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

IN RE: DENTAL TAC MEETING

HELD VIA ZOOM

DATE:  
AUGUST 11, 2023  
2:00 P.M.

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**A T T E N D E E S :**

Garth Bobrowski, DMD, Chairman

Phil Schuler, DMD

Carol Braun, DMD

Joe Petrey, DMD

John Gray, DMD

(and many more were on ZOOM)

1 DR. BOBROWSKI: I want to thank everyone  
2 for sharing your Friday afternoon with us.  
3 We'll get our meeting started and we'll  
4 just run through our list. I think I sent  
5 out the agenda. Of course, it inevitably  
6 happens that we may have one or two items  
7 to add to our list here under the Other of  
8 Old Business or the Other of New Business.  
9 Some of these things just happened the  
10 night before or the morning before, and  
11 some of these things I just hate to wait  
12 another three or four months to address.

13 But would you like to do a roll call?  
14 I think I saw plenty of names on there that  
15 were here for a quorum.

16 MS. BICKERS: My apologies. Sorry about  
17 that. I was trying to get off mute as I  
18 was letting some people in.

19 I've got Dr. Bobrowski.

20 DR. BOBROWSKI: Here.

21 MS. BICKERS: Dr. Schuler? I see him.  
22 He's still on mute.

23 Dr. Braun. Sorry, I'm trying to go  
24 back and forth between letting you guys in  
25 and -- Dr. Petrey is here. So I saw four.

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Am I missing one more?

I see four out of five, Dr. Bobrowski,  
so you do have a quorum.

DR. BOBROWSKI: Okay. Thank you so much.

Just need to take a vote then to  
approve the minutes and the recording from  
the last meeting, if somebody will make that  
motion.

MR. PETREY: Make a motion to approve the  
minutes from our previous meeting.

DR. BOBROWSKI: Second?

DR. SCHULER: I'll second it.

DR. BOBROWSKI: Thank you.

All in favor say aye.

(TAC Members vote unanimously in favor of  
motion.)

DR. BOBROWSKI: Going to go to our Old  
Business. Just wanted to check on the  
status of the Anthem and DentaQuest,  
Passport, if anyone from Medicaid can tell  
anything on us there?

COMMISSIONER LEE: Hi, Dr. Bobrowski. This  
is Lisa Lee. Can you give me just a --  
refresh my memory on what the issue is, so  
that I can see if there has been any

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progress?

DR. BOBROWSKI: Well, I believe it was just their overall status of I guess continuing to be an MCO in the state, if I remember right.

COMMISSIONER LEE: Okay. Yeah, so that is still in litigation and nothing to update at this time. They are still a provider, but there is some litigation that's going on right now.

DR. BOBROWSKI: Okay. And then I had a request to ask about -- it seems like they're having some response time issues from Anthem, DentaQuest and Passport, and we just got a few complaints about that and just wanted to ask about -- don't have any particulars on it myself other than taking a long time to hear back from -- I guess it's on prior authorizations.

COMMISSIONER LEE: Well, they do have -- the contract does outline the prior authorization timelines that they are to be responded, the timeframe for which they have to respond. So if they are exceeding those timelines, if we can get examples so

1 we can make sure that they are meeting  
2 their contractual obligations and hold them  
3 accountable.

4 DR. BOBROWSKI: Okay.

5 COMMISSIONER LEE: And I can -- after this  
6 meeting I can pull that specific section of  
7 their contract out and send that to Erin so  
8 she can send it out to the TAC, so you have  
9 documentation on what their response times  
10 are supposed to be.

11 DR. BOBROWSKI: Okay, thank you.

12 MS. O'BRIEN: Dr. Bobrowski, I believe that  
13 this was a complaint the last time.

14 Lisa, I'm not sure if you were on the  
15 last time we had the TAC. But this was a  
16 complaint that I think came from Dr. Petrey  
17 that was not getting a response on an issue  
18 that he had, and I do believe that that has  
19 been resolved.

20 COMMISSIONER LEE: Okay.

21 MS. O'BRIEN: I can't really talk about  
22 Passport, of course. But from the Anthem  
23 Medicaid part of it, that is what was  
24 coming up at the last meeting. And,  
25 Dr. Petrey, I know that you're on and I

1 believe that your concern has been  
2 resolved. Am I correct on that?  
3 MR. PETREY: Yes, we did have -- we did  
4 have a meeting with your staff that was  
5 helpful. We do still have some issues, not  
6 the least of which are patients caught in  
7 limbo with -- in the orthodontic -- the way  
8 orthodontics pays out. There's a six-month  
9 payment after a -- after a time period.  
10 Patients that have -- whose insurance has  
11 switched from one of the other MCOs, we've  
12 had difficulty in getting -- in getting  
13 payment at the six months simply because  
14 they -- what is being shown on your all's  
15 end is that they were approved for the  
16 initial. If a patient is approved for the  
17 initial, then the -- and the care  
18 continues, they are, in essence, approved,  
19 or should be paid out, but the new --  
20 MS. O'BRIEN: That's correct.  
21 MR. PETREY: So we just have a couple of  
22 hiccups on getting that. I'm not sure -- I  
23 just texted my billing folks. But there is  
24 also still an issue with a lack of response  
25 on -- from one individual, but we just --

1 maybe you and I need to have a conversation  
2 and figure out who --

3 MS. O'BRIEN: Sure.

4 MR. PETREY: -- we need to be contacting  
5 through to get a response on some of these  
6 things. I think it's just a lost-in-the-  
7 weeds type of a situation.

8 MS. O'BRIEN: Okay. Yeah, I'll be glad to  
9 do that, Dr. Petrey. I'll reach out. I'll  
10 get your phone number and reach out to you  
11 directly, and that way we can take care of  
12 these few things. I know there's always a  
13 little bit when they switch -- that six  
14 months and there's a switchover from MCOs  
15 and things like that, sometimes there can  
16 be a hiccup with that. But I think your  
17 original one we had taken care of. I will  
18 definitely reach out to you myself.

19 MR. PETREY: Thank you very much.

20 MS. O'BRIEN: You're welcome. Thank you,  
21 Dr. Petrey.

22 DR. BOBROWSKI: Thank you, Ms. Jean, for  
23 helping us there on that.

24 Now, the next item under Old Business  
25 was -- we've talked about codes and things



1 at various meetings and that's why I put  
2 this under Old Business. But why has the  
3 state -- change was made from moving filling  
4 repairs from six months out to 12 months?  
5 The K-A -- the KAR, the K-A-R, says nothing  
6 about these types of limitations. In my  
7 agenda there I also put down, if Medicaid  
8 does not pay for a filling repair or  
9 breaking the same tooth again within 12  
10 months, does that become a noncovered  
11 service that the patient is financially  
12 responsible for? You know, you-all got to  
13 realize that a lot of these folks have got  
14 fillings on top of fillings, and we're doing  
15 the best we can to not have to pull a front  
16 tooth or something like that, and we repair  
17 them. And some of our folks, many of them  
18 are bruxers and grinders. And up until this  
19 year they did not, on adults, did not cover  
20 bite-guards, so -- but I was just wondering  
21 why the change was made from six months out  
22 to 12 months, if somebody from DMS can help  
23 us on that.

24 MS. KITCHEN: Hi, Dr. Bobrowski. This is  
25 Kelly Kitchen. Is there a chance that you

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can give me a code, please, that would identify the specific?

DR. BOBROWSKI: Well, it's probably any of the filling codes, for example, let's see, a D2331, or a D2332, D2335.

MS. LEE: Dr. Bobrowski, this is Lisa, too. Did you-all receive a communication stating that that change was being made, or did you just -- was there just like a billing for that service and then it said -- you received a statement or an EOB saying that it wasn't covered or something? Trying to get to...

DR. BOBROWSKI: Well, it's on the state's website where all the fees are listed. That's where we noticed the change. It was six months and now it's 12 months.

COMMISSIONER LEE: So we extended from six to 12 months.

DR. BOBROWSKI: Yes. Yeah. And I've had several people ask about it. And even in my office we've -- we see a lot of the traumatic brain injury patients from two different organizations and, bless their hearts, they either have no teeth or they

1 have got fillings on top of fillings by the  
2 time I get to even see them, and they just  
3 break teeth. I'm sorry, just -- but then,  
4 you know, some of them could maybe, you  
5 know, pay for a filling, but some can't.  
6 So do I just smooth it off and tell them to  
7 come back in a year? That's what other  
8 dentists are asking. Do we just smooth it?  
9 Or the other situation is, they say, well,  
10 you can go down the road to the other  
11 Medicaid dentist and they can fix it and it  
12 won't cost you anything.

13 COMMISSIONER LEE: Well, it's definitely an  
14 issue that we need to look into. I know  
15 federal requirements do not allow Medicaid  
16 providers to bill Medicaid patients for  
17 services, so let us look into this  
18 particular issue. And I really -- because  
19 if another dentist could repair it without  
20 cost, it doesn't kind of make sense. Let  
21 us go back and take a look at that. Now  
22 that Kelly has got the codes, we'll go back  
23 and take a look at that policy.

24 DR. BOBROWSKI: Okay. And, of course, I  
25 gave you the anterior code, you know, and

1 sometimes it's a -- it is a posterior code  
2 where they break the side of -- you know,  
3 you might have done a filling on the front  
4 side of the tooth, then they break the  
5 backside of the tooth, but it's the same  
6 tooth number and could be the same code,  
7 but because it's listed maybe as a three-  
8 surface filling and you did the front side  
9 and now they broke the backside off and --  
10 so, yeah, I appreciate it if you-all can  
11 look at that and I'll make a note of that.

12 Now, is there any other Old Business?

13 MR. PETREY: I just wanted to comment. I  
14 did get a response back from my team. And,  
15 Ms. O'Brien, the question on the six months  
16 is with Passport, not with Anthem. So I  
17 wanted to take that off of your -- off your  
18 list, having the issues of not being able  
19 to get the continued care on patients that  
20 have switched to Passport, so...

21 MS. O'BRIEN: All right. I'll cross that  
22 one off my list then. Thank you. I  
23 appreciate you letting me know.

24 MS. MEDINA: This is Christy, Dr. Petrey,  
25 with DentaQuest. We'll go ahead and reach

1 out to you guys directly to kind of see  
2 what we can do to set up the remainder of  
3 those cases like you said, you know, with  
4 the remaining codes for the adjustments  
5 from -- for whatever is left on treatment  
6 on those cases.

7 MR. PETREY: Thank you. Yeah, it's -- a  
8 lot of those cases started with us and  
9 their MCO has changed, so it's -- it's the  
10 full remaining six months. So it's our  
11 contracted fee and we just -- we're  
12 finishing the case. We need to be  
13 compensated for that finish.

14 MS. MEDINA: Absolutely, of course.

15 DR. BOBROWSKI: Okay. Any other Old  
16 Business? If not, we'll move on to New  
17 Business.

18 One of the things we've been working  
19 on is the community health worker and I know  
20 many offices have been contacted. I know in  
21 my office, you know, we can't use the CPT  
22 codes and we've contact -- been over  
23 probably a hundred and some offices have  
24 been contacted and they cannot -- due to  
25 their software, cannot use the CPT codes.

1           They can use CDT codes for billing for the  
2           community health workers. But in a nice  
3           conversation there we had with Commissioner  
4           Lee this morning, we've got some ideas on  
5           working on that, and one of the ideas was to  
6           either contact the ADA, you know, to look  
7           for that coding type answer. The only  
8           problem is that sometimes to change a code  
9           it may take a year or two to get that all  
10          the way through the process, but we're  
11          looking at that. But I just wanted to bring  
12          it out before the TAC that we have been  
13          working on that, and that's the -- that's  
14          all we found out, that most dental office  
15          software won't handle CPT codes.

16                 And, again, just wanted to bring up  
17          another item. Now, I guess since we -- I'll  
18          adjust this what I had written down,  
19          because, like I said, I may have this  
20          written out in, you know, one or two weeks  
21          ahead of time, and now I've got new  
22          information. So a lot of the oral surgeons,  
23          and even some pediatric offices, are very  
24          limited in large parts of the state. I know  
25          even some of the pediatric offices are going

1 to 18 and under, or some are even going to  
2 only seeing patients 14 and under. A lot --  
3 several of the oral surgeons' offices are,  
4 you know, either 21 and under or 25 and  
5 under. But I did hear a good report that I  
6 think there have been some new oral surgeons  
7 added to the list of seeing patients in the  
8 state. So we've still got an access-to-care  
9 situation that we've got to all work on.

10 And the next item under New Business  
11 is Fee Disparity. The -- bring up a few  
12 topics under that title. Basically there's  
13 been no fee increases for the general  
14 practitioners except for, you know, some of  
15 the oral surgery codes got a slight bump in  
16 the prophylaxis fee for the adults, but still,  
17 it's still all under what it actually cost  
18 you to provide that service.

19 And the other situation that I'm  
20 hearing is that several more dentists are  
21 dropping out of Medicaid. Now, they may not  
22 report it to the MCO, they may not report  
23 it, you know, Commissioner Lee, to your  
24 all's offices. They just stop seeing  
25 people.

1                   Now, within an hour of my office here  
2                   there's been four other offices that have  
3                   dropped out of seeing Medicaid patients, or  
4                   one of them had dropped to just seeing  
5                   children only. So, you know, my fear is  
6                   just that when people drop out, for the  
7                   remaining dentists that stay in, it  
8                   really -- it really loads your work day  
9                   down. And I had a dentist a little while  
10                  ago call and talk to me, said, yeah -- he  
11                  used the good French word of A-S-S. He said  
12                  you got to work it off. I said, well, mine  
13                  can use a little working off, but the -- let  
14                  me see, what else did I have under there?  
15                  MR. PETREY: Garth, I just want to  
16                  reiterate that same point. And we're  
17                  seeing it across all of our offices from an  
18                  orthodontic perspective. We discussed the  
19                  last meeting that a provider was leaving  
20                  the network, and he did, and as of now from  
21                  London to Pikeville we're the only provider  
22                  in East Kentucky. And for folks that  
23                  aren't as familiar with Kentucky geography,  
24                  that's quite a long distance, and we're  
25                  covering all those patients which has been



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a struggle.

But beyond our perspective, the point you make about dentists not coming off of the rolls, but not accepting new patients is becoming extraordinarily challenging. Even the pediatric dentists are not accepting new patients. They are still treating the population. They are still on the rolls for each of the MCOs, which makes it seem as though we have a viable system. But when I have a patient that has active decay that we are trying to get something resolved and I cannot get them a dentist outside of heading to Lexington to the UK Clinic, and even the UK Clinic is a time to get into, it's a problem. And it's more of an issue now for us not having the providers, but also the providers that we have not currently taking new patients. That gets exacerbated when these practices stop accepting, stop accepting, just as we have with the change -- and I don't mean to pick on any MCO, but just facts are facts. The number of providers that have stopped taking patients because their MCO has switched to

1 Passport or switched to being run by  
2 DentaQuest, and for whatever reason which  
3 we've discussed before, they do not -- they  
4 no longer want to be a provider for that  
5 MCO, those patients are lost in limbo.

6 The issue then becomes they're coming  
7 to us as orthodontic patients and saying, I  
8 no longer have a general dentist, and we  
9 don't have anybody taking on those patients.  
10 So it's not just that they're not taking new  
11 patients, but it's one, two, three, four  
12 drop off in taking these patients, it  
13 increases the number of need, but we have a  
14 lessened number of providers. It only  
15 exacerbate the problem.

16 DR. BOBROWSKI: Well, I just -- and that's  
17 what's happening, you know. Dr. Petrey's  
18 office is about approximately hour, hour  
19 and a half east of me, and I just told you  
20 within an hour of around me, kind of south  
21 and west of us, or, you know, we got about  
22 four more offices, and some of them -- one  
23 of them is a bigger city; the other ones  
24 are smaller towns. And you lose your one  
25 and maybe your only provider for that

1 county, where do all these people go, you  
2 know?

3 And I just got a notice earlier this  
4 morning that the Ohio, I guess it was from  
5 their legislature, passed a fee increase of  
6 93 percent to their Medicaid providers. I  
7 just got another report from even South  
8 Dakota and Missouri, even comparing it to  
9 the Kentucky Medicaid kids, which is, you  
10 know, they pay -- the kids' fees are  
11 sometimes considerably higher than the adult  
12 fees. Just for example, here's a D3- -- I'm  
13 sorry -- D2331, which is a front filling,  
14 two surface, Missouri's paying 189.60.  
15 Kentucky pays 71.50. And then you just go  
16 down the whole list, and sometimes it's over  
17 twice what the general dentists are getting  
18 paid in Kentucky. But I'm -- let's see...  
19 MR. PETREY: Commissioner Lee, a few  
20 meetings ago there was a presentation that  
21 we had asked for a fee increase, and the  
22 response to that was based on a study, for  
23 lack of better terms, but a study comparing  
24 Kentucky dental fees to other regions, and  
25 stating that we had one of the higher

1 reimbursement. Now, anything that we have  
2 done as attack and as individuals looking  
3 at that, comparing it to local states, from  
4 Ohio fee increase to Indiana to West  
5 Virginia, shows us across the board below  
6 that. I'm wondering if you are familiar  
7 with what that study was and if we can get  
8 access to that so we can have real -- look  
9 at real data to understand what these  
10 decisions are being based on, because it's  
11 being used to say that we have a viable  
12 economic situation, and yet everything that  
13 we look at does not say that. And so I'd  
14 like to understand where those numbers are  
15 coming from.

16 COMMISSIONER LEE: Yes, thank you,  
17 Dr. Petrey. And if I can get that study  
18 and send it out again -- I can send it to  
19 Erin -- it will show the methodology behind  
20 that study. And, you know, since we have  
21 decided to enhance our adult dental  
22 benefits, we have been, of course, talking  
23 to the provider community, talking to the  
24 Dental TAC, and looking at states and  
25 comparing ourselves with surrounding states

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and doing a few things.

And one thing that we did notice when we looked at our rates compared to other rates, for example, other states, we noticed that it's very different when you look at what we cover and what other states cover, and I can send some of that information out to you. But I think, again, this is a good conversation when we start talking about rates, about looking at -- and then when we think about reimbursement and increasing reimbursement.

Sometimes when we look across the board and just look at the entire array of services -- I think if we could pick and choose, if we could be very strategic in what we're seeing that needs to be done and focus on prevention first and look at the preventive codes and what -- where are we going to get the biggest bang for our buck that's going to offset costs in the future, you know, and is that the -- is that, you know, the dental cleanings.

I know, for example, Virginia enhanced all of their adult dental and they are

1 covering three cleanings for adults per  
2 year, where we do the two. I know two is  
3 pretty much standard, but given that our  
4 population is a little bit more challenging  
5 with their medical needs because they do  
6 live at or below the poverty level, I think  
7 that's something that we can do. But I  
8 definitely -- long answer, yes, I will get  
9 that report to you and I think that, you  
10 know, keeping these conversations going and  
11 definitely focusing on prevention, because  
12 it seems like, you know, in the past we just  
13 pulled teeth, which just made everything  
14 worse. So what can we do to focus on  
15 prevention and allow individuals to keep  
16 their teeth and which codes would allow us  
17 to do that, I think is what we need to look  
18 at.

19 MR. PETREY: I agree. Thank you. The  
20 public health practitioner in me is pining  
21 for preventative care and seeing an  
22 increase in that. But if we lose the  
23 providers, it doesn't matter what the --  
24 what we provide. So that's going to be  
25 critical.

1 DR. BOBROWSKI: This is Dr. Bobrowski.  
2 Just an update. On the fee schedule that  
3 was reported out of the ADA back, I guess  
4 it's maybe two years ago or something when  
5 that came out, the Kentucky dentists and  
6 the Kentucky Dental Association immediately  
7 contacted the ADA and said that's not  
8 correct information. And at the time they  
9 said, well, yeah, it is. Well, to my  
10 understanding they just came out here in  
11 the last two to three months or so and said  
12 they agree the report that they did was  
13 flawed. So I guess I'll give the ADA an  
14 applause because at least they admitted  
15 they have the problem and are fixing it.  
16 And that's all I've heard. I've not seen  
17 any data come out of them, but they just  
18 said that that report actually was a flawed  
19 report.

20 MR. PETREY: No idea on when that fix will  
21 show? Because clearly, Garth, that flawed  
22 report is what is being used to make  
23 policy.

24 DR. BOBROWSKI: Yeah, I haven't heard that.  
25 I was going to bring up our new KDA

1 executive director is Dr. Stephen Robertson,  
2 and he is a past Medicaid provider, so he is  
3 very well in the knowledge on this, but he  
4 is in another meeting this last several  
5 days, so he apologized he was not able to be  
6 on our TAC meeting today. He thought he  
7 might be able to, but he texted me right  
8 before lunch, said I'm not going to make it,  
9 so -- but we need to check with Dr. Steve  
10 there to see if he can find out the actual  
11 thing from the ADA.

12 COMMISSIONER LEE: I did put the link in  
13 the chat to that report. And on that first  
14 page it talks about child and adult dental  
15 services. The first page is for children;  
16 the second page is for adults. The second  
17 page shows Kentucky at about 68.3 percent  
18 of the private insurance reimbursement, and  
19 this is as a percentage of the private  
20 insurance reimbursement for services. It's  
21 not really comparing, I don't think, the  
22 Medicaid by Medicaid, but comparing it to  
23 private insurance reimbursement. And on  
24 that very first page if you click the data  
25 table, it will tell you where that



1 information came from, and there is also  
2 data sources and methods, so it will --  
3 that has all the information in that  
4 document. So I did put that in the chat.  
5 DR. BOBROWSKI: Yeah, I see it. Thank you,  
6 Commissioner Lee. I think that's the  
7 report that they had out previously, yeah,  
8 2020, and that's what they were talking  
9 about was the -- Kentucky almost led the  
10 nation, I believe, in reimbursement at  
11 104.8 percent of the comparing Medicaid to  
12 insurance. And I think that's the report  
13 we're talking about was a flawed report,  
14 because that's the 2020 report. So we've  
15 got to find out what the new data and  
16 statistics are from the ADA unless you're  
17 able to get that.  
18 COMMISSIONER LEE: I'll continue to look.  
19 I don't know that they updated that report.  
20 That's the latest one that I can find, but  
21 we definitely keep looking. And, again,  
22 that's comparing to the average commercial  
23 rate, so, again, it would -- you know, if  
24 it's flawed, it's flawed. Let's look for  
25 the new one.

1           But I think focusing on what we need  
2           to do here in Kentucky as far as prevention  
3           and shoring up our dental workforce, what  
4           can we do not only to keep the providers we  
5           have right now and to entice new providers  
6           into the program. The reason that our  
7           children's fee schedule is different from  
8           our adult fee schedule is -- we did this in  
9           the past -- we increased all of our fees for  
10          children thinking we would get a surge of  
11          dentists to come back -- come into the  
12          program, and that did not happen when we  
13          increased those rates for the child  
14          population.

15                 When we did notice an increase in  
16                 dentists coming into the Medicaid program  
17                 was when we expanded Medicaid. And I had a  
18                 couple of dentists tell me that they joined  
19                 the Medicaid program at that time back in  
20                 2014, because they had been seeing  
21                 individuals and they just didn't have a  
22                 payer source. So when we expanded to that  
23                 adult population, we saw, you know, a little  
24                 bit of an increase in our dental population.

25                         So, again, hopefully, you know, we

1 have a workforce study, workforce report  
2 that's going under final reviews and will be  
3 out shortly. And there is a section on  
4 dental, dental providers in that report. So  
5 hopefully it will be useful to this  
6 Technical Advisory Committee to look at that  
7 report and see -- you know, identify issues,  
8 make recommendations based on how we can  
9 increase not only the work, dental workforce  
10 for our Medicaid population, but across the  
11 state. Because we know that as Medicaid  
12 dental providers you don't only see Medicaid  
13 patients; you see the entire population. So  
14 the shoring up the Medicaid dental workforce  
15 is going to help the entire state.

16 So, again, just noticing that, you  
17 know, these conversations are conversations  
18 that we haven't had in the past, and very  
19 excited about some of the opportunities that  
20 we're going to be able to look at as we  
21 start getting more information. And I know,  
22 for example, the Dental TAC has requested  
23 reports. I think those are ready to  
24 distribute, if they haven't been distributed  
25 also, or already, which will, you know, give

1           you more information on where we might want  
2           to look at where some actual policy levers  
3           can be pulled to help improve the dental  
4           services provided to Medicaid members.

5           DR. BOBROWSKI: Thank you.

6           MR. PETREY: We have not received those  
7           reports, so thank you for the update on  
8           that. Look forward to seeing those.

9           DR. BOBROWSKI: And I stand corrected on  
10          the -- because I thought in the past if a  
11          patient broke something and that they -- it  
12          fell in that time period, they cannot go to  
13          another dentist. It is a per member, not  
14          per member per provider. So they can't go  
15          to another dentist and get that same  
16          procedure done. But it's kind of like I  
17          wonder -- the dentists may not know that it  
18          had been fixed within the six or 12-month  
19          time period if the patient didn't tell them  
20          that. So the dentist may fix it, expecting  
21          to get paid, and not knowing that it had  
22          been done. So that's one of those issues.

23                         But I'm going to move on. I want to  
24          invite folks to -- there is going to be a --  
25          at the Kentucky Dental Association Annual

1 Meeting, it's at the Galt House in  
2 Louisville, on August 25th, 26th and 27th,  
3 and we're going to have a Medicaid forum,  
4 and the topic is Kentucky Oral Health-49th-  
5 A Road Map to Change. And basically I'd  
6 kind of like for this to be a -- more of  
7 like even a brainstorming-type session of  
8 ideas, either from individuals, from  
9 individual dentists, from the MCOs, anybody  
10 from the state, you know, if you got ideas,  
11 on what can we do to move Kentucky from the  
12 49th position of oral health, start moving  
13 us up that ladder. So that's what that  
14 forum is.

15 And I want to thank -- Avesis is going  
16 to supply a luncheon for us. It's going to  
17 be a two-hour course. And I want to thank  
18 Dr. Caudill and Avesis for providing that  
19 luncheon. And it starts at 11:30 Eastern  
20 Time at the Galt House in Louisville.

21 Let's see here. Now, I just wanted to  
22 report also from -- on telehealth the  
23 communication platforms that are legally  
24 acceptable. And I know I -- you know,  
25 people we know, or our children,

1 grandchildren, go to school with, or they  
2 have bumps and bruises and get hit in the  
3 mouth and stuff, and the first thing they do  
4 is take a picture of it and send it to you,  
5 or they'll call you on FaceTime and, you  
6 know, technically these are not HIPAA  
7 compliant. And there's a partial list of  
8 compliant platforms when you're doing  
9 telehealth, and I'll just read these what  
10 I've got here, and there's more out there.  
11 But Webex, Teams, Amazon Chime, Doxy.me,  
12 Skype for business, MS Teams, Updox, VSee --  
13 which is V-S-E-E -- Zoom for healthcare,  
14 Google G Suite, and Hangouts Meet. So  
15 that's just a partial list of, you know, for  
16 any of the dentists that are doing  
17 telehealth that -- you know, to be I guess  
18 legally compliant with HIPAA to be asking  
19 patients to get on those sites with you.

20 Now, on Other there's for years been a  
21 situation with the Code D0140, which is a  
22 problem-focused code, you know, or a limited  
23 exam is another term for that code. In our  
24 regulations, which is 907 KAR 1:126 Section  
25 6, Paragraph 2, No. 1, it has a definition

1 in there that this code can only be used for  
2 trauma or acute infection. And what I was  
3 asking about would the mechanism -- I know  
4 there's in the process right now in the  
5 legislature of changing, or from the E-reg  
6 to the regular reg, would this be a good  
7 time to adjust the wording on that, you  
8 know, because at the time that's a very  
9 limited code and that may have been the  
10 intent, but so many times we don't know what  
11 a patient has or what the problem truly is  
12 until we get them in the office and look at  
13 it. And so many times it comes up that, you  
14 know, their problem that we have to check on  
15 has no code to fit the visit. So I'm just  
16 asking about a revision to that regulation.

17 And, Commissioner Lee, or if anybody  
18 else has any ideas on how to handle it, or  
19 does Medicaid not want to do anything. I  
20 just -- that's been brought up numerous  
21 times in various meetings and, you know, I  
22 guess we never have really done anything  
23 about it, but I just thought I'd bring it up  
24 today.

25 COMMISSIONER LEE: I'm sorry,

1 Dr. Bobrowski, I missed some of that  
2 conversation. Is this the issue where --  
3 are you specifically talking about children  
4 or are you talking about other procedures  
5 that don't have codes?

6 DR. BOBROWSKI: This was that D0140 code.  
7 It's a problem-focused exam code, but when  
8 you read into the, oh, the background for  
9 the code, it can only be used for a trauma  
10 or an acute infection. Sometimes -- see,  
11 there's a difference between the 911 code,  
12 which is basically for pain, and the D0140  
13 code is used for trauma or an acute  
14 infection. But there's several times that  
15 this D0140 code is the only method that --  
16 or Medicaid patients have a chance of  
17 getting the visit covered.

18 MR. SCOTT: Hello, Dr. Bobrowski, I'm  
19 Johnson Scott. I'm the reg coordinator for  
20 DMS. We have submitted a statement of  
21 consideration and an amendment to some of  
22 the regs, but unfortunately our window to  
23 amend them via that method has closed. We  
24 had to send all that in earlier this month.  
25 So we would be looking at an agency



1 amendment or an amendment at the committee  
2 meeting at this point.

3 So, you know, it's technically  
4 possible at this point. You know, we still  
5 don't know kind of what will happen with  
6 those regs next month anyway, so, you know,  
7 if they find everything deficient again.  
8 Since it's the O Regs we really -- you know,  
9 we could try to amend them, but, you know,  
10 we still really don't know what's going to  
11 happen at this point, you know. I just did  
12 want to emphasize that those regs are still  
13 very much up in the air.

14 Could you tell me if you know if any  
15 other states are using -- you know, have a  
16 broader interpretation of that code? You  
17 know, is this a very limited -- is this a  
18 Kentucky specific limitation that we're  
19 using here or is this kind of a --  
20 DR. BOBROWSKI: Well, I know a lot of  
21 insurance companies don't have that  
22 limitation, you know, if -- if the patient  
23 calls and says, well, I just -- you know, I  
24 bumped this tooth or I bit into something  
25 and, you know, it hurt for a couple days,

1 but it took it a week to get even better.  
2 It's starting to feel better by the time  
3 they get in, but they just want it checked.  
4 So, you know, they're not in pain, so I  
5 can't use the D0911 code. Then you X-ray  
6 it, and they're not infected, nothing's  
7 broken. Sometimes they just bit on a  
8 popcorn kernel or an almond a little bit  
9 too hard or a little sideways that's  
10 strained the tooth, so it's not  
11 technically -- and they're not in pain,  
12 they're not infected. You know, maybe you  
13 could stretch it and say it was trauma.  
14 But then on the other hand, sometimes  
15 people that, you know, just grit their  
16 teeth or brux or clench their treat, yeah,  
17 I guess that could be considered a trauma.  
18 That's what I mean. There's different  
19 interpretations of the trauma and acute  
20 infection.

21 I just know most insurance companies  
22 don't have that stipulation of just a trauma  
23 or acute infection, and I haven't researched  
24 other states on that particular issue, on  
25 their -- their laws on it.

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DR. CAUDILL: Dr. Bobrowski?

DR. BOBROWSKI: Yes.

DR. CAUDILL: Yeah, this is Dr. Caudill. As you know, Avesis administers plans in multiple states, and Kentucky is the only state we've ever seen that limitation. It seems to be Kentucky only.

DR. BOBROWSKI: Okay. Thank you, Dr. Caudill.

COMMISSIONER LEE: You know, that could have been, you know, an oversight when we previously did not cover, you know, prior to January 1st of this year, when we didn't cover those enhanced dental benefits for adults. We could have had that limitation there for that reason. But now that we have those enhanced services, I think, as Jonathan said, it may be too late to change that regulation now, but definitely not too late to kind of consider -- you know, the MCOs definitely don't have to -- you know, they have the flexibility to not apply that limitation, I believe. So let us take that back and see what we can do with that particular code.

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DR. BOBROWSKI: Okay. Thank you so much.

Okay. Let's see, is there any other new business that a TAC member may have gotten phone calls about?

Okay. Moving on, is there any other topic as a TAC that we want to bring up?

MR. PETREY: I don't think so, Garth. I think I'm still -- I'm still concerned and interested in finding out on that -- on the report from the ADA because, again, that's -- that's been used multiple times, and I think erroneously. And the question that I had for Commissioner Lee was I wanted to get that and look at that and compare that, but you may have answered the question that it was a faulty study to begin with, but unfortunately it's the one that's out there and the one that is being used. So more information on that and a resolution to correcting that is probably paramount for me.

DR. BOBROWSKI: Okay. Well, and, Commissioner Lee, this is -- please don't think we are trying to blame you on this or nothing, because it was -- it was a study

1 by a reputable organization and it was out  
2 there, and free to you. So we're not --  
3 please don't think we're harping on you  
4 about it. It was just a -- it was a flawed  
5 report and the Kentucky Dental Association  
6 and other dentists called the ADA about it  
7 and they said this is not right.

8 But anyway, at first they said yes, it  
9 was, but I think just here in the last few  
10 months they have, I guess, kept researching  
11 it and they found out, well, no, it wasn't  
12 right, but we are just kind of waiting to  
13 see what they say on that their fix for  
14 that.

15 COMMISSIONER LEE: Well, we all know if  
16 it's on the internet it's true; right?

17 DR. BOBROWSKI: That's right. That's  
18 right.

19 COMMISSIONER LEE: But typically we will  
20 not use -- you know, we don't use just any  
21 citations. But as you said, it was from a  
22 reputable firm, it was from ADA, so we --  
23 you know, that's why we have been using  
24 that in looking, because -- but, again, it  
25 shows that we are listening to our dentists

1 and we are doing our research and we are  
2 trying to understand everything that we can  
3 about our reimbursement methodology and  
4 what policies we can make to change this  
5 program so we are addressing the healthcare  
6 needs of our members and taking care of our  
7 providers.

8 MR. PETREY: I think multiples of us have  
9 heard from our representatives, including  
10 the leadership that have looked at that,  
11 and said that, well, we're already doing  
12 better than everybody else and we -- we  
13 don't see a need to ever increase  
14 reimbursement, and that's -- that's a  
15 difficult position from our perspective and  
16 from your side to see that the leadership  
17 and policymakers are using that same  
18 information that is added -- it's dictating  
19 their opinion on what the reimbursement is  
20 and thus the system itself.

21 COMMISSIONER LEE: Yes, thank you for that.  
22 And I think, too, right before -- I'm going  
23 to have to hop off in a second. But I  
24 think Rachel put in the chat the Dental TAC  
25 did yesterday receive a report and it was

1           previously asked about billings and denials  
2           and et cetera. So that report may give you  
3           a little bit of information. I reviewed it  
4           maybe yesterday myself, and I think it was  
5           a very good report, laid out easy to read.  
6           So once you-all review that and you have  
7           any questions, you know, please let us  
8           know, and I think it will be something, you  
9           know, definitely that you-all can review  
10          maybe on your next Dental TAC.

11                        But it has some real good information  
12          in there, and I'd like to thank Rachel for  
13          pulling that together in that format that  
14          made it so easy to read. I know if it's  
15          easy for me to read, anybody can read it.  
16          So you-all should have gotten that  
17          yesterday, and probably no time to look at  
18          that before this meeting. So look for that  
19          in your inbox, and if you have questions,  
20          please reach out.

21          MR. PETREY: Absolutely. And my comment  
22          that we haven't received -- we have to my  
23          knowledge, we have received two reports of  
24          the -- of the -- I think it was six that we  
25          requested. So, yes, we appreciate them

1 coming in and understand the time that it  
2 takes to get them together, and look  
3 forward to seeing the rest. So thank you  
4 for that and thank you for the work to get  
5 them together.

6 DR. BOBROWSKI: Well, I wanted to -- again,  
7 I thanked Commissioner Lee earlier today  
8 for, you know, all the things, and her  
9 staff, you know, for all the work that they  
10 do. This is a -- you know, I guess even  
11 myself sometimes, we don't realize the work  
12 and the commitment that our folks in  
13 Frankfort do put into their jobs, you know,  
14 in trying to help. And I know there's  
15 limitations.

16 And it's just sad that the governor  
17 and the legislatures are at odds and, well,  
18 who gets to do this and who gets to do that.  
19 And, you know, in the long run it just hurts  
20 our patients. So I hope they can work this  
21 out, because it puts us providers in a bind.  
22 It's like just now come, you know, like  
23 November and December, we're -- we're  
24 starting a denture for somebody. Well, can  
25 I get my teeth before Christmas? You know,



1 well, we better get it before Christmas  
2 because in January we don't know what's  
3 going to happen. And we really don't know  
4 what's going to happen in January once the  
5 legislators get back in session.

6 So there could be a lull in, you know,  
7 dentures and partials and things like that,  
8 crowns, whatever, of the expanded codes, but  
9 then it may just flow right on. I'm not  
10 trying to be Mr. Negativity, but it just --  
11 we just have to wait and see what happens.

12 All right. Any other topics? But I  
13 do -- I do want to reiterate a big thank you  
14 to Commissioner Lee and all the staff that  
15 work on the reports we ask and, you know,  
16 even helping set up meetings and -- big  
17 help, big help.

18 Are there any MAC recommendations that  
19 the TAC needs to send on? Hearing none,  
20 I'll be at the next MAC meeting. We just  
21 recently had one, so I'll be -- I'll be at  
22 the next one.

23 And our next TAC meeting will be  
24 November 3rd, from 2:00 to 4:00 p.m. Eastern  
25 Time, and it will be a Zoom meeting.

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And does anybody else have anything we need to bring before the TAC? Hearing none, I'll just entertain a motion to adjourn.

MR. PETREY: Make a motion to adjourn.

DR. BOBROWSKI: Second?

DR. SCHULER: I'll second.

DR. BOBROWSKI: Thank you.

All in favor say aye.

(TAC Members vote unanimously in favor of motion.)

DR. BOBROWSKI: And have a great weekend.

Thanks, Everybody.

DR. SCHULER: Bye.

MR. PETREY: Thank you, Garth.

DR. BOBROWSKI: Thank you.

\* \* \* \* \*

THEREUPON, the meeting was concluded.

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STATE OF KENTUCKY        )  
COUNTY OF FAYETTE        )

I, JOLINDA S. TODD, Registered Professional Reporter and Notary Public in and for the State of Kentucky at Large, certify that this transcript is a true and accurate record of the Medicaid Dental Technical Advisory Committee meeting.

My commission expires: August 24, 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 10th day of October 2023.

JOLINDA S. TODD, RPR, CCR(KY)  
NOTARY PUBLIC, STATE AT LARGE

<p><b>COMMISSIONER LEE:</b> [15] 4/22 5/6 5/20 6/5 6/20 10/18 11/13 20/16 24/12 25/18 31/25 35/10 37/15 37/19 38/21</p> <p><b>DR. BOBROWSKI:</b> [34] 3/1 3/20 4/4 4/11 4/13 4/17 5/2 5/11 6/4 6/11 8/22 10/3 10/14 10/20 11/24 13/15 18/16 23/1 23/24 25/5 28/5 28/9 32/6 33/20 35/2 35/8 36/1 36/22 37/17 40/6 42/5 42/7 42/11 42/15</p> <p><b>DR. CAUDILL:</b> [2] 35/1 35/3</p> <p><b>DR. SCHULER:</b> [3] 4/12 42/6 42/13</p> <p><b>MR. PETREY:</b> [17] 4/9 7/3 7/21 8/4 8/19 12/13 13/7 16/15 19/19 22/19 23/20 28/6 36/7 38/8 39/21 42/4 42/14</p> <p><b>MR. SCOTT:</b> [1] 32/18</p> <p><b>MS. BICKERS:</b> [2] 3/16 3/21</p> <p><b>MS. KITCHEN:</b> [1] 9/24</p> <p><b>MS. LEE:</b> [1] 10/6</p> <p><b>MS. MEDINA:</b> [2] 12/24 13/14</p> <p><b>MS. O'BRIEN:</b> [7] 6/12 6/21 7/20 8/3 8/8 8/20 12/21</p>	<p><b>about</b> [29] 3/16 5/12 5/15 5/16 6/21 8/25 9/6 10/21 17/3 18/18 18/21 21/9 21/10 21/11 24/14 24/17 25/9 25/13 27/19 31/3 31/16 31/23 32/3 32/4 36/4 37/4 37/6 38/3 39/1</p> <p><b>Absolutely</b> [2] 13/14 39/21</p> <p><b>acceptable</b> [1] 29/24</p> <p><b>accepting</b> [4] 17/4 17/6 17/20 17/21</p> <p><b>access</b> [2] 15/8 20/8</p> <p><b>accountable</b> [1] 6/3</p> <p><b>accurate</b> [1] 43/9</p> <p><b>across</b> [4] 16/17 20/5 21/13 27/10</p> <p><b>active</b> [1] 17/11</p> <p><b>actual</b> [2] 24/10 28/2</p> <p><b>actually</b> [2] 15/17 23/18</p> <p><b>acute</b> [5] 31/2 32/10 32/13 34/19 34/23</p> <p><b>ADA</b> [9] 14/6 23/3 23/7 23/13 24/11 25/16 36/10 37/6 37/22</p> <p><b>add</b> [1] 3/7</p> <p><b>added</b> [2] 15/7 38/18</p> <p><b>address</b> [1] 3/12</p> <p><b>addressing</b> [1] 38/5</p> <p><b>adjourn</b> [2] 42/3 42/4</p> <p><b>adjust</b> [2] 14/18 31/7</p> <p><b>adjustments</b> [1] 13/4</p> <p><b>administers</b> [1] 35/4</p> <p><b>admitted</b> [1] 23/14</p> <p><b>adult</b> [6] 19/11 20/21 21/25 24/14 26/8 26/23</p> <p><b>adults</b> [5] 9/19 15/16 22/1 24/16 35/15</p> <p><b>Advisory</b> [2] 27/6 43/10</p> <p><b>after</b> [3] 6/5 7/9 7/9</p> <p><b>afternoon</b> [1] 3/2</p> <p><b>again</b> [12] 9/9 14/16 20/18 21/8 25/21 25/23 26/25 27/16 33/7 36/10 37/24 40/6</p> <p><b>agency</b> [1] 32/25</p> <p><b>agenda</b> [2] 3/5 9/7</p> <p><b>ago</b> [3] 16/10 19/20 23/4</p> <p><b>agree</b> [2] 22/19 23/12</p> <p><b>ahead</b> [2] 12/25 14/21</p> <p><b>air</b> [1] 33/13</p> <p><b>all</b> [27] 4/14 9/12 10/7 10/15 12/10 12/21 14/9 14/14 15/9 15/17 16/17 16/25 19/1 21/25 23/16 25/3 26/9 32/24 37/15 39/6 39/9 39/16 40/8 40/9 41/12 41/14 42/8</p> <p><b>all's</b> [2] 7/14 15/24</p> <p><b>allow</b> [3] 11/15 22/15 22/16</p> <p><b>almond</b> [1] 34/8</p> <p><b>almost</b> [1] 25/9</p> <p><b>already</b> [2] 27/25 38/11</p> <p><b>also</b> [6] 7/24 9/7 17/17 25/1 27/25 29/22</p> <p><b>always</b> [1] 8/12</p> <p><b>Am</b> [2] 4/1 7/2</p> <p><b>Amazon</b> [1] 30/11</p> <p><b>amend</b> [2] 32/23 33/9</p> <p><b>amendment</b> [3] 32/21 33/1 33/1</p> <p><b>Annual</b> [1] 28/25</p> <p><b>another</b> [8] 3/12 11/19 14/17 19/7 24/4 28/13 28/15 30/23</p> <p><b>answer</b> [2] 14/7 22/8</p> <p><b>answered</b> [1] 36/15</p> <p><b>anterior</b> [1] 11/25</p> <p><b>Anthem</b> [4] 4/19 5/14 6/22 12/16</p> <p><b>any</b> [16] 4/25 5/16 10/3 12/12 13/15 17/22 23/17 30/16 31/18 33/14 36/2 36/5 37/20 39/7 41/12 41/18</p> <p><b>anybody</b> [5] 18/9 29/9 31/17 39/15 42/1</p> <p><b>anyone</b> [1] 4/20</p>	<p><b>anything</b> [6] 4/21 11/12 20/1 31/19 31/22 42/1</p> <p><b>anyway</b> [2] 33/6 37/8</p> <p><b>apologies</b> [1] 3/16</p> <p><b>apologized</b> [1] 24/5</p> <p><b>applause</b> [1] 23/14</p> <p><b>apply</b> [1] 35/22</p> <p><b>appreciate</b> [3] 12/10 12/23 39/25</p> <p><b>approve</b> [2] 4/6 4/9</p> <p><b>approved</b> [3] 7/15 7/16 7/18</p> <p><b>approximately</b> [1] 18/18</p> <p><b>are</b> [49]</p> <p><b>aren't</b> [1] 16/23</p> <p><b>around</b> [1] 18/20</p> <p><b>array</b> [1] 21/14</p> <p><b>as</b> [18] 3/17 12/7 16/20 16/23 17/9 17/21 18/7 20/2 20/2 24/19 26/2 26/2 27/11 27/20 35/4 35/17 36/6 37/21</p> <p><b>ask</b> [4] 5/12 5/16 10/21 41/15</p> <p><b>asked</b> [2] 19/21 39/1</p> <p><b>asking</b> [4] 11/8 30/18 31/3 31/16</p> <p><b>Association</b> [3] 23/6 28/25 37/5</p> <p><b>attack</b> [1] 20/2</p> <p><b>AUGUST</b> [3] 1/15 29/2 43/13</p> <p><b>August 25th</b> [1] 29/2</p> <p><b>authorization</b> [1] 5/22</p> <p><b>authorizations</b> [1] 5/19</p> <p><b>average</b> [1] 25/22</p> <p><b>Avesis</b> [3] 29/15 29/18 35/4</p> <p><b>aye</b> [2] 4/14 42/8</p>
<p><b>1</b></p> <p><b>104.8 percent</b> [1] 25/11</p> <p><b>10th</b> [1] 43/16</p> <p><b>11</b> [1] 1/15</p> <p><b>11:30</b> [1] 29/19</p> <p><b>12</b> [5] 9/4 9/9 9/22 10/17 10/19</p> <p><b>12-month</b> [1] 28/18</p> <p><b>14</b> [1] 15/2</p> <p><b>18</b> [1] 15/1</p> <p><b>189.60</b> [1] 19/14</p> <p><b>1:126</b> [1] 30/24</p> <p><b>1st</b> [1] 35/13</p>	<p><b>back</b> [11] 3/24 5/18 11/7 11/21 11/22 12/14 23/3 26/11 26/19 35/24 41/5</p> <p><b>background</b> [1] 32/8</p> <p><b>backside</b> [2] 12/5 12/9</p> <p><b>bang</b> [1] 21/20</p> <p><b>based</b> [3] 19/22 20/10 27/8</p> <p><b>basically</b> [3] 15/12 29/5 32/12</p> <p><b>be</b> [39] 5/4 5/22 6/10 7/19 8/4 8/8 8/16 12/6 13/12 18/4 21/16 21/17 22/24 24/5 24/7 27/2 27/5 27/20 28/3 28/24 29/6 29/17 30/17 30/18 31/1 31/6 32/9 32/25 34/17 35/7 35/18 39/8 41/6 41/10 41/20 41/21 41/21 41/23 41/25</p> <p><b>because</b> [20] 7/13 11/18 12/7 14/19 17/25 20/10 22/5 22/11 23/14 23/21 25/14 26/20 27/11 28/10 31/8 36/10 36/25 37/24 40/21 41/2</p> <p><b>become</b> [1] 9/10</p> <p><b>becomes</b> [1] 18/6</p> <p><b>becoming</b> [1] 17/5</p> <p><b>been</b> [23] 4/25 6/19 7/1 13/18 13/20 13/22 13/24 14/12 15/6 15/13 16/2 16/25 20/22 26/20 27/24 28/18 28/22 30/20 31/9 31/20 35/11 36/11 37/23</p> <p><b>before</b> [10] 3/10 3/10 14/12 18/3 24/8 38/22 39/18 40/25 41/1 42/2</p> <p><b>begin</b> [1] 36/17</p> <p><b>behind</b> [1] 20/19</p> <p><b>being</b> [8] 7/14 10/8 12/18 18/1 20/10 20/11 23/22 36/18</p> <p><b>believe</b> [6] 5/2 6/12 6/18 7/1 25/10 35/23</p> <p><b>below</b> [2] 20/5 22/6</p> <p><b>benefits</b> [2] 20/22 35/14</p> <p><b>best</b> [1] 9/15</p> <p><b>better</b> [5] 19/23 34/1 34/2 38/12 41/1</p> <p><b>between</b> [2] 3/24 32/11</p>	
<p><b>2</b></p> <p><b>2014</b> [1] 26/20</p> <p><b>2020</b> [2] 25/8 25/14</p> <p><b>2023</b> [2] 1/15 43/17</p> <p><b>2027</b> [1] 43/13</p> <p><b>21</b> [1] 15/4</p> <p><b>24</b> [1] 43/13</p> <p><b>25</b> [1] 15/4</p> <p><b>25th</b> [1] 29/2</p> <p><b>26th</b> [1] 29/2</p> <p><b>27th</b> [1] 29/2</p> <p><b>2:00</b> [2] 1/16 41/24</p>	<p><b>B</b></p>	
<p><b>3</b></p> <p><b>3rd</b> [1] 41/24</p>		
<p><b>4</b></p> <p><b>49th</b> [2] 29/4 29/12</p> <p><b>4:00 p.m</b> [1] 41/24</p>		
<p><b>6</b></p> <p><b>68.3 percent</b> [1] 24/17</p>		
<p><b>7</b></p> <p><b>71.50</b> [1] 19/15</p>		
<p><b>9</b></p> <p><b>907</b> [1] 30/24</p> <p><b>911</b> [1] 32/11</p> <p><b>93 percent</b> [1] 19/6</p>		
<p><b>A</b></p> <p><b>able</b> [5] 12/18 24/5 24/7 25/17 27/20</p>		

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<p><b>U</b></p> <p><b>until</b> [2] 9/18 31/12</p> <p><b>up</b> [15] 6/24 9/18 13/2 14/16 15/11 23/25 26/3 27/14 29/13 31/13 31/20 31/23 33/13 36/6 41/16</p> <p><b>update</b> [3] 5/7 23/2 28/7</p> <p><b>updated</b> [1] 25/19</p> <p><b>Updox</b> [1] 30/12</p> <p><b>us</b> [18] 3/2 4/21 8/23 9/23 11/17 11/21 13/8 17/17 18/7 18/21 20/5 22/16 29/13 29/16 35/23 38/8 39/7 40/21</p> <p><b>use</b> [7] 13/21 13/25 14/1 16/13 34/5 37/20 37/20</p> <p><b>used</b> [8] 16/11 20/11 23/22 31/1 32/9 32/13 36/11 36/19</p> <p><b>useful</b> [1] 27/5</p> <p><b>using</b> [4] 33/15 33/19 37/23 38/17</p>	<p><b>whatever</b> [3] 13/5 18/2 41/8</p> <p><b>when</b> [19] 8/13 16/6 17/10 17/19 21/2 21/5 21/9 21/10 21/13 23/4 23/20 26/12 26/15 26/17 26/22 30/8 32/7 35/11 35/13</p> <p><b>where</b> [11] 10/15 10/16 12/2 19/1 20/14 21/19 22/2 24/25 28/1 28/2 32/2</p> <p><b>WHEREOF</b> [1] 43/15</p> <p><b>which</b> [14] 5/23 7/6 16/25 17/9 18/2 19/9 19/13 22/13 22/16 27/25 30/13 30/21 30/24 32/12</p> <p><b>while</b> [1] 16/9</p> <p><b>who</b> [3] 8/2 40/18 40/18</p> <p><b>whole</b> [1] 19/16</p> <p><b>whose</b> [1] 7/10</p> <p><b>why</b> [4] 9/1 9/2 9/21 37/23</p> <p><b>will</b> [15] 4/7 8/17 20/19 22/8 23/20 24/25 25/2 27/2 27/5 27/25 33/5 37/19 39/8 41/23 41/25</p> <p><b>window</b> [1] 32/22</p> <p><b>within</b> [4] 9/9 16/1 18/20 28/18</p> <p><b>without</b> [1] 11/19</p> <p><b>won't</b> [2] 11/12 14/15</p> <p><b>wonder</b> [1] 28/17</p> <p><b>wondering</b> [2] 9/20 20/6</p> <p><b>word</b> [1] 16/11</p> <p><b>wording</b> [1] 31/7</p> <p><b>work</b> [9] 15/9 16/8 16/12 27/9 40/4 40/9 40/11 40/20 41/15</p> <p><b>worker</b> [1] 13/19</p> <p><b>workers</b> [1] 14/2</p> <p><b>workforce</b> [5] 26/3 27/1 27/1 27/9 27/14</p> <p><b>working</b> [4] 13/18 14/5 14/13 16/13</p> <p><b>worse</b> [1] 22/14</p> <p><b>would</b> [8] 3/13 10/1 22/16 25/23 26/10 31/3 31/6 32/25</p> <p><b>written</b> [2] 14/18 14/20</p>	
<p><b>V</b></p> <p><b>V-S-E-E</b> [1] 30/13</p> <p><b>various</b> [2] 9/1 31/21</p> <p><b>very</b> [11] 8/19 14/23 21/5 21/16 24/3 24/24 27/18 31/8 33/13 33/17 39/5</p> <p><b>via</b> [2] 1/11 32/23</p> <p><b>viable</b> [2] 17/10 20/11</p> <p><b>Virginia</b> [2] 20/5 21/24</p> <p><b>visit</b> [2] 31/15 32/17</p> <p><b>vote</b> [3] 4/5 4/15 42/9</p> <p><b>VSee</b> [1] 30/12</p>	<p><b>X</b></p> <p><b>X-ray</b> [1] 34/5</p>	
<p><b>W</b></p> <p><b>wait</b> [2] 3/11 41/11</p> <p><b>waiting</b> [1] 37/12</p> <p><b>want</b> [12] 3/1 16/15 18/4 28/1 28/23 29/15 29/17 31/19 33/12 34/3 36/6 41/13</p> <p><b>wanted</b> [9] 4/18 5/16 12/13 12/17 14/11 14/16 29/21 36/14 40/6</p> <p><b>was</b> [46]</p> <p><b>wasn't</b> [2] 10/12 37/11</p> <p><b>way</b> [3] 7/7 8/11 14/10</p> <p><b>we</b> [129]</p> <p><b>we'll</b> [5] 3/3 3/3 11/22 12/25 13/16</p> <p><b>we're</b> [16] 9/14 13/11 14/10 16/16 16/21 16/24 21/17 25/13 27/20 29/3 33/18 37/2 37/3 38/11 40/23 40/23</p> <p><b>we've</b> [11] 7/11 8/25 10/22 13/18 13/22 14/4 15/8 15/9 18/3 25/14 35/6</p> <p><b>Webex</b> [1] 30/11</p> <p><b>website</b> [1] 10/15</p> <p><b>weeds</b> [1] 8/7</p> <p><b>week</b> [1] 34/1</p> <p><b>weekend</b> [1] 42/11</p> <p><b>weeks</b> [1] 14/20</p> <p><b>welcome</b> [1] 8/20</p> <p><b>well</b> [21] 5/2 5/20 10/3 10/14 11/9 11/13 16/12 18/16 23/9 23/9 24/3 33/20 33/23 36/22 37/11 37/15 38/11 40/6 40/17 40/24 41/1</p> <p><b>were</b> [5] 2/17 3/15 6/14 7/15 25/8</p> <p><b>west</b> [2] 18/21 20/4</p> <p><b>what</b> [38] 4/24 6/9 6/23 7/14 11/7 13/2 14/18 15/17 16/14 19/17 20/7 20/9 21/6 21/6 21/17 21/19 22/14 22/17 22/23 22/24 23/22 25/8 25/15 26/1 26/3 29/11 29/13 30/9 31/2 31/10 31/11 33/5 34/18 35/24 37/13 38/4 38/19 41/11</p> <p><b>what's</b> [4] 18/17 33/10 41/2 41/4</p>	<p><b>Y</b></p> <p><b>yeah</b> [12] 5/6 8/8 10/20 12/10 13/7 16/10 23/9 23/24 25/5 25/7 34/16 35/3</p> <p><b>year</b> [5] 9/19 11/7 14/9 22/2 35/13</p> <p><b>years</b> [2] 23/4 30/20</p> <p><b>yes</b> [8] 7/3 10/20 20/16 22/8 35/2 37/8 38/21 39/25</p> <p><b>yesterday</b> [3] 38/25 39/4 39/17</p> <p><b>yet</b> [1] 20/12</p> <p><b>you</b> [152]</p> <p><b>you're</b> [4] 6/25 8/20 25/16 30/8</p> <p><b>you-all</b> [6] 9/12 10/7 12/10 39/6 39/9 39/16</p> <p><b>your</b> [15] 3/2 7/1 7/4 7/14 8/10 8/16 12/17 12/17 15/23 16/8 18/24 18/25 38/16 39/10 39/19</p> <p><b>Z</b></p> <p><b>ZOOM</b> [4] 1/11 2/17 30/13 41/25</p>	