 MS. HUGHES: --- you do not have
6 to use our fee schedule.

7 DR. ENNIS: But they do.

8 MS. HUGHES: In fact, I think
9 they've been told probably at this point several
10 thousand times.

11 DR. ENNIS: I know, but they do.
12 And, so, we want to make sure that's corrected, and
13 that's part of the challenge we had with the January
14 1 was to try and keep that from happening but we'll
15 keep working.

16 My Aetna person, did information
17 get sent to you?

18 MS. LUCHESE: No.

19 DR. ENNIS: Dale, did you send
20 any information? I know we had a gentleman here last
21 time and it was supposed to go to him. Do you know
22 if anything was sent?

23 MS. LUCHESE: I was at the last

1 TAC meeting and I gave mine ---

2 MR. LYNN: No, there was not. I
3 actually missed the last meeting. I apologize.

4 DR. ENNIS: Okay. I think Pam
5 Marshall was on the phone at the last meeting and she
6 was also having similar concerns.

7 MS. LUCCHESE: And Sammie, our PR
8 rep, has reached out to her a couple of times; and we
9 still haven't heard anything.

10 DR. ENNIS: Haven't heard
11 anything?

12 MS. LUCCHESE: Yes.

13 DR. ENNIS: Then, we will let
14 that one sit for now. You haven't had any issues
15 there?

16 MS. SAGESER: We don't deal with
17 it.

18 DR. ENNIS: Okay. Just an update
19 on the telehealth regs. I actually was on a
20 telehealth conference call yesterday putting together
21 a clearinghouse for the state, and my understanding
22 is that the Medicaid regs that were commented on have
23 been pulled back to be revised is what I was told on

1 that call.

2 MS. HUGHES: Who? I mean, I
3 don't know.

4 DR. ENNIS: It was the Kentucky
5 Telehealth Board.

6 MS. HUGHES: Okay.

7 DR. ENNIS: And they said that
8 there was a combination of a deadline got missed and
9 the comments related to parity with the regs stating
10 it was going to reimburse at 85% after a year. They
11 pulled those back because the statute states they
12 can't do that.

13 So, my understanding is they're
14 rewriting those regs on the Medicaid side. On the
15 commercial side, they're letting the associations
16 determine what is appropriate.

17 MS. SAGESER: So, that goes in
18 effect July 1st?

19 DR. ENNIS: July 1. Do you know
20 if we're going to have regs before -- I mean, they
21 would probably still be in comment period at this
22 point, right?

23 MR. GRAY: Yes. I'll go inquire

1 into that.

2 DR. ENNIS: Okay.

3 MR. GRAY: The July 1 date makes
4 sense because the Telehealth Board goes away at the
5 end of June 30th.

6 DR. ENNIS: Right.

7 MS. SAGESER: Is the state going
8 to do a webinar for the ---

9 MS. ARMSTRONG: Yes, for how to
10 do it?

11 MS. SAGESER: Well, for the
12 providers on the regulations.

13 DR. ENNIS: I think they've got
14 to get the regulations written first and then decide
15 how they're going to roll them out.

16 MR. GRAY: There's a telehealth
17 conference coming up.

18 DR. ENNIS: It's at the end of
19 May. It's the final Thursday in May in Bowling
20 Green, and I am attending that. I haven't heard they
21 didn't get my check. So, I'm assuming I'm attending
22 that. So, I'll bring anything back.

23 The clearinghouse call that I was

1 on the other day is trying to gather resources for
2 disciplines across the state, not just therapies, but
3 PA's and NP's and physicians and dentists and
4 everybody, not with specific documents, but with
5 links to those associations, FAQs and best practices
6 and all that kind of thing.

7 I don't know. I think they said
8 the website was live already, but they don't have a
9 lot on it yet. We have another call on Tuesday.

10 So, I'll try to send some
11 information out as soon as I know where that is and
12 what's going on. I know PT was on that call, OT was
13 on that call. I think speech was on that call. I
14 don't remember who it was, but all of those groups
15 were looking at putting together some best practice
16 guidelines for their associations to disseminate.

17 MS. SAGESER: It wasn't Janene,
18 was it?

19 DR. ENNIS: I don't think so.

20 DR. ENNIS: Janene. Sure.

21 Honestly, there were like 25 of us on there and half
22 of them weren't video. They were phone.

23 Do we have any update on applying

1 the Medicare rules to Medicaid? we still haven't
2 gotten a real clear answer on things like therapist
3 assistant teams being able to treat more than one
4 patient at the same time because they're splitting
5 back and forth. And I guess this is where I need
6 Stephanie but they're in a staff meeting.

7 So, I'm going to bump down.
8 Renea, you had emailed in a concern and I know you
9 had started to work through it.

10 MS. SAGESER: I emailed Sharley.
11 Did you find out any information?

12 MS. HUGHES: On what? I'm sorry.

13 DR. ENNIS: On the levels-of-care
14 reporting.

15 MS. SAGESER: It was just the
16 first time that I had really ---

17 MS. HUGHES: Was that where that
18 you all -- I'm sorry. I'm trying to think, Renea.

19 DR. ENNIS: It was from her
20 billing office.

21 MS. HUGHES: Was that one where
22 you had multiple provider numbers?

23 MS. SAGESER: No.

1 DR. ENNIS: I can pull up the
2 email. Someone just joined us on the phone.

3 MS. RYAN: Hello. It's Kathleen,
4 Anthem Kentucky Medicaid.

5 DR. ENNIS: Kathleen, what's your
6 last name?

7 MS. RYAN: Ryan, R-y-a-n.

8 MS. HUGHES: And she's with who?

9 MS. RYAN: Anthem.

10 DR. ENNIS: Anthem Medicaid.

11 MS. HUGHES: I'm trying to pull
12 up the emails here.

13 DR. ENNIS: I'm working on it.
14 This is the multiple-device thing. I don't remember
15 if you sent it from your Gmail, Renea. Yes, you did.

16 Parents whose children receive
17 Medicaid are receiving it based on their medical
18 diagnoses. If we do not provide them with a level of
19 care to pass on to DCBS, their Medicaid services will
20 be denied.

21 MS. HUGHES: Didn't I send you
22 something back on that?

23 MS. SAGESER: I didn't get

1 anything back because I was looking back yesterday
2 before this meeting.

3 DR. ENNIS: She did reply, and it
4 went to the whole TAC asking for examples.

5 MS. SAGESER: So, I sent the
6 examples.

7 DR. ENNIS: And you didn't hear
8 back after the examples?

9 MS. SAGESER: No, and we sent the
10 examples and we sent you a secured document to open
11 it.

12 MS. HUGHES: Right. I think it
13 was just one example on there, right?

14 MS. SAGESER: Yes. We have just
15 seen it like that one time. We had never heard of
16 it. That's why I was asking if anybody else had
17 heard of it.

18 MS. HUGHES: I swear, I thought I
19 sent that back. And if it's the one I'm thinking of
20 -- don't quote me on this -- but I think it was some
21 kind of a computer glitch that they are fixing.

22 MS. SAGESER: On the State side?

23 MS. HUGHES: On the State side,

1 yes, but let me go back and look to make sure.

2 DR. ENNIS: Okay, because that
3 was a new thing. We had never seen that request
4 before.

5 MS. HUGHES: I think that was the
6 response Pam sent me. And if I did not send that
7 out, I apologize.

8 MS. SAGESER: No, you're good.

9 MS. HUGHES: Or that might be on
10 some other topic, so, I will go back and verify for
11 sure.

12 DR. ENNIS: I appreciate that,
13 Sharley.

14 MS. SAGESER: well, I hope it's a
15 computer glitch. That's an easy answer.

16 DR. ENNIS: It's an easy fix,
17 absolutely.

18 MS. HUGHES: If it's the one I'm
19 thinking, it only impacted like just a very few, a
20 small group of individuals and they were in the
21 process of fixing it. So, let me go back and look.

22 DR. ENNIS: And if we could find
23 out when they fix it, do those need to be rebilled or

1 will they be automatically processed.

2 MS. HUGHES: Okay.

3 DR. ENNIS: That would be useful
4 for them to know.

5 MS. HUGHES: Okay. I'm thinking
6 that -- I'm not going to answer that because my ---

7 DR. ENNIS: No. I would ask
8 because we never know. Renea, did you have anything
9 else? I know you had a few.

10 MS. SAGESER: well, the other
11 thing that has recently come up and it's with
12 straight Medicaid, I had sent an email to someone at
13 the State. I guess she's with UK that does the
14 Medicaid, if it's straight Medicaid for ongoing
15 authorizations and I just was asking. She said wait
16 90 days. If it's a straight Medicaid, they have to
17 have a doctor's referral because that's a lot of work
18 for our patients every 90 days.

19 Has anybody else heard this
20 because I was asking where it was at in the
21 regulations, and she sent back sort of a nasty email.
22 She sent me the regs, and I'm like it's not in here.
23 I know these regs. And she said, well, if you're

1 trying to change the rules, get with Charles. I'm
2 like I'm not trying to change the rules. I'm just
3 trying to figure out ---

4 DR. ENNIS: Understand the rules.

5 MS. SAGESER: Like what they say
6 and where they're at. Have you guys heard that, 90
7 days?

8 DR. ENNIS: So, several years
9 ago, -- I'm getting foggy because we've tilted at
10 these windmills for, what, five, six years now?

11 Several years ago, we were trying
12 to figure out how frequently they needed the
13 referral, and I thought the understanding that we
14 came down to was if it's within the same episode of
15 care, it didn't need to be more frequently than
16 annually, but if it was for a new episode of care,
17 then, they needed a new referral.

18 MS. HUGHES: If you'll forward me
19 that email, I'll try to get something.

20 MS. SAGESER: I'll definitely
21 forward it to you. You will see her comments.

22 MS. HUGHES: Okay.

23 MS. SAGESER: Thank you. And I

1 will let you guys know because the other thing is she
2 wanted a 90-day progress. PT and OT does 30.

3 DR. ENNIS: Right, because it's
4 required by our Practice Act.

5 MS. SAGESER: But she wants them
6 to do a 90 days on top of the 30. I'm like is the 30
7 not good enough?

8 DR. ENNIS: The third 30, we
9 can't send the third 30 as a 90?

10 MS. SAGESER: Exactly. And, so,
11 I will send you this whole email and I would just
12 like clarification.

13 MS. ARMSTRONG: what would be the
14 difference between the 30-day and the 90-day?

15 MS. SAGESER: In one of the
16 emails, she said, well, I guess I'll take your 30 but
17 I would prefer it to be a 90 and I was like okay.

18 So, I just wanted clarification
19 from the State on what we should be doing because
20 once children turn 21, then, they go to the straight
21 Medicaid and we just want to make sure we're setting
22 it up correctly in our documentation.

23 DR. ENNIS: Sure.

1 MS. SAGESER: Would you like me
2 to forward you this email as well?
3 DR. ENNIS: Please.
4 MS. SAGESER: Okay, I will do
5 that. I'll forward both of you the email so you can
6 see that and, then, maybe we can work on that.
7 DR. ENNIS: I'm just keeping my
8 list for my emails. Anything else, Renea?
9 MS. SAGESER: This is the main
10 one that I really wanted to talk about.
11 MR. LYNN: Please forward it to
12 me also.
13 DR. ENNIS: I'll take care of it,
14 Dale.
15 MS. SAGESER: Is anybody else
16 still on straight Medicaid that's had that issue?
17 DR. ENNIS: Has anybody else seen
18 that with straight Medicaid? Dale or Linda?
19 MR. LYNN: I have not.
20 MS. DEROSSETT: No.
21 MS. ARMSTRONG: We haven't
22 either. We have to get authorization after the
23 twentieth visit but we just send in ---

1 MS. SAGESER: So, after the
2 twentieth visit, you have to get authorization. Do
3 you have to have a new PA or a doctor's order?

4 MS. ARMSTRONG: No, we've never
5 sent in. We send in the plan of care, the most
6 recent NPI based upon that.

7 DR. ENNIS: And they authorize
8 beyond?

9 MS. SAGESER: Not a 90-day?

10 MS. ARMSTRONG: No. It's usually
11 a pretty significant number of visits, too. It's
12 pretty close to what we request.

13 DR. ENNIS: So, in some cases,
14 the system is working which is a good thing.

15 MS. SAGESER: Slowly.

16 DR. ENNIS: Like I said, six
17 years it's taken us.

18 MS. ARMSTRONG: It works.

19 MS. SAGESER: And her comments
20 was therapy is ---

21 DR. ENNIS: Now, is this a dual-
22 eligible patient?

23 MS. SAGESER: Becky Rhodus, RN,

1 with Frankfort ---

2 MS. HUGHES: Does it say she's
3 with Medicaid or DXC?

4 MS. SAGESER: I'm pretty sure
5 it's DXC.

6 MS. HUGHES: Okay. That's why I
7 don't recognize the name.

8 DR. ENNIS: You made a comment
9 about over 21. Are these dual-eligibles or are they
10 Medicaid-only?

11 MS. SAGESER: No, these are
12 Medicaid-only.

13 DR. ENNIS: Medicaid-only, okay.

14 MS. SAGESER: She had just made a
15 comment that therapy was not an entitlement and it
16 must be justified in her email. I forwarded this on
17 to one of my mentors and said I'm taken back by this.
18 I don't know what to say.

19 DR. ENNIS: This is one of those
20 times you just step away from the keyboard.

21 MS. SAGESER: I did. I didn't
22 send it back but I will forward it to you.

23 DR. ENNIS: Dale, are you having

1 any issues out there?

2 MR. LYNN: We actually have a
3 conference call with Becky tomorrow because of some
4 of her comments about our research. She's pretty
5 hard to please. She'll ask for one thing in a
6 recert; and, then, the next week, she'll ask for
7 something different. So, I guess we're looking for
8 some clarification on the regulations on what needs
9 to be in a recert.

10 DR. ENNIS: Okay.

11 MR. LYNN: Other than simple
12 progress and goals. So, that's why we're having a
13 meeting with her tomorrow.

14 DR. ENNIS: Okay.

15 MS. SAGESER: So, he's dealing
16 with the same person I'm dealing with. I asked her
17 for a meeting today since I would be here in
18 Frankfort, and she stated I'm not sure what a meeting
19 will do. This is still the answer. If you really
20 want to meet with someone and you do not want to
21 follow the rules, then, meet with Charles or Lee.
22 Again, I take my direction from DMS, so, my answer
23 will not change.

1 to HP to DXC.

2 DR. ENNIS: They just keep buying
3 each other?

4 MS. HUGHES: They just keep
5 changing names, yes. I think it's the same
6 employees.

7 MR. GRAY: It's the same entity,
8 different name.

9 DR. ENNIS: Got it, okay, because
10 I thought we had worked through this before. Dale,
11 anything else?

12 MS. ARMSTRONG: When you get
13 clarification about that, can you pass it?

14 DR. ENNIS: We'll forward it.
15 Linda, anything out in the eastern side of the state?

16 MS. DEROSSETT: No.

17 DR. ENNIS: Wonderful. Then, I
18 will open for public comment. How are you guys
19 doing? Anything?

20 MS. ARMSTRONG: No. I've just
21 had issues recently with communication between our
22 provider reps and myself and I've had everything
23 taken care of except with wellCare. And I have

1 reached out to Angela about it and still have yet to
2 hear back from the wellCare rep about some
3 clarifications.

4 DR. ENNIS: Copy Pat Russell from
5 wellCare on your next one and I will reach out to her
6 as well.

7 MS. ARMSTRONG: Okay. We're just
8 having some DME reimbursement issues.

9 DR. ENNIS: What types of DME?

10 MS. ARMSTRONG: Just all codes.
11 They're requiring an invoice now, but we buy
12 everything in bulk and sign it over the counter. So,
13 I've worked with each individual MCO to get it
14 figured out except for wellCare.

15 DR. ENNIS: Okay. Anything else?

16 MS. MARSHALL: This is Pam
17 Marshall.

18 DR. ENNIS: Hi, Pam. Pam
19 Marshall is on the phone.

20 MS. MARSHALL: Hi. I have a
21 question about if there's been any discussion about
22 credentialing, moving toward something more uniform.

23 We continue to have problems with

1 it. It seems like internally within the MCO and
2 where claims are paid wrong, sometimes it takes six
3 or nine months to straighten out. It's just like
4 each process is so different and it's very cumbersome
5 on the provider.

6 DR. ENNIS: So, is it
7 credentialing or billing or both?

8 MS. MARSHALL: It's credentialing
9 because the problem occurs on how they load the
10 provider and, then, the claims to be wrong.

11 There's only one MCO that won't
12 pay out-of-network claims. The others will pay but
13 it seems like they don't attach them to all of your
14 locations. It just seems that they load incorrectly
15 and there's no accountability for it and it takes so
16 long to get it changed.

17 I'm just wondering what can we do
18 to advocate and streamline the credentialing process
19 across all MCOs.

20 DR. ENNIS: I think there's
21 movement in that direction with the portal for the
22 initial credentialing through Medicaid.

23 MR. GRAY: Enrollments.

1 DR. ENNIS: Enrollment, sorry.

2 MR. GRAY: Medicaid enrollment.
3 The MCOs credential.

4 DR. ENNIS: Yes, in the hopes
5 that once that is fully up and going, and I think
6 they have now opened it up outside of the pilot
7 test ---

8 MR. GRAY: Right. That's right.

9 DR. ENNIS: --- to enrollment of
10 all provider types at this point.

11 MR. GRAY: By May 31st, all
12 provider types can enroll through the Partner Portal.
13 And at some point, we'll move away from paper. It
14 will be not an option to enroll in that method.

15 DR. ENNIS: Is the hope, then, to
16 tie MCO credentialing?

17 MR. GRAY: Yes. And keep in mind
18 there will be really two options. There was a bill
19 that was passed into law this Session that goes into
20 effect around July 1. One of those entities will be
21 the Kentucky Hospital Association and you'll have
22 another option from a credentialing standpoint.

23 DR. ENNIS: Right.

1 MR. GRAY: And I think the
2 Kentucky Hospital Association plans to work with
3 Center Care out of Bowling Green. I know the
4 Kentucky Hospital Association, if they haven't
5 executed a contract with all the current MCOs,
6 they're in the process of getting that done. So,
7 they're working with the MCOs, encouraging them
8 to ---

9 DR. ENNIS: Get on board. And I
10 know that in that statute, there are time lines
11 carved out ---

12 MR. GRAY: There are.

13 DR. ENNIS: --- for how quickly
14 this needs to happen as long as it's a clean
15 enrollment and all of that kind of stuff.

16 MR. GRAY: That's correct. Sixty
17 or 90 days.

18 DR. ENNIS: I think it's 60.

19 MR. GRAY: I think you're right.
20 I think we wanted 90. The providers wanted 30.

21 DR. ENNIS: And we met in the
22 middle.

23 MR. GRAY: So, it's 60, yes.

1 DR. ENNIS: So, hopefully, that
2 will continue to roll out. I think right now, Pam,
3 the appeals process is probably your best bet as far
4 as if you're not making headway with your provider
5 reps at the MCOs.

6 MS. MARSHALL: Okay. There also
7 seems to be limited accountability. I really
8 appreciate the Medicaid MCO Compliance Branch.
9 However, it does seem to be under-staffed and it's
10 just not able to get to the number of problems. And
11 in my experience, there's really no accountability
12 for this 90-day ---

13 DR. ENNIS: Resolution process.

14 MS. MARSHALL: Right. There's
15 really just not. I don't know what other providers
16 around the state are seeing, but it doesn't seem like
17 they're really held to that. And it may be that
18 they're partially paying the claims, but, then, it's
19 a fight to go back and then reprocess.

20 DR. ENNIS: Got it. Pam, our
21 court reporter can't hear you, so, I'm trying to make
22 sure she can at least get you recorded.

23 Just that there's difficulty with

1 accountability due to lack of staffing, that the
2 Compliance Branch is very helpful but they can't get
3 to everything that's being reported to them. Did I
4 sum it up well, Pam?

5 MS. MARSHALL: Yes, I think so.
6 And I would be curious to know what other providers
7 around the state are experiencing in terms of
8 credentialing.

9 MS. ARMSTRONG: We have the same
10 issue as far as the providers being loaded
11 incorrectly or them not being loaded at all.

12 And, then, it gets retro'ed back
13 but the claims don't get reprocessed like they say
14 they're going to. We're still working claims from
15 nine to twelve months ago trying to get them
16 reprocessed as well and it's been a nightmare and
17 time-consuming.

18 And in our minds, we're following
19 all the steps to get it done in 90 days and all that.

20 DR. ENNIS: well, hopefully, with
21 all of these new laws going into effect July 1 and
22 the portal opening, we'll get some connection and
23 develop a better process moving forward. But in the

1 meantime, keep chugging and we'll see what we can
2 find out from the inside. Anything else?

3 MR. GRAY: And I would say, as
4 always - again, David Gray, and I'm at davidl.gray -
5 if you have an enrollment issue, credentialing issue
6 that seems to lag, kind of be outside of the normal,
7 -- and I'll let you decide kind of what that normal
8 is -- let me know.

9 DR. ENNIS: Remind me. G-r-a-y
10 or G-r-e-y?

11 MR. GRAY: a-y.

12 DR. ENNIS: a-y.

13 MR. GRAY: Yes. Please let me
14 know.

15 MS. ARMSTRONG: Okay.

16 DR. ENNIS: Anything else? All
17 right. The MAC meeting is next Thursday.

18 MS. HUGHES: Next Thursday.
19 That's the 23rd.

20 DR. ENNIS: The 23rd which is
21 also the telehealth conference in Bowling Green. So,
22 I will not be at the MAC.

23 MS. SAGESER: I thought you said

1 it was last Thursday.

2 DR. ENNIS: No. The 23rd is the
3 telehealth conference.

4 I don't know that we have
5 anything new at this point. I'll find out from Beth
6 Partin whether we can count this as a quorum or not
7 and we'll update the minutes when we find out.

8 MS. HUGHES: Okay.

9 DR. ENNIS: And I'll send you
10 just some brief things to put in the notebook, but I
11 don't think we have any asks at this point other than
12 trying to clarify some of the things that we'll do
13 through email.

14 And, then, our next meeting is
15 scheduled for I believe July 9th at 8:30. And,
16 again, we'll ask any providers to send us things on
17 an ongoing basis so we can help redirect and problem
18 solve. And if we can't get that done in the interim
19 two months, we'll bring it here and see what we can
20 do.

21 All right. Thanks, guys.
22 Appreciate it. We are adjourned.

23 MEETING ADJOURNED

STATE OF KENTUCKY

COUNTY OF FRANKLIN

I, Rita S. Moore, a notary public in and for the state and county aforesaid, do hereby certify that the foregoing thirty-two pages are a true, correct and complete transcript of the meeting taken down by me in the above-styled matter taken at the time and place set out in the caption hereof; that said proceedings were taken down by me in shorthand and afterwards transcribed by me; and that the appearances were as set out in the caption hereof.

Given under my hand as notary public aforesaid, this the 25th day of May, 2019.

Notary Public
State of Kentucky at Large

My commission expires January 8, 2020.