

1 DEPARTMENT OF MEDICAID SERVICES  
2 HOME HEALTH CARE TECHNICAL ADVISORY COMMITTEE

3 \*\*\*\*\*  
4  
5  
6  
7  
8  
9  
10  
11  
12

13 FEBRUARY 13, 2024  
14 11:00 a.m.  
15  
16  
17  
18  
19  
20  
21

22 Stefanie Sweet, CVR, RCP-M  
23 Certified Verbatim Reporter  
24  
25

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

A P P E A R A N C E S

**TAC Members:**

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

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. BICKERS: Good morning.

This is Erin with the Department of Medicaid. It is not quite 11 o'clock and we are still clearing out the waiting room, so we will give it just a minute.

Okay, good morning. The waiting room is cleared and it is 11 o'clock if you guys would like to go ahead and get started.

MS. PURDON: Good morning. Glad everyone could make it. Let's see. We will just go ahead and start out with introductions. I'm Annlyn Purdon with Hayswood Home Health.

MS. STEWART: Susan Stuart with Appalachian Regional Healthcare.

MR. REINHARDT: I'm Evan Reinhardt with the Kentucky Home Care Association.

MS. PURDON: And I believed Teudis is on; isn't he?

MS. BICKERS: I see a box with his name. I don't see his camera on. Maybe he stepped away briefly.

MR. PEREZ: Good morning,

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

ladies. I'm sorry, I apologize.

MS. BICKERS: No worries.

MS. PURDON: All right. So I believe we have a quorum. And we will start out with the approval of the December 19th, 2023 minutes, if there is a motion?

MS. STEWART: I'll make that motion.

MR. PEREZ: I'll second that.

MS. PURDON: All in favor?

TAC MEMBERS: Aye.

MS. PURDON: All right.

Old business. I believe most of these are -- rather than the EVV updates, which is everybody.

Evan, do you want me to go over them?

MR. REINHARDT: Either way. I'm fine to run through them.

MS. PURDON: Okay, go ahead.

MR. REINHARDT: Just looking for an update of where things stand with EVV. We are over a month into the launch now, so just wanted to see if there is anything

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

from the DMS side that we can relay to providers or vice versa, just in terms of how things are going out there.

MS. SMITH: I think -- so this is Pam. It looks like -- we've been very happy so far with how it went and how the providers have been doing. We are working on the first version -- kind of, like, a report card that is going out to the provider so you all know, individually, what your visits look like, what the claims, since we've got that edit in to let you know, how many what it looks like claims, you know, the percentage that would be denied. We have had a couple providers that have had issues that we've been working with, individually, through them. It has kind of been varied things. It's been some connectivity, I know there is claims, something with diagnosis, I think that we are looking at on claims. But overall, I've been very excited with the adoption rate and we've had several providers that just jumped right in and are doing well. We are seeing a great mix

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

of both MCO visits and fee-for-service visits.

MR. REINHARDT: Awesome.

MS. STEWART: I have a question. Pam, were you all able to get to the 50 percent threshold by January?

MS. SMITH: We are looking at that right now. So I don't have an answer. I don't know that all providers were there so we will evaluate. You know, I am in constant evaluation before we turn on, you know, the hard edits, but we did have some providers that were delayed in getting started, but they were very good at communicating with us where they were and what the plans were, so we are looking at that. But we did have some providers that were close to 100 percent.

MS. STEWART: Great.

MS. SMITH: So we have seen, just overall, great effort. Even in individuals who did not quite get there, there's been a lot of communication and that's all that we've asked for. Just that open communication just so we can

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

help through any issues. And I know the Therap team has been out there and available to help with questions as well.

MS. STEWART: I know we are one of those providers that is keeping you all abreast of our progress.

MS. SMITH: Yes, you are.

MS. STEWART: And we are thankful for that. We are live now, 100 percent live in one location, you know, just working with our IT team to get the rest of our devices deployed and how that works is our barrier now, but we've seen very good success in monitoring what we are putting in and what is making it to the aggregator.

As much as we give you guys a hard time, I do want to give you kudos. Working with the state and Therap has been much better than working with the state of West Virginia, which has been nonresponsive, so kudos to you all for being great to work with.

MS. SMITH: Well, thank you. We try. We really want to be partners out

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

there.

And I will say that we have -- we have seen the typical things of people forgetting to clock out or forgetting to clock in. It's brand-new. It's going happen. And it's going to happen even when it is not brand-new. Because we are human beings and we are seeing these things and that's why we have the mechanisms to fix these things.

But overall, I have been very excited, and I have been excited about the level of hope you are all as well, the information that is available on the dashboards. As you start to use that, there's a lot out there that you all can see as well that I think will give you all valuable information.

MR. REINHARDT: Excellent. That's good to hear, because I know other states, you know, we are hearing about upwards of half a million dollars of issues for providers in terms of claims so glad to hear we are making progress, for sure. And thanks for all of the help from



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

the DMS side, Pam, we appreciate it.

MS. SMITH: Thank you. That's what we are here for.

MR. REINHARDT: All right. I think the next one might be you, too, Pam, on the incontinence supplies.

MS. SMITH: Yes, so as you know, we did expand the DME fee schedule to include incontinence supplies. That really is an additional supplement, because I think there was always a crossover from some of the other supplies that is on the home health fee schedule and the DME fee schedule. We are currently working with the healthcare -- I will get their name wrong -- our policy division in looking at the fee schedule amounts, making sure things are consistent, and looking at -- I believe we have added a couple things too, Evan, it took us a little while to get there, but we did get those couple things added to the fee schedule, so we are looking at that, but -- and we are having, it is still really hard to, in some areas, for

1 individuals to get incontinence supplies,  
2 so if you all have any ideas of ways to  
3 make that better, I am all ears to that.  
4 But I think we are just continuing to look  
5 at that and looking at consistency among  
6 the different fee schedules when it shows  
7 up on more than one, and looking at access  
8 issues as they come up.

9 MR. REINHARDT: We are happy  
10 to -- we can talk internally and see if we  
11 get some feedback your way on getting the  
12 net cast a little wider.

13 MS. SMITH: Okay. Thank you.

14 MS. PURDON: I have a question.  
15 Did we get an answer on if the person is  
16 actually a home health patient, if we need  
17 to continue to provide them the  
18 incontinence supplies while they are under  
19 a visit auth with us, or can they  
20 continue, like, if they are with a DME, to  
21 get their incontinence supplies with the  
22 DME and then us provide the visits?

23 MS. SMITH: They can do  
24 either/or. So, yes, they can -- if they  
25 were already set up with the DME company

1 and were getting those supplies, then they  
2 can continue to receive them through the  
3 DME company, or if you all are seeing them  
4 and have been providing them, then you can  
5 continue to provide them. It's really  
6 what is person-centered and easiest for  
7 the individual and won't have a service  
8 interruption. And we are also looking at  
9 some of the auth requirements around --  
10 I'm looking at auth requirements around  
11 incontinence supplies, and I will just  
12 tell you, I am transparent, I have always  
13 committed to you all to be transparent. I  
14 really think that if someone is a diagnosis  
15 of incontinence then they should be able  
16 to deserve to have incontinence supplies  
17 and not jump through hoops to get them.  
18 So we are looking at that. We are trying  
19 to smooth out some of those things so it's  
20 not necessarily that you need to have an  
21 authorization to have a certain quantity  
22 of those supplies a month, and looking at  
23 only if it is over. And I think that  
24 mirrors what is on the DME fee schedule  
25 right now, that there is a certain

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

quantity that they can provide per month without having to have an authorization and it's only that if they go over that amount that an authorization would be required.

MR. REINHARDT: Anything else on that one? Annlyn?

MS. PURDON: No. I think that was my only question.

MR. REINHARDT: And these next two, I think, are yours.

MS. PURDON: I believe so.

MR. REINHARDT: For the overlaps in credentialing.

MS. PURDON: The overlaps we encountered were actually on incontinence supplies. So we had been providing incontinence supplies to a patient for many years and she called me one day and said that we had sent her all of the wrong supplies, and when I started looking it wasn't supplies that we had sent. It was actually huge confusion and I had to send somebody out to her house to look at all of her paperwork, and it had come from

1 another home health. So when I called  
2 them, they said they had gotten a referral  
3 from her waiver case manager and they said  
4 they had an authorization as well.

5 MS. SMITH: I think Annlyn that  
6 was the example that you sent back to me,  
7 so I am looking into that and talking to  
8 CareWise to see what happened. So while  
9 we don't want them to -- so what I don't  
10 want to happen is -- because we do have  
11 some agencies that are not providing  
12 supplies, so I don't -- so at one point in  
13 time there was a rule that, you know, you  
14 have to get both from the same agency,  
15 that you couldn't have two separate points  
16 of care, which is problematic if you have  
17 one person who is providing supplies and  
18 one who is not. But we also don't want  
19 overlap. So I am looking into that. I  
20 have an IOU and I will owe you back a  
21 response on that, but I'm looking into  
22 that and talking to CareWise about how  
23 that happened, as well looking at the MMIS  
24 for that duplicate logic, because we  
25 should have had a duplicate kick out

1           against that prior authorization that  
2           wouldn't have let that second one go  
3           through on the second step of the process.  
4           So we are looking into that so I will  
5           email you back on that one.

6                     MS. PURDON: Well, that one just  
7           happened to work out, because I hadn't  
8           sent her the supplies yet.

9                     MS. SMITH: Okay.

10                    MS. PURDON: So the other place,  
11           I just told them, if you have an auth, you  
12           can go ahead bill for it and then we won't  
13           send the supplies --

14                    MS. SMITH: Okay.

15                    MS. PURDON: But I just wanted  
16           to make you aware that it happened.

17                    And then, the last one, there is  
18           a company, Avesis, I guess, that different  
19           Medicaids use to do credentialing, and I  
20           think it is, now, actually worked out, but  
21           in credentialing, of course, they want my  
22           last site survey and we are past due. I  
23           think three years was last October so we  
24           are expecting one any day, and they kept  
25           sending me, you know, notice that they

1           couldn't approve it until I send a site  
2           survey within the last three years and  
3           finally, I just sent them an email that I  
4           don't know what to tell you. I don't have  
5           it and I don't know when they will be  
6           here. So the last time that I called them  
7           they said that they had approved it.

8                       MS. SMITH: Okay, and I would  
9           ask -- I think Chris might be on from  
10          program integrity or if anybody knows on  
11          because --

12                      MS. PURDON: I know they --

13                      MS. SMITH: I can't really speak  
14          to that. And if there's no one on that  
15          can speak to that, I can take the question  
16          back, Annlyn. But you feel like it has  
17          been worked out pretty well at this point?

18                      MS. PURDON: Yes. I think they  
19          do for the MCOs. Like, I got one for  
20          WellCare, and the reason that I was  
21          talking to them is one was for another  
22          company and I then got another one for  
23          WellCare, and I called them and said I was  
24          just re-credentialed for another one and  
25          they looked it up and said that it had

1           been approved, and it was within a  
2           timeframe so they would just go ahead and  
3           put me in as a credentialed for all of  
4           them.

5                   MS. SMITH:   Okay.

6                   MS. STEWART:   So Annlynn,  
7           you're -- for lack of a better term, you  
8           are accredited when OIG does your state  
9           survey; you're not accredited by anybody  
10          else?

11                   MS. PURDON:   Right.

12                   MS. STEWART:   That make sense.  
13          And how far behind are they?

14                   MS. PURDON:   We were due last  
15          October.

16                   MS. STEWART:   Okay.

17                   MS. PURDON:   So we just keep  
18          expecting them any day.

19                   MS. STEWART:   Oh, they'll be  
20          there.

21                   MS. PURDON:   Oh, they will be  
22          here.   They will be here.

23                   MS. TURNER:   I apologize.   This  
24          is Chris from Provider Enrollment and, I  
25          apologize.   Were you asking about the



1                   credentiaing aspect of it? That you are  
2                   getting duplicate requests for that? Did  
3                   I understand that correctly?

4                   MS. PURDON: No. The issue was  
5                   that I haven't had my OIG site survey  
6                   within three years.

7                   MS. TURNER: Okay. Let me take  
8                   that back with my branch manager and talk  
9                   with her, and see if I can get an  
10                  understanding as far as what is going on  
11                  with that.

12                 MS. PURDON: Okay.

13                 MS. TURNER: Did that affect  
14                  your specific credentialing?

15                 MS. PURDON: They, in the end,  
16                  they finally approved it. They sent me  
17                  several emails saying they couldn't  
18                  approve it until they had one within the  
19                  last three years, and I just e-mailed them  
20                  back and said, I have no control over OIG  
21                  and they are here when they are here.  
22                  They don't schedule it. They show up.

23                 MS. TURNER: Okay.

24                 MS. PURDON: But they did  
25                  eventually say that they just approved it,

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

so.

MS. TURNER: Okay and I'm assuming that is due to the unwinding. I'm just getting everything back on track with that. But I will follow up with that. Thank you.

MS. PURDON: Okay. Thank you.

MR. REINHARDT: All right. Was that both C and D on the credentialing side?

MS. PURDON: Yes.

MR. REINHARDT: I don't think we had anything set up for new business and less anybody has anything to add there.

So we can jump down to any updates from the MCOs.

MS. OWENS: This is Holly with Kentucky Medicaid. No updates from us.

MR. REINHARDT: Thanks, Holly.

MS. OWENS: Thank you.

MR. OWEN: Evan, this is Stuart with WellCare. I mean, nothing other than to let you know that one provider that you referred us to indicated that they were having some problems. Our provider

1 relations rep resat to them and actually  
2 went to their office either late last week  
3 or yesterday. They've been educated --  
4 there were two different issues. One had  
5 to do with billing when there was  
6 Medicare -- when a member has both  
7 Medicare and Medicaid as a dual, and the  
8 Medicare Billing Manual says Condition  
9 Code 12 is what needs to be reported, and  
10 one of the fields, I think, it's 18  
11 through 28, I understand they were not  
12 reporting 12, maybe another code.

13 And then they also had an issue,  
14 it looks like, where the member ends up  
15 being an eligibility change where they go  
16 back to Medicaid Fee-For-Service and  
17 WellCare did not require an auth for a  
18 specific service, but Medicaid  
19 Fee-For-Service does and now I think it's  
20 denied by Medicaid Fee-For-Service. That  
21 was the other issue that they were having.  
22 I know there's been some eligibility -- I  
23 have heard that elsewhere as well. You  
24 know, with, like, retro eligibility  
25 changes. But that's --

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MR. REINHARDT: Understood. And I appreciate you all going down and having a dialogue and, hopefully, they are on the same page now.

MR. OWEN: Yeah. That's all I have.

MR. REINHARDT: All right. Thank you.

Any other MCO updates?

MS. MORALES: This is Rosa Morales. Nothing for United Healthcare.

MR. REINHARDT: Thanks, Rosa.

MS. MORALES: Thank you.

MR. ELLIS: This is Herb from Humana.

Similar to WellCare, I just wanted to share a few things. We also saw, obviously, retro eligibility issues, as well. Just some other things as in the claims.

Number one issue seems to be where the providers are accidentally not submitting the correct MPI and/or taxonomy so it's tying back to an invalidated Medicaid ID number or an unregistered

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Medicaid ID number.

We are also seeing situations where it's a duplicative claim being billed.

And the other one, which is the third-highest, which is EOBs where a member has either commercial insurance for primary or medical insurance for primary and the claim is missing an EOB.

MR. REINHARDT: All right.

Thanks.

MS. WILSON: Hi. This is

Carrie, also from Humana Healthy Horizons.

I just want to give you an update for 2023. No issues or concerns, but we did have a 97.6 percent approval rate and a 2.4 percent denial rate for home health services. And our top services that were requested, denials [indiscernible] nursing for private duty nursing and home infusion.

MR. REINHARDT: Thanks, Carrie.

Any other updates to share?

All right. We will jump down.

Any updates from DMS and/or Commissioner

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

Lee?

MS. SMITH: Evan, it is Pam. I don't know that we -- we talk about continuing with the EVV. We are starting on the waiver side -- starting to -- the quality reviews and any certification reviews that we do for the waiver provider. So that is up and coming, but that is something that had been in place prior, but with the pandemic and with where we were, things had taken a pause, so all of that is beginning to restart.

If anybody has any questions, they can reach out to me, but overall, I just want to say thank you for everyone for their patience with EVV and all of their work with EVV. Like I said, I've been very happy with our adoption rate and how smooth the process has went.

MR. REINHARDT: Awesome.

MS. SMITH: And I don't know if Commissioner Lee was able to join us or not -- I know we have several competing meetings today, so.

MR. REINHARDT: Gotcha.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. BICKERS: I don't think she's with us today, Pam.

MR. REINHARDT: All right. We don't have any recommendations this time around.

MS. PURDON: Evan, if you don't care, I just thought of something, kind of old business.

MR. REINHARDT: Of course, no, please, do.

MS. PURDON: Have you heard anything, everybody who was having issues with the new reauthorization system, is it ESET? Is that how you say it? Is that getting better?

MS. STEWART: I don't know, Annlyn. My team hasn't said anything, so.

MR. REINHARDT: I think we've sent a few examples over just related to ESET, and we have been asked to forward everybody, I think, over to Pam to have those addressed, so that's all the update on our side. I don't know if DMS is seeing any change in term of the trend on that one.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. SMITH: It was a little rocky in the beginning because it was new for everyone. We are seeing things seem to be smoothing out. There are some issues, kind of, here and there and as you mentioned, Even, you've sent a few things to us. We've had staff from Gamewell have looked into those. I know they've reached out to specific providers.

So just, as those come up, let us know and we will work through those. I suspect that it is a lot like -- anything that is new, it's going to be, there are going to be some bumps in the road at the beginning, but we hope that as things smooth out and as we continue with education on both sides, so I ask that if you have any concerns, as much information that you can provide as possible really helps us to target if we need to -- if there is reeducation that needs to happen or if there is a process that we need to look at, that helps us get to that point from the start. But I believe they seem to be smoothing out now.



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

MS. PURDON: Okay. Thank you.

MR. REINHARDT: All right. MAC meeting representation. We still have Susan as our representative there and our next meeting will be on April 9th, and otherwise, that is it for today.

MS. STEWART: I'll make a motion to adjourn.

MR. REINHARDT: I'll second that.

MS. PURDON: I believe we are adjourned. Thank you, everybody.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

\* \* \* \* \*

C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 21st day of February, 2024

\_\_\_/s/ Stefanie Sweet\_\_\_\_\_

Stefanie Sweet, CVR, RCP-M