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

Via Videoconference
November 13, 2023
Commencing at 2:04 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

- Keith Smith - Chair
- Linda Basham (not present)
- Dana Evans
- Troy Walker
- Joe Prewitt (not present)
- Jacob Carroll
- Joshua Brand

1 ahead and put that on the back burner until
2 hopefully we get two more on, or at least one
3 more on in order to take a vote on that.

4 So let's go ahead and jump into old
5 business and review new documentation from
6 DMS regarding the Medicaid PCS form. This is
7 the form that we had talked about and had
8 passed around getting input on in order to
9 replace the pre-certification,
10 prequalification for nonemergency Medicaid
11 medical transportation.

12 Erin, do you all have a copy of the form
13 as it's been adopted or as it is up for
14 adoption?

15 MS. BICKERS: I was not on the
16 approval email. Stuart, are you on the call
17 and might be able to share that for me?

18 MR. OWEN: Yes.

19 MS. BICKERS: I just know that it
20 was approved. Thank you so much.

21 MR. OWEN: Yeah.

22 MS. BICKERS: Give me just a
23 second. I'll make you a cohost.

24 MR. OWEN: Okay. Thank you, Erin.
25 So yeah, we submitted it kind of -- I emailed

1 it on behalf of all the MCOs asking DMS
2 approval. And DMS -- the appropriate
3 division that's over managed care essentially
4 did approve it and did confirm that we do
5 need to send -- anytime we, quote, change the
6 way we do business with a provider, a managed
7 care with a provider, we have to notify the
8 provider and also -- the same thing with
9 prior authorization, if you're changing prior
10 authorization.

11 So it was approved by DMS and then I
12 know -- like, with WellCare, we are trying to
13 operationalize it because we have to set up
14 business rules, essentially. Like, our
15 claims processing team, you know, have -- and
16 they have to, like, set up, you know, the
17 whole process, spell it out, vet it, and
18 then, you know, do training and stuff. So
19 we're in the process of doing that. We've
20 got another meeting Thursday.

21 I have our notices drafted. We're
22 shooting for 1/1/24 go live, and I'm hoping
23 Thursday to confirm that and then I would
24 submit the notice. Because we -- like I
25 said, we've got to send the notice to DMS for

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approval, which will be no problem, obviously, but we have to do it. So that's what we're shooting for.

But DMS did indeed improve the -- approve the form for use for all the MCOs, and I think one MCO is not going to use it at all, I think. They don't do PA anyway. But, anyway, DMS did approve it.

CHAIRMAN SMITH: Okay. Great. And then from your perspective of having the go-live date of January 1st of '24, is that a date that all of the MCOs would like to go with, or does everybody feel that you can meet that date? Or do we need to look at pushing it out because of any one particular MCO that has a larger process they need to go through in order to get it approved?

MR. OWEN: And a given MCO could go live sooner if they want. I mean, that's what I'm just thinking. We wouldn't have to all. I mean, you know, I guess it'll make it neater and cleaner for everybody, but I think if a given MCO could do it quicker, that they would have that liberty. Just throwing that out there.

1 CHAIRMAN SMITH: Sure. Sure. Real
2 quick, not to change the subject. But, Erin,
3 did you see Troy's comment that Dana is on
4 via cell phone? She's got an emergency she's
5 dealing with and can only come on camera to
6 be able to vote.

7 MS. BICKERS: Yes, sir. I was
8 going to step in and see if you saw that as
9 well when you and Stuart were finished.

10 CHAIRMAN SMITH: Very good. Thank
11 you so much, Erin, for keeping up with that.

12 Okay. So I think if we could have --

13 MS. BICKERS: I apologize. It
14 looks like Joshua is also logging in.

15 CHAIRMAN SMITH: Very good. Great.

16 MS. BICKERS: So if you guys want
17 to go ahead and approve your minutes as soon
18 as he gets in -- which it looks like he's in.
19 You could do that and then that's behind you.

20 CHAIRMAN SMITH: Okay. Yeah.
21 Yeah.

22 MR. BRAND: Thank you. I
23 apologize, everyone.

24 CHAIRMAN SMITH: Oh, that's okay.
25 Thank you for jumping on. I appreciate it.

1 All we've discussed so far, Joshua, that
2 requires a vote is to approve the minutes
3 from our last meeting. We discussed it
4 briefly and had determined that there were no
5 updates that needed to be made. If you saw
6 anything that needs to be updated, let us
7 know real quick. Otherwise, we'll go ahead
8 and vote to accept the minutes from our last
9 meeting.

10 MR. BRAND: No, sir, I did not.
11 Thank you.

12 CHAIRMAN SMITH: Okay. Great. So
13 all those that are in favor of adopting
14 the -- or accepting the minutes from the last
15 meeting, signify by saying yes.

16 MR. WALKER: Do we need a motion to
17 approve first?

18 CHAIRMAN SMITH: Yeah. There you
19 go. I'm sorry. It's been a long day, guys.
20 I apprec- -- I'm sorry.

21 Is there a motion to accept the minutes?

22 MR. WALKER: So moved.

23 CHAIRMAN SMITH: Second?

24 MR. CARROLL: Second.

25 CHAIRMAN SMITH: Second from Jacob.

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All those in favor?

(Aye.)

CHAIRMAN SMITH: Any against?

(No response.)

CHAIRMAN SMITH: No opposed.

Minutes pass. Thank you.

Okay. So going back to what Stuart was discussing with the time frame, they're shooting for January 1st. Do any of the committee members have an issue with us waiting that long? Obviously, if they -- they've got to have that long to get it through their process, then it just needs to wait a little bit longer.

But I'm of the mindset that instead of doing about -- one health organization doing it on one date and another health organization doing it on a different date, if we can try to keep everybody on one specific date so that we can put the word out to all the EMS providers that on this specific date, we can begin using the Medicaid PCS form. I think that might be a little bit more palatable to everybody.

Troy, what's your thoughts on that?

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MR. WALKER: I agree. I think we should do all of them at one time. That would give us time, also, to send this form that's approved out to the EMS services to train their staff as well. I mean, we've got to do training, also.

CHAIRMAN SMITH: Sure.

MR. WALKER: So yeah, we've got to learn how to use it and when to use it, so I think we just come up with a hard date of January 1st and go with that.

CHAIRMAN SMITH: Sure. I think that's a good thing. And then if there are any of the MCOs that are online or perhaps if they're not online that you all talk to that say, for whatever reason, they can't make January 1st, please reach out and let us know. But otherwise, we want to get this adopted and into use as soon as we can for the sake of the EMS providers.

The form is up on the screen now for those that may not have had a chance to see it. Hopefully, everybody has had a chance to see it. But this form is very much like the Medicare PCS form is with a few differences.

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Obviously, instead of a Medicare number, it asks for a Medicaid number. Like I said, I believe there was one or two very small changes.

In general, it's a very easy form to be able to use for those that have not had the opportunity to use it. EMS has been using a form that is very much like this for a number of years. So from our training perspective, I think it's going to be very easy for our people to be able to pick it up and run with it.

We just need to make sure our folks understand there is a small difference between the Medicaid form and the Medicare form and when it is appropriate to use the Medicaid form and, obviously, when to use the Medicare form.

Was there -- is there any parts of the form that anyone has seen that causes grief or otherwise, or is everybody okay with the way it is written? Like Stuart said, it's already been adopted, so it should be in its final form now. But if there's anything that's going to end up causing an issue, I'd

1 rather us find out about it now as opposed to
2 adopting it and then potentially having to
3 change it down the road.

4 MR. WALKER: Now, Keith, this form
5 can be used for Medicare and Medicaid;
6 correct? This new form can be used for --

7 CHAIRMAN SMITH: Can we blow it up
8 a little bit? I can't --

9 MR. WALKER: It's got Medicare and
10 Medicaid numbers.

11 CHAIRMAN SMITH: Okay. Yeah. So
12 long as it's got both the spaces on there for
13 the forms, it should be okay for the same
14 because it's got the same conditions as the
15 Medicare. And I believe the same people can
16 authorize it on the bottom as far as
17 physician, PA, nurse, social worker,
18 discharge planner, and so on.

19 So with that in mind, we'll go ahead and
20 call for the question. First, can I get a
21 motion to accept this form as written to be
22 the Medicaid PCS form going forward?

23 MR. WALKER: So moved.

24 CHAIRMAN SMITH: Motion by
25 Mr. Walker. Is there a second?

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MR. CARROLL: I will second it.

CHAIRMAN SMITH: Mr. Carroll
seconds.

Any discussion?

(No response.)

CHAIRMAN SMITH: Very good. All
those in favor, please signify by saying yes.

(Yes.)

CHAIRMAN SMITH: Any opposed?

(No response.)

CHAIRMAN SMITH: Any abstentions?

(No response.)

CHAIRMAN SMITH: Very good. So
moved. Thank you very much.

Okay. Now, as far as the -- yeah.
Thank you for pulling that back up, Erin. As
far as the procedure for using the policy,
Erin, I'm going to have to rely on you on
this. Is this something that is changed in
writing by DMS, or who -- who actually
documents the changes to the process in
writing, that we can provide to our EMS
providers showing the difference between the
preauthorization and now the PCS form?

MS. BICKERS: I believe -- and

1 someone with more knowledge than I do --
2 Angie, maybe if you're on the call -- that
3 the MCOs will send out provider communication
4 about those processes. But as far as on the
5 DMS side, I'm going to have to defer to
6 someone else.

7 CHAIRMAN SMITH: Okay.

8 MS. BICKERS: Angie, can you help
9 with that?

10 MS. PARKER: I'll try my best. Hi.
11 I'm Angie Parker. I am with the Department
12 For Medicaid Services. As far as
13 notification from the MCOs, they are to
14 provide 30 days' notice of any change to the
15 providers. So my -- they should be sending
16 this notification to the ambulance providers.

17 MR. WALKER: December 1; correct?

18 MS. PARKER: By December 1st, yes,
19 for a January 1st date, utilization of the
20 form.

21 MR. OWEN: Yeah. This is Stuart
22 again. I was going to say since it's
23 essentially the MCOs changing -- you know,
24 like, if DMS said, MCOs, you shall do
25 whatever, you know, that would be DMS. But

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since this is the MCOs each essentially changing the policy, it's our responsibility.

CHAIRMAN SMITH: Okay. Very good. Then, really, I don't see where we would need to take any type of a vote on the procedure since it's going to be coming from each individual MCO. And we can look for those policies to go out on December 1st to all EMS providers.

And is that -- Angie, is that to all EMS providers that are licensed in Kentucky, and does that include all classes of licensure?

MS. PARKER: It's whoever the MCOs are contracted with.

CHAIRMAN SMITH: Okay. All right. Very good. All right. Awesome.

Clearly, today's meeting is not going to take two hours for us to get through. So I think everyone is going to have some time put back on their calendars today.

Do any of the committee members have any questions regarding either the form or the policies and procedures going forward that we need to get out into the open today?

MR. WALKER: I guess I'm just

1 wanting to make sure we get it right as far
2 as sending it out to the EMS providers. I
3 mean, I don't know if we should wait for the
4 MCOs to do that or if we can take it upon
5 ourselves to help start training or rolling it
6 out.

7 I mean, we have two of the larger
8 billing companies on the phone, and there's a
9 couple more. But, I mean, they could be
10 doing training with this form and when and
11 where you should use it.

12 Is that okay, or should we wait for the
13 MCOs to send that out? So...

14 CHAIRMAN SMITH: We've got a hand
15 raised for iPhone. I'm assuming that might
16 be Dana.

17 MR. WALKER: Dana, I bet.

18 CHAIRMAN SMITH: Yeah. Go ahead,
19 Dana, if that's you, or whomever it is.

20 DR. CANTOR: I'm sorry. No. This
21 is Dr. Cantor. I'm on two devices, so it
22 looks like I'm here twice.

23 CHAIRMAN SMITH: Gotcha.

24 DR. CANTOR: But my question is --
25 normally, we have to have DMS approval prior

1 to sending anything out to the provider. So
2 since DMS has already approved this form, we
3 don't need to go through that particular step
4 on this form. Are we good to -- Angie?

5 MS. PARKER: If the form has been
6 approved, then yes.

7 DR. CANTOR: This form, yes. This
8 particular form has been approved by you all.
9 So we, the MCOs, are ready to send it out
10 without another ask of you all to approve it.

11 MS. PARKER: Correct. If it's been
12 approved, go right ahead.

13 DR. CANTOR: Okay.

14 MR. OWEN: Well, I mean,
15 Dr. Cantor, if we change the way we conduct
16 business, we have to notify providers of that
17 change. I think that's what we're talking
18 about.

19 DR. CANTOR: Yeah, yeah, yeah. But
20 there's always --

21 MR. OWEN: The form has been
22 approved. The notice -- we've still got to
23 do the notice, and that has to be approved
24 since we're, quote, changing the way we do
25 business. That's my understanding.

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DR. CANTOR: Well, now I'm --

MS. PARKER: Not to confuse things. So, Dr. Cantor, the form is approved. The MCOs are to provide that information to your contracted ambulance servers -- services. Excuse me.

With that notification, though, the information that you say, hey, come January 1st, this is the form you are to use, what I believe Stuart is talking about, yes, you would have to get approval for us to say we're sending this notification to our providers, and this is what we're saying. It shouldn't be an issue at all since the form has been approved.

DR. CANTOR: Yeah.

MS. PARKER: We're just making sure that --

DR. CANTOR: Okay. I'm just going to repeat what I think I'm hearing both you and Stuart saying. I do not need to upload this document to SharePoint asking you all to approve it prior to me sending it out before December 1 or on December 1.

MS. PARKER: Correct.

1 DR. CANTOR: Because it's been
2 approved by you all.

3 MS. PARKER: That's what I
4 understand.

5 DR. CANTOR: I'm going to use the
6 same form. I'm not -- I don't see -- I
7 worked on it on our back end with the
8 appropriate people, and I don't see any
9 difference at all. So it's ready to go. I
10 just want to make sure I don't need to ask
11 you all -- I don't need to upload it to the
12 SharePoint site.

13 MS. PARKER: Well, I'm not -- I
14 don't --

15 MR. OWEN: Yeah.

16 MS. PARKER: -- approve those, but
17 my assumption is yes, that it's been
18 approved. This form has been approved.
19 Please move forward before December 1st.

20 MR. OWEN: Yeah. Angie, it was
21 Jeremy Armstrong-DeRossitt on DMS' behalf who
22 approved the form for all the MCOs.

23 MS. PARKER: I'm sure he did so --
24 it sounds like it, so we're good to go,
25 Dr. Cantor. Just --

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CHAIRMAN SMITH: All right. Very good. And, Troy -- yes.

MR. CARROLL: Would it be worthwhile for a message to go out from KBEMS as well just to notify EMS providers of this, if we can have KBEMS do that as well?

CHAIRMAN SMITH: Yeah. I don't see any reason why they couldn't. We need to make sure we get the right form, the approved form so that we're not sending out a variation that wasn't approved. But I don't see any reason why they couldn't send it out.

And my guess is all of the -- and to Troy's point, actually, the billing companies will probably send out a message as well to make sure that we saturate the services with the message that there is a change. Because we clearly want everyone to be on the same sheet of music and make sure that everybody is following the new process come January 1st. So I don't see any reason why they wouldn't.

In fact, a captain may decide to do something similar with agencies, so it just really depends on each agency. But I see no

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reason why KBEMS couldn't send it out as well.

MR. WALKER: Keith, should we come up with -- I don't know how to say this -- guidelines, just a simple piece of paper that says use this for all nonemergency? I mean, I hate to say -- shouldn't we have something like that just explaining this --

CHAIRMAN SMITH: Yeah. We can do an introduction form to -- or an introduction page to the form and also state in that introduction form that each MCO may have their own processes to follow. But this is the form we use that will go to the billing companies. But in the meantime, they will be receiving further guidance from their individual MCOs that they're contracted with.

Yeah. That would be no problem. I don't mind drafting something like that, and I can send it over to you and the rest of the folks to take a look at.

MR. WALKER: I just thought the MCOs might appreciate that, too, because we definitely want to make sure it's kind of standard. I would think you would want it

1 standard across the board. I mean, I think
2 most of them would use it the same way, but I
3 just didn't know if that's something we need
4 to create to help with that, facilitate that.

5 MR. OWEN: Yeah. Speaking for
6 WellCare, I think that would be wonderful. I
7 think it's a real good idea.

8 CHAIRMAN SMITH: Okay. Yeah. We
9 can come up with that, and it basically will
10 be a talking point letter, be pretty much
11 verbatim based off of what we do with
12 Medicare, but yeah.

13 MR. WALKER: Yeah.

14 CHAIRMAN SMITH: It seems like a
15 doable thing.

16 All right. We will go ahead and jump,
17 then, from Item 4 down to new business, which
18 is a discussion of the meeting tempo changing
19 to quarterly from every other month. And
20 this was a message that I had received from
21 DMS indicating that other TACs had started
22 moving -- so instead of having a meeting
23 every other month, it turned into a quarterly
24 meeting.

25 So I wanted to put that on the agenda

1 for today to get everybody's feeling to see
2 if that is something that is tenable. Is
3 that something everyone would like to go
4 with? Would you prefer to stay with every
5 other month?

6 So the floor is open for comment on what
7 the group feels. I will say that having the
8 opportunity to do the every other month to
9 get this process done, the preauthorization
10 taken care of, was very nice, but this was
11 probably the largest bite out of the sandwich
12 that EMS providers needed to take care of
13 immediately.

14 I think one of the things that we will
15 want to discuss going forward will be the
16 reimbursement rates, but that is something
17 we -- we could probably do in a quarterly
18 fashion instead of every other month. But,
19 again, I'd like to get the feeling from other
20 members of the TAC and also the MCOs to see
21 what your all's thought on that is.

22 MR. WALKER: I -- I'd like to have
23 quarterlies. However, I think right in the
24 middle of this going on, me personally, I
25 think we need to have them a little bit more

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frequently, at least for the first couple of months, till we get this on the ground and going in case there was any issues.

CHAIRMAN SMITH: Okay. Does anybody else have any comments one way or the other?

MR. CARROLL: No. I'm in favor of going to a quarterly process. I mean, if we wanted to open it up in January and then go from there and see how it went, I mean, I would be fine with that or however you all want to do it. But I think quarterly would be good.

MS. BICKERS: And, Keith, this is Erin.

CHAIRMAN SMITH: Yes, ma'am.

MS. BICKERS: Of course, the schedule is completely up to the TAC members. I know we're in November. And if I stay on the schedule that you have currently, it would be a February meeting.

But if the TAC would like, I can always look at Monday -- maybe switching the months. I can't promise anything. Some of our odd months are a little bit heavier, but I might

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be able to move some things around if you wanted to look at a quarterly starting in January versus February.

MR. WALKER: That would be better.

MS. BICKERS: Okay. I can send that out after the meeting, and I'll take a look at that, kind of with the same week we are, and just move it to January.

CHAIRMAN SMITH: Okay. Yeah.

MR. WALKER: And if problems did come up with the implementation of this January 1st, we could always have a special called meeting, I guess, with just that. Okay.

MS. BICKERS: Yes, sir.

CHAIRMAN SMITH: So looking ahead on the agenda here, just never mind Item No. 9. We'll get there here in just a moment. So let's -- I don't know if we have to have a -- I'm assuming we have to have a vote to actually approve the tempo change. So we just, out of procedure --

MS. BICKERS: You don't have to vote.

CHAIRMAN SMITH: Okay.

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MS. BICKERS: I can just send out an email. And if you guys like the new schedule, just reply yes, and we'll get it on the books and sent out to everybody. If you don't like the dates, we will -- we'll mess with them until we get them right and what works best for the TAC.

CHAIRMAN SMITH: Okay. Sounds good. All right. We're blowing right through this.

Item 6, general discussion. Is there any items that need to be brought up before the TAC today?

MR. CARROLL: Mr. Chair, one thing I would like to just bring up for a discussion for future meetings, I think an item that we need to kind of try to tackle beginning next calendar year would be looking at some potential for Medicaid reimbursement for on-scene care/no transport.

You know, we're going to see some legislation start to happen at the federal level, and I'd like to see if we can't discuss how we can make that happen with the state level in Medicaid.

1 CHAIRMAN SMITH: Okay. Very good.
2 And I believe treat/no transport was
3 something that DMS has been working on. And
4 if somebody from DMS can update us on that, I
5 believe --

6 MS. BICKERS: Leigh Ann --

7 MS. FITZPATRICK: Yes.

8 MS. BICKERS: -- Leslie, are one of
9 you guys on?

10 MS. FITZPATRICK: I'm here.

11 MS. BICKERS: Oh, thank you, ma'am.

12 MS. FITZPATRICK: So yes.

13 Treat/not transport -- and I know there's
14 several different variations of that title.
15 I apologize. But CMS did approve that on
16 October 13th of this year with an anticipated
17 effective day of January 1 with the
18 regulations being drafted right now.

19 MR. CARROLL: Thank you.

20 CHAIRMAN SMITH: Okay. But that's
21 with the -- did you say that was with CMS?

22 MS. FITZPATRICK: No. They
23 approved our SPA, the state plan amendment,
24 to be able to reimburse the EMS providers.
25 When they go to a scene, they treat, but they

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don't have to transport someone, that that is now a reimbursable service for EMS.

CHAIRMAN SMITH: Okay. Very good. I thought I had seen something come across at one point that had that addressed, but I wasn't sure what the status of that was.

But is there anything in writing that is appropriate for us to be able to send out to all of the EMS providers that talks about this? Like I said, I think there was a document but, honestly, I don't remember when that came out. And I believe it wasn't after it was approved. I believe it was a meeting we had earlier in the year where we had talked about the treat/no transport.

So is there anything that has been done since October 13th that addresses it or that talks about what the reimbursement rate is that we could send out to our EMS providers?

MS. FITZPATRICK: That's not me. That would be someone else. I don't know who's on here that might be able to talk to that.

CHAIRMAN SMITH: Okay.

MS. FITZPATRICK: We -- oh, yes.

1 We do have it. I'll send this to Erin, and
2 she can send it out to everyone.

3 CHAIRMAN SMITH: Okay.

4 MS. FITZPATRICK: I do have, like,
5 a PowerPoint presentation, and I'll send that
6 out.

7 MS. HOFFMANN: Leigh Ann, this is
8 Leslie. I think we've got that one slide
9 that --

10 MS. FITZPATRICK: Yep.

11 MS. HOFFMANN: -- had some
12 projected rates.

13 MS. FITZPATRICK: Okay.

14 MS. HOFFMANN: Sorry. I stepped
15 away for two seconds. I'm sorry.

16 MS. FITZPATRICK: No. Thank you.

17 CHAIRMAN SMITH: With that being
18 projected rates, when will we know what the
19 actual rate will be versus a projection?

20 MS. HOFFMANN: Leigh Ann, when's
21 the implementation date on this one? Was
22 that one a --

23 MS. FITZPATRICK: Yeah. We had --

24 MS. HOFFMANN: Was that one
25 January?

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MS. FITZPATRICK: Yes, ma'am.

MS. HOFFMANN: So we should be able to tell you pretty -- fairly soon. I think what we have proposed is probably going to stay.

MS. FITZPATRICK: Yep. That's the -- that's one line that's in that document that I'll send.

MS. HOFFMANN: Yep. Thank you.

CHAIRMAN SMITH: Okay. So in the chat, it said it was going to be \$82.50 if it stands, and that was for A00429, I believe.

MR. CARROLL: Okay.

MS. HOFFMANN: This is Leslie. I apologize for saying projected because I think that is the rates that are standing.

CHAIRMAN SMITH: Okay. Very good.

MR. CARROLL: I think --

CHAIRMAN SMITH: With it being -- if it's going to be done under A00429, is there any type of modifier that the billing companies will have to add to show that it was a treat/no transport so that it doesn't potentially get kicked back?

MS. HOFFMANN: I think we're going

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to have to figure out where we are with the systems changes. Leigh Ann, can we do a follow-up with that?

MS. FITZPATRICK: Yes.

MS. HOFFMANN: And that's not something that she's necessarily doing. We're just involved because this became part of -- part of a continuum for mobile two. It's an offset of it.

CHAIRMAN SMITH: Okay.

MR. JOHNSON: And, hey, this is Bradford Johnson with Myers and Stauffer. I assisted DMS with this piece. And the code that'll actually be billed is the A0998. Just the way that the state plan was written, it ties it to the rate of A0429. So if A0429 ever has, you know, a dollar amount change, then the A0998 would follow it.

CHAIRMAN SMITH: Okay.

MS. HOFFMANN: Thank you, Bradford. I remember that now.

MS. FITZPATRICK: Thank you.

MS. HOFFMANN: Thank you for being on.

MR. JOHNSON: Yep.

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MS. HOFFMANN: It's been a while since I've looked at it.

CHAIRMAN SMITH: Okay. Great. Jacob, does that answer what you had or --

MR. CARROLL: Yes. The only other question is how this could play into community paramedic services, MIH. That may have to come out when we see the regulations or legislation; is that correct? Or will this apply to community paramedic services as well?

CHAIRMAN SMITH: Sure. That's a fantastic question. And for DMS and the MCOs that are on the line, you may hear community paramedics referred to as mobile integrated healthcare. You may hear it referred to as CP, community paramedicine.

Essentially, it's the program where paramedics go out. They can check on patients that have been recently discharged to make sure that they're doing okay under a contract by hospitals to potentially do it. Or if it's a frequent flyer patient that just needs to be checked on to make sure that we can reduce or try to reduce the number of

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trips that they make to the hospital.

There's been a lot of growth in the area of mobile integrated health care. But the one thing that has never moved the needle -- the needle hasn't moved on is the reimbursement for doing CP.

So that's something that as more and more EMS providers are wanting to do it, especially to try to stem the number of trips for frequent flyers -- and I know that's not the politically correct term that we're supposed to use but those patients that use our services multiple times in a day.

We would be able to take care of without necessarily transporting them and allow them to be seen by a medical provider so that it's taking away any question of whether or not there is something physically wrong with the patient or not.

So this will probably be a topic I'll go ahead and put on our next agenda so that we can brief it more appropriately, especially for the MCOs, because each state does it a little bit differently or a lot differently depending on what part of the United States

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you're in.

But CP is something that, if done correctly, is a fantastic option for patients, and it's a better utilization of medical resources as opposed to transporting anybody who calls 911 for any reason when they don't really need to be transported or use the 911 system. So I'll put that on the agenda for the next meeting.

MR. CARROLL: Thank you, sir.

CHAIRMAN SMITH: Thank you.

Appreciate it.

Okay. Any other general discussion items? If not, we'll jump down to No. 7. Any recommendations at this time?

(No response.)

CHAIRMAN SMITH: Okay. Hearing none, the next item is our MAC meeting representation. I believe the next MAC meeting is -- I don't have the schedule in front of me, but I believe it's either December or January. Actually, it might be this month.

MS. BICKERS: The next MAC meeting is on the 30th of this month.

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CHAIRMAN SMITH: Okay. Yeah.

Okay. So November 30th, if you're so inclined and would like to attend the MAC meeting, that will be sent out for those folks.

Again, Item No. 9, where it talks about our next scheduled meeting being February 26th, that will probably change. Let's wait and see what we get from Erin as far as what the meeting dates will look like.

And then as we find that out, I'll get with the committee members individually, and we'll go from there and make sure that we give plenty of notice to the MCOs as to whether we want to start on a January and then go quarterly or what the decision is on that.

All right. I'll open it back up. If there's any discussion items for anybody concerning anything before we dismiss?

(No response.)

CHAIRMAN SMITH: All right. If not, we'll go ahead and call for adjournment. Anybody have a motion to adjourn?

MR. WALKER: So moved.

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CHAIRMAN SMITH: Motion. A second?

MR. CARROLL: Second.

CHAIRMAN SMITH: I've got a second.

Any discussion?

(No response.)

CHAIRMAN SMITH: All in favor?

(Aye.)

CHAIRMAN SMITH: Opposed?

(No response.)

CHAIRMAN SMITH: None. Very good.

We're adjourned. Very good.

For those that are still on here, I hope everybody has a happy holiday season. Please stay safe, and we look forward to seeing everybody at the beginning of the new year. Thanks so much.

(Meeting concluded at 2:41 p.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime Reporter and Registered Professional
Reporter, do hereby certify that the foregoing
typewritten pages are a true and accurate transcript
of the proceedings to the best of my ability.

I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome of
this action.

Dated this 22nd day of November, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR