

DEPARTMENT OF MEDICAID SERVICES  
HOME HEALTH TECHNICAL ADVISORY COMMITTEE

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Transcript of Meeting held  
December 19, 2023,  
commencing at 11 a.m.

Lisa Colston, FCRR, RPR  
Federal Certified Realtime Reporter

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**A P P E A R A N C E S**

**COMMITTEE MEMBERS:**

Annlyn Purdon, Chair  
Evan Reinhardt  
Susan Stewart  
Marlene Falconberry  
Teudis Perez

**STAFF:**

Erin Bickers

1 MS. PURDON: Good morning,  
2 everybody. Thank you for being here.  
3 We will start off with the introduction of  
4 the TAC members. I will start.

5 I'm Annlyn Purdon with Hayswood  
6 Home Health.

7 MS. STEWART: Susan Stewart,  
8 Appalachian Regional Healthcare.

9 MR. REINHARDT: Good morning,  
10 everyone. I'm Evan Reinhardt with the  
11 Kentucky Home Care Association.

12 MR. PEREZ: Good morning.  
13 Teudis Perez with Green River District Health  
14 Department.

15 MS. PURDON: Is that all of the TAC  
16 members?

17 MR. REINHARDT: I think so.  
18 I don't see Marlene, so I think we're --  
19 that will be us for today.

20 MS. PURDON: All right. Is there a  
21 motion to approve the October 17th meeting  
22 minutes?

23 MS. STEWART: I will make that  
24 motion, Susan Stewart.

25 MR. REINHARDT: Second.

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MS. PURDON: All in favor.

(Aye)

MS. PURDON: Did we get Teudis?

MS. BICKERS: No. Can I have you on camera, please.

Thank you, Annlyn. I couldn't find my mute button.

MS. PURDON: I wonder if he stepped away. Can we move on and then when he gets back...

MS. BICKERS: Absolutely.

MS. PURDON: Okay. Old business. Evan, do you want to take over or do you want me to do it?

MR. REINHARDT: Yeah, that's fine. So, jumping in, we're just looking for an update on where things stand with EVV. I know we have had a lot of providers reach out and we have asked them all to communicate with DMS and Kim Smith directly.

So I want to see where things stand, what the, you know, plan from DMS's perspective is. You know, we still have our concerns about access and what this might do to, you know, some agencies in terms of their

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participation in the Medicaid home health program directly.

So we're just checking in to see where things stand.

MS. LOWERY: Good morning, Evan and Ann. So I will provide those updates for Pam today. This is April Lowery with the Division of Long-Term Services and Supports.

And we can start with our implementation updates for EVV HHCS. So our soft go-live is planned for December the 28th. We are looking to have everybody looking at -- we would like to have at least 50 percent of visits being captured by EVV there in January. So January 1 is the official go-live. So we are looking at 50 percent of each agency's visits being captured by EVV during that month of January. And then I know providers continue to work with Therap in the onboarding process as well as getting their members and their PAs uploaded and working with the aggregator access.

DMS will plan to continue to monitor the implementation and adoption of

1           our providers and provide technical  
2           assistance one-on-one with the provider  
3           community as-needed. We will continue to  
4           also monitor by provider the visits through  
5           the month of January. And I'm hoping that  
6           all providers can be capturing at least  
7           50 percent of those visits, again throughout  
8           January. And then looking to up that to  
9           about 75 percent of the visits by  
10          February 1st, with 100 percent by March 1st.

11                         And we all do know that all  
12          agencies will not have, like, 100 percent  
13          visits; some things will happen, there will  
14          be a reason that you have to have a backup  
15          plan, et cetera. So, you know, that is  
16          expected. And DMS will continue to monitor  
17          and work with the providers as far as,  
18          you know, turning on those hard edits.

19                         So if we see the implementation is  
20          not going smooth, we will continue to work  
21          with the provider community and ensure that,  
22          you know, we are at a good point before that;  
23          you know, as far as editing, it gets turned  
24          on in the system.

25                         So that's the current updates for

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where we are at on the HHS DS implementation for EVV.

MR. REINHARDT: So thanks, April. A couple of questions.

Do you all have, like, a bulletin or a letter that you will be releasing all of this information, just to make it official for everyone?

MS. LOWERY: Yes. So, Evan, we had sent out a provider communication last week. We held a policy webinar yesterday. We will also be posting the link to that. And, also, I can put the links here in our chat or I will get them to Erin to post.

MR. REINHARDT: Okay.

MS. LOWERY: So we will make sure that you do that. And we've got several additional communications that we will be rolling out as we work towards go-live as well.

MR. REINHARDT: And then for an agency that doesn't hit the 50 percent threshold, you know, according to the timeline, what are the consequences for that?

MS. LOWERY: So right now, they're

1           -- we will just continue to monitor and work  
2           with those providers one-on-one to  
3           understand, you know, where they are at in  
4           the process. From everything we have seen  
5           with the communication we have had with  
6           Therap, nearly all the providers are in --  
7           either have completed the onboarding or are  
8           in progress of the onboarding process. So,  
9           you know, we are going to continue to work  
10          with those providers one-on-one, Evan, as we  
11          need to.

12                       MR. REINHARDT: Okay. And I see  
13          Susan has got her hand up, so I will turn it  
14          over to her.

15                       MS. STEWART: April, I think you  
16          and I had a -- or we had an e-mail exchange a  
17          few weeks ago about our status with EVV. And  
18          I would say we are 10 percent in. We're  
19          still trying to get through all of the  
20          contracting and how we are going to handle  
21          EVV with our staffing.

22                       I don't see any way possible that  
23          we are going to be at 50 percent compliance  
24          by the end of January. You know, we are a  
25          union environment, and we are still trying to



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work through the nuances of applications, apps on cell phones that are not ARH-owned devices; you know, there's a lot of things involved in that.

And I just want to kind of be on record in that what we are seeing from across the state is, and we are not doing this, is that agencies across the state are discharging their Medicaid patients and not picking them back up. So this is going to create an access to services issue for Medicaid patients. And agencies are having to make hard decisions about compliance with EVV and getting paid a nominal per visit rate or don't take -- don't admit a Medicaid patient.

So those are conversations that are being had probably with every agency in the state of Kentucky. And I know that we are not going to be ready. And I have eight agencies in the state; you know, I just -- I'm very concerned about what is going to happen. That's it for me.

MR. REINHARDT: Go ahead, Annlyn.

MS. PURDON: I had a couple of

1 specific questions. So I will be at  
2 zero percent probably until July, is when my  
3 software has said is a realistic time frame  
4 for them to write the program or to write --  
5 because we can already capture it in our  
6 system. They just don't have the program  
7 written to send that to their app.

8 So I was told that so long as I was  
9 working towards becoming compliant, that we  
10 would be okay. I've sent in my plan, and  
11 I've never heard anything. So I don't know.  
12 Am I okay?

13 MS. LOWERY: So, yes, if you sent a  
14 plan in and you are working towards  
15 compliance and we have reviewed it, then you  
16 are okay. So, and also, they are -- like, I  
17 believe that there are a few agencies that  
18 are still trying to figure out if they are  
19 going to use Therap or if they are using a  
20 third-party; you know, could potentially use,  
21 you know, the Therap platform, you know,  
22 while you continue to make those decisions  
23 and capture those visits.

24 I know that I had also had a  
25 conversation with Susan, I know Annlyn I

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believe Pam and I talked through your e-mail and we understand. You know, we just need, you know, some plans from the agencies that are work -- continue to work with our third-party's vendor.

So if you have not sent us a plan to review, you can send that. I will also drop an e-mail address in the chat here for you-all for the agencies to utilize. So, Evan and Annlyn and Susan, if you all want to get those e-mail addresses out, we're happy to review those provider situations on a case-by-case stipulation.

MS. PURDON: So can I expect a response to my plan and what you-all think my next steps should be if it is not acceptable or?

MS. LOWERY: Yes. We will make sure that you get a response back.

MS. PURDON: Okay. Then I know that we have actually started using EVV in our system. We have access. The staff has come up with a few really good questions I never thought of.

So access allows people that can't

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sign to voice sign. Is that acceptable with the state?

MS. LOWERY: Yes.

MS. PURDON: And is there anything specific they need to say? I mean, is it just their name or do they need to say, "This is Annlyn Purdon. And John Smith was here on 12/19 at 11 a.m."?

MS. LOWERY: Yes, that's correct. Some of the software -- I am not for sure exactly how that third-party is. Some of the software will have, like, an unable to capture, you know, signature.

MS. PURDON: Correct.

MS. LOWERY: And you will give a reason. So if your software doesn't have that option, you know, you just might want to jot a quit note, you know, stating.

MS. PURDON: Yeah. It will let them document that, you know, they're -- the patient's paralyzed.

So, I mean, so did you just say their name is okay or do they have to spell out who was there and what time they were there and what date for the signature?

1 MS. LOWERY: So if your software  
2 has that option, where you can check a box  
3 "unable to capture signature," you know,  
4 and reason, then, you know, as long as that  
5 is captured by the staff, then you're good.

6 MS. PURDON: Okay. Then my next  
7 question is on secondary patients. So say  
8 they have Anthem commercial primary and  
9 Medicaid's their secondary. Do we have to  
10 capture EVV on them?

11 MS. LOWERY: You do have to capture  
12 the visit for a Medicare crossover.

13 MS. PURDON: For a Medicare  
14 crossover.

15 MS. LOWERY: Yes. So if you had an  
16 individual that had Medicare and you were  
17 seeing them from a Medicare standpoint, you  
18 have to ensure that you're still capturing  
19 that visit for our KTI data.

20 MS. PURDON: Yeah. I'm so lost.  
21 If somebody could explain that to me.

22 MR. REINHARDT: For a dual eligible  
23 you are saying, April?

24 MS. LOWERY: Correct.

25 MR. REINHARDT: So if they have

1 Medicare and Medicaid, they -- the Medicare  
2 visit needs to be documented. Is that what  
3 you are saying?

4 MS. LOWERY: Yes. It would need to  
5 be documented as a visit, a  
6 clock-in/clock-out.

7 MS. PURDON: Even if we are not  
8 billing Medicaid?

9 MS. LOWERY: That is correct.

10 MS. PURDON: Yeah, that's totally  
11 new to me. I don't know how I missed that  
12 one.

13 MS. STEWART: Yeah, I didn't  
14 realize that either.

15 MS. PURDON: Yeah, that's a whole  
16 new ballpark -- a whole new game there.

17 So, I don't know, I am going to  
18 have to think about that one for a while.

19 Okay. So then back to the --  
20 so yes on the secondaries. Because of course  
21 Medicare pays 100 percent, so we wouldn't  
22 bill Medicaid secondary. So it will be all,  
23 like, Anthem, Humana, commercial. And then  
24 we're billing E -- or not EPSDT. But  
25 Medicaid secondary, those need to be captured

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to be paid in the long run?

MS. LOWERY: Yes. And I've made a note to make sure that we get our FAQs updated on that.

MS. PURDON: Okay. And my last question is: During one of the town hall meetings they were talking about where we will sign into the aggregator through KOG.

How do we get -- like, even though I am not up and running with Therap yet, can I go ahead and sign up for that so I can have that ready?

MS. LOWERY: I believe, my understanding is, you have to have your onboarding process completed. But I will take that as an action item and get a response out.

MS. PURDON: Okay. I think that's my questions, if anybody else has any.

MS. STEWART: I've got one more. So, April, is it -- am I safe to say that the e-mail exchange you and I had has me covered for me to be able to be reimbursed after January 1st?

MS. LOWERY: I have a couple

1 follow-up questions that I will get to you,  
2 and then we'll continue to have that  
3 conversation.

4 MS. STEWART: Okay. Yeah, we are  
5 -- it is not like we are not doing it. It is  
6 just it takes a while to get through it.

7 And just so that -- you know, I  
8 want to put this out there. This is causing  
9 an additional expense to us. Because we're,  
10 like I said, we're having to explore devices  
11 for our staff to be able to do this. And  
12 it's going to be about a thirty to \$50,000  
13 investment for us across our system to be  
14 able to capture EVV data. That's all I've  
15 got.

16 MR. REINHARDT: All right. So we  
17 have a few follow-ups, then. We will  
18 definitely follow-up on the duals question  
19 and, you know, stay in touch on that one, and  
20 we will look for the FAQs as well. Anything  
21 else on EVV for the group?

22 (No response)

23 MR. REINHARDT: All right. We will  
24 move to updates on the DME fee schedule. I  
25 think we have heard that possibly for the



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supplies-only folks that's been updated.  
Is there any official kind of information on that from DMS or the Cabinet?

MS. LOWERY: Hi. This is April again.

So where we are at on those codes is, testing has been approved and we are waiting for our MMIS vendor Gamewell to enter those codes into the MMIS. And then once we get those entered into the MMIS, then we can update the fee schedules accordingly. And we will make sure that once the MMIS is ready and the fee schedules are updated, that you-all receive that update.

MR. REINHARDT: Okay. So just confirming, no fee schedules have been changed just yet?

MS. LOWERY: No. The fee schedules have not been updated because we are still -- we had tested the system and we're waiting for the MMIS to completely get those codes entered.

MR. REINHARDT: Okay.

MS. STEWART: Evan, I've got one more comment about EVV, if we can go back.

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MR. REINHARDT: Sure.

MS. STEWART: April, I just want to -- are you-all aware of the amount of e-mails, sales e-mails, we get from Therap in a day? I mean, it's -- it is really ridiculous the amount of sales pitch e-mails we receive from them as a provider. It is constant.

MS. LOWERY: That is a first for me. I appreciate you-all bringing that to our attention. If Susan or somebody could send me one of those or a couple of those, I would like to take a look at them. And we will review that and get back with input.

MS. STEWART: All right. Thank you.

MS. PURDON: I have a question on the DME fee schedule, which it is not exactly what we were talking about.

But where you-all did release that now DMEs can do the incontinence supplies. I don't know. Evan, I think you had sent in a list of questions that Ted and I had come up with.

MR. REINHARDT: Yes.

1 MS. PURDON: Did we get an answer  
2 on, like, if they're a home health patient,  
3 do we still need to supply the incontinence  
4 supplies while they are our patient or can  
5 DME? Is that just totally separate?

6 MR. REINHARDT: I think we've  
7 shared that one in the past. I don't know if  
8 we have ever gotten that, an answer on that  
9 one.

10 MS. PURDON: Does anybody with the  
11 State happen to know that answer?

12 MS. LOWERY: Evan, if you had sent  
13 an e-mail on that, I do not mind to get that  
14 recirculated and follow-up with who we need  
15 to.

16 MR. REINHARDT: Awesome.

17 MS. LOWERY: I am not familiar with  
18 that e-mail, I don't believe. So if somebody  
19 can recirculate that, I do not mind to try to  
20 coordinate a response.

21 MS. PURDON: Thank you.

22 MR. REINHARDT: Absolutely. We  
23 will get that over to you today.

24 MS. CLARK: Can I just ask a  
25 question on that? Is there a reason why

1 you-all would not supply them with items if  
2 they are receiving services from your agency?

3 MS. PURDON: I mean, we can. I was  
4 just going to start moving my supply-only,  
5 the incontinence supply-only people over to a  
6 DME. But in the past, like with  
7 authorizations, like one agency couldn't be  
8 giving them incontinence supplies and then us  
9 doing visits because they offset against each  
10 other.

11 MS. CLARK: But if you -- like I  
12 understand the supply-only. But if you-all  
13 are -- if you are providing, I guess, those  
14 supports to them, specific services, is there  
15 a reason why you would not provide them with  
16 supplies?

17 MS. PURDON: I mean, if they are  
18 already set up with a DME and they are going  
19 to need it, if they had it before we started  
20 and then are going to need it after, it is  
21 just easier for them to not confuse it and  
22 just keep getting it from the DME.

23 MS. CLARK: Okay.

24 MS. PURDON: But, I mean, we can,  
25 if that is going to be required. That was

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just my question before we started moving people over.

MS. CLARK: Okay. No, and I know that he, I think, was going to send that to April. But it was a question that popped into my head.

MS. PURDON: Okay.

MS. CLARK: So just trying to get further information for my knowledge.

MS. PURDON: Thank you.

MS. FALCONBERRY: This is Marlene. And I have a question in regards to the DME and authorization as well. We basically got a referral. We could not get a PA because the patient was getting outpatient supplies. But we could not find out who that was with. The State would not share that information and we had a real struggle, which caused a negative impact to that patient not able to receive services.

MS. CLARK: And did you speak to somebody, like, within Medicaid?

MS. FALCONBERRY: Yes. The agency did. And they would not give us any information on who the DME company was.

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MS. CLARK: Okay. Maybe send that e-mail as well to April so we can do just some further research on that.

MS. FALCONBERRY: I will.  
Thank you.

MS. CLARK: Thank you.

MR. REINHARDT: All right.  
Anything else on the DME or supply-only fee schedule?

(No response)

MR. REINHARDT: And if not, we will go down to the KOG site delays and authorizations. I think probably folks on the TAC were having issues there. So I don't know if you want to describe with more detail what's happening. But I think that's a -- it is an issue that more than one agency is experiencing.

MS. PURDON: For us, it is just that there is a long delay in actually getting authorization. Because I know somebody else was having a problem with what they were submitting. So we don't often have them come back and ask for more information. I mean, we just submit it and, I mean, weeks

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and weeks waiting on that to go through.

MR. REINHARDT: I think Teudis was having that issue, too. But we heard from another agency as well that, you know, they would consistently request the MAP forms and then the agency would just include the MAP form in the submission and it would still ask for the MAP form.

So, Ted, I'm sorry to interrupt. Go ahead.

MR. PEREZ: No. It is just the same thing, that we get a request for the information that we already sent on the original request. We are getting a lot of additional informational requests. And when we do, it is exactly what was sent on the original request. But we don't understand why we are getting, you know, a request for more information when the information that they're requesting was already submitted.

Right now we are all the way -- we have got requests from early in November that still -- have still not been processed.

MS. LOWERY: Okay.

MS. CLARK: April, do you want me

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to talk on this?

MS. LOWERY: I was going to say, I was getting ready to pick up and speak on it.

MS. CLARK: Okay.

MS. LOWERY: So, you know, with the EVV vendor implementation, you know, we know that there are going to be bumps in the road. Our team across the department has continued to meet with Gamewell and Carewise on that transition daily. And if you-all can send us -- you know, you can send it to me and we will make sure to get those examples over, you know, where you-all are struggling.

So we're happy to work to coordinate that and to try to work out some of those bumps that you-all have experienced. So we are happy to coordinate that. But I do need to see those examples so that we can help you-all through this transition period. Okay?

MR. PEREZ: The other thing is, on those requests -- so instead of just putting the information that's missing, you guys are actually, you know, requesting for us to put in the whole request again. So it is not



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only that we have to just submit one piece of information that's missing, you have to recreate the whole PA pack and send it again. Would it be possible that, in still doing that, that we could just submit whatever piece of information you guys are requesting, not the whole package again?

MS. CLARK: So just one piece or one note on that is, I think I heard you say earlier that, say, you sent it in in the early part of November, what I've learned on those meetings is, when the transition from one system to the other system it did not bring over the previous documentation. So say you submitted it on 11/1 -- and the easiest way is for me to give an example.

Say you submitted it on 11/1 and you got an LOI and you didn't submit that LOI information back. If it was on the new system, so after 11/13, then there is that disconnect. I know that they were trying to identify how many LOIs they had out there. But in those instances, if it is going to be over that cut-off date, the best thing to do is to resubmit everything that you have

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submitted with the prior auth the first time and then along with whatever the LOI was. So if you needed an additional document or signature or something like that, just resubmit that packet if it is going to go through that cut-over period.

MR. PEREZ: All right. So we have been doing that. So I understand, when you say anything after November 13th, that would not be the case, we are not going to have to recreate a whole package after that November 13th cut-off date.

MS. CLARK: Right. If your first submission was after go-live of the implementation of the new system, then you shouldn't have to resubmit, like, the entire packet if you get an LOI. But if you had originally submitted for an authorization through the old system, is what I will call it, and you got an LOI but you didn't respond to that until after the new system went into effect, that is that period of time that you're going to have to resubmit everything.

MR. PEREZ: All right. Thank you.

MS. CLARK: You're welcome.

1 MR. REINHARDT: We will make sure  
2 to follow-up with some examples of what we  
3 are hearing from members, if that works. And  
4 can we do that with -- is that with you,  
5 April? Or, Alisha, is that with you?

6 MS. LOWERY: Yeah, send those to  
7 myself, April. And, like I said, I'm getting  
8 ready to drop in some links for EVV HHCS and  
9 also my e-mail address.

10 MR. REINHARDT: Perfect. Thank you  
11 so much.

12 MS. CLARK: And can I just say that  
13 for any of the issues that you have been  
14 hearing, just make sure that it is not, like,  
15 an a broad thing; like give us case examples,  
16 Medicaid information, so that we can make  
17 sure that we always track it back to the  
18 specific case so we can ensure that,  
19 you know, a full and thorough research is  
20 being done and we are going directly --  
21 you know, instead of it just being, like, a  
22 hearsay or something like that. I always  
23 like to have those very specific examples and  
24 I know April does, too. So I just wanted to  
25 -- so we don't have to e-mail you back and be

1           like, "Oh, can you provide this, this, and  
2           this?" So...

3                     MR. REINHARDT: Sure. No, we're  
4           happy to dig in on that.

5                     MS. CLARK: Thanks, Evan.

6                     MR. REINHARDT: You're welcome.

7                     All right. Do you want me to keep  
8           going, Annlyn, or do you want to jump back  
9           in?

10                    MS. PURDON: (Indicating).

11                    MR. REINHARDT: All right. We  
12           jumped down to general discussion. Any  
13           updates from our MCO partners? Billing  
14           issues? PAs? Any other home health  
15           information.

16                    So if the MCOs that are on, if you  
17           want to just jump in.

18                    MS. OWENS: This is Holly with  
19           Anthem. We don't have any updates or issues  
20           to report at this time.

21                    MS. PAGE: Hi. This is Anna Page  
22           with Passport. The same, no issues to report  
23           at this time.

24                    MS. WILSON: Hi. This is Carrie  
25           Wilson with Humana Healthy Horizons. And we

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don't have any issues, either, at this time.

MS. RISNER: This is Krystal with Aetna Health. We also don't have any issues. The only type of denials we are seeing coming through is just your standard PA denials and things of that such.

MS. MEEK: Good morning. This is Aaron Meek with WellCare of Kentucky. We examined our auth report, and we approved 98.59 percent of home health-related auth requests. On our claims report, the top denial issue would be a duplicate claim. Other than that, we engage with our claims SMEES [sic] and teams, and they informed us that they have no major issues or trends, so nothing to report on that front. Thank you.

MS. ALTINA: Hi. This is Altina with United. We have no issues to report.

MR. REINHARDT: All right. I think that covers us on the MCOs.

Any updates from DMS?

(No response)

MR. REINHARDT: And/or Commissioner Lee?

MS. REINHARDT: Evan, this is Erin.

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I don't have an update. But I do have a quick request of the TAC, if you don't -- if I could have just a moment.

MR. REINHARDT: Sure.

MS. BICKERS: Okay. Don't laugh at me. But this pertains to your December meeting next year. Looking through the calendar, it looks like there are two meetings that kind of hit right against each other. And I want to make sure that we have enough DMS staff and MCO staff. Is there any way we could possibly tweak the time on that meeting from 11 to 10:30, so 10:30 to 12:30 instead of 11 to 1?

MR. REINHARDT: That works for me.

MS. PURDON: Yeah, I don't think that will be a problem.

MR. REINHARDT: Plenty of time to adjust your calendar.

MS. BICKERS: Most appreciated. I appreciate that, guys.

MR. REINHARDT: Yeah, thank you.

MS. BICKERS: And I know a lot of staff --

MS. PURDON: You will have to

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remind us.

MS. BICKERS: I will update it on the calendar invite after the meeting. And, then, we will have it on the website and we will do a friendly reminder, because I myself might also forget by that time as well.

MR. REINHARDT: Sounds good. Thank you.

MS. BICKERS: Thank you, guys.

MR. REINHARDT: We don't have any recommendations today. And, likewise, Susan, our ongoing MAC representative. So, last items, the February meeting, February 13th, 2024, the same time, 11 o'clock.

MS. PURDON: And then I think we have got to circle back around and approve our minutes.

MR. REINHARDT: Oh, yeah. You have to approve the minutes.

MS. PURDON: We had a motion and a second. So now I think we have Marlene and Teudis back. Is everybody in favor?

(Yes)

MS. PURDON: Now I think we did it.

All right. Anything else for the

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good?

MR. PEREZ: Actually, I would like to ask, I know we had asked for this before, but can we get an updated list of MCO agency representatives? We are having a difficult time getting somebody from WellCare to help with the WellCare portal. And when we just call their regular customer service number, they're having a hard time understanding what home health is and how to help us.

So is there any way we could get that list of direct representatives for home health?

MS. BICKERS: Yes. I can request that from the MCOs. I can ask them all to send me a list of the best contact person.

MR. PEREZ: Thank you.

MS. MEEK: And, just quickly, this is Aaron Meek from WellCare. I am not dedicated specifically to home health, but I am going to leave my e-mail in the chat and anyone can feel free to e-mail me and I will make sure to transmit any of those concerns or requests to the members of our team who can help.



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MR. REINHARDT: Thanks, Aaron.

MS. PURDON: All right. Anything  
else?

(No response)

MR. REINHARDT: That's it for  
today.

MS. PURDON: With that, we will be  
adjourned. I wanted to thank everybody for  
attending --

MR. REINHARDT: Thank you.

MS. PURDON: -- and for your  
information. Have a good day.

(Proceedings concluded)

1 **REPORTER'S CERTIFICATE**

2 STATE OF KENTUCKY )

3 COUNTY OF FRANKLIN )

4  
5 I, LISA COLSTON, FCRR, RPR, and Notary Public  
6 in and for the Commonwealth of Kentucky at Large, do  
7 hereby certify that the facts as stated by me in the  
8 caption hereto are true; that the foregoing  
9 proceedings were made and were thereafter reduced to  
10 computer-aided transcription by me and under my  
11 supervision; and that the same is a true and accurate  
12 transcript of the proceedings to the best of my  
13 ability.

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

18  
19 IN WITNESS WHEREOF, I have affixed my  
20 signature and seal this 12th of February, 2024.

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Lisa M. Colston  
LISA COLSTON, FCRR, RPR