CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES
HOSPITAL CARE
TECHNICAL ADVISORY COMMITTEE MEETING

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Via Videoconference
June 20, 2023
Commencing at 2:00 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Russ Ranallo, Chair

Elaine Younce

Lori Ritchey-Baldwin

Theresa Fite (not present)

Danny Harris (not present)

CHAIRMAN RANALLO: This is Russ Ranallo. I'm the chair of the TAC, and I welcome everybody to the Hospital TAC meeting.

As she says, Elaine and Lori, do you want to introduce yourselves?

MS. YOUNCE: Sure. I'm Elaine Younce from the University of Kentucky.

MS. RITCHIE-BALDWIN: Good afternoon. I'm Lori Ritchie-Baldwin from St. Elizabeth Healthcare.

CHAIRMAN RANALLO: Okay. And who from DMS do we have?

MS. PARKER: Angie Parker.

CHAIRMAN RANALLO: Hi, Angie.

MR. BECHTEL: Steve Bechtel.

MR. DEARINGER: Justin Dearinger.

MS. RICHARDSON: Amy Richardson.

DR. THERIOT: Judy Theriot.

MS. SWINGLE: Jennifer Swingle.

MS. SHEETS: It's Kelli Sheets again. And I'm sorry, but I would like to remind the TAC members that when you are voting, in order to comply with open meeting laws, you must have your cameras turned on.

CHAIRMAN RANALLO: Thank you.

MS. SHEETS: You're welcome.

CHAIRMAN RANALLO: Okay. We have the minutes from the previous meeting. They were sent out. Does any of the TAC members or anybody from DMS have any adjustments?

MS. RITCHEY-BALDWIN: I don't have any.

CHAIRMAN RANALLO: Okay. I'll have a motion for approval of the minutes.

MS. RITCHEY-BALDWIN: This is Lori.

MS. YOUNCE: I'll make a --

MS. RITCHEY-BALDWIN: I'll make a motion.

CHAIRMAN RANALLO: A second?

MS. YOUNCE: Sorry, Lori. This is Elaine. I'll second.

CHAIRMAN RANALLO: Okay. All those in favor, aye.

(Aye.)

CHAIRMAN RANALLO: Okay. That's minutes passed.

Old business. Molina emergency department claims policies. So this is an old item that we've had on the agenda for

several meetings. I still have not been given the policies. To kind of refresh everybody's memory, there were some -- an emergency department policy was approved by DMS, and I know there's been medical records requests that have gone out to providers. I know I've received those, and I've asked.

And when we asked questions about the process, we were told from Molina that there would be policy clarifications that would come out. And that was -- it's been about six months at least. And I've still not seen those policies, and I'm asking again for those policies.

Anybody from Molina that can answer that question?

MS. BASHAM: Hey, Russ. I'm sorry. I was transferring systems. Can you repeat the question for me, please? This is Nicole Basham. Sorry.

CHAIRMAN RANALLO: Yeah. So the Molina emergency department claim procedure was approved by DMS. And when we started to ask questions about three meetings ago, Molina said that there were clarifications of

some things that were included and not included and to be reviewed.

And I know I've gotten medical records requests under this policy, and I've asked repeatedly, not only of my own rep but at this TAC meeting, for the clarifications of -- and the policies surrounding what Molina is doing on these emergency department claims.

MS. BASHAM: Yep. So, Russ, we're happy to meet with you. I know that the team has sent it out maybe to your staff. Maybe it didn't get to you, the high-level criteria that we're using to identify those.

There was a misstep on the KHA call that occurred a couple of weeks ago around whether we'd make any payment at all. And so that's getting corrected, making sure that everyone is aware that if anything is agreed upon to be nonemergent, we are paying up to $100 for that visit.

And so, again, we've published everything that we have to publish. But I think I've also offered -- I'm happy to meet with you and talk through it if you've got

some more detailed questions or to recirculate the things and the items that we've been able to send out.

CHAIRMAN RANALLO: I'd like you to send them to DMS and then -- for DMS to review them as well. But I'd like it to come from them, so it goes -- so we need to make sure that we --

MS. BASHAM: So --

CHAIRMAN RANALLO: -- the appropriate --

MS. BASHAM: It's all been to DMS for approval. So you're asking it to come from DMS?

CHAIRMAN RANALLO: Well, the policy is one thing. There were explanations and clarifications on that policy that we've been asking for.

MS. BASHAM: That's been to them as well as part of -- gave the high-level criteria.

CHAIRMAN RANALLO: So do you know when that was sent?

MS. BASHAM: It's been back in January, so I can recirculate that, Russ.

The criteria hasn't changed.

CHAIRMAN RANALLO: We had a meeting in February. And we asked for it again, and we were told it wasn't ready. I asked my rep about a month ago or so, a month and a half ago, for it, and we were told it wasn't ready.

MS. BASHAM: Okay. Let me -- let me get this prepared, and I will send it on certainly to you and then I'll chat with Jeremy at DMS to see if we can --

CHAIRMAN RANALLO: I can send you those emails, and I can bring you the minutes from the last meeting when they -- when they said it was not ready for -- to be viewed and they were still working on it.

MS. BASHAM: Yeah. No. I'll get it out to you, Russ, so we can get it distributed to everybody.

CHAIRMAN RANALLO: Okay. Thank you.

MS. BASHAM: So I'll circle that loop. Again, this is Nicole Basham. I'm the VP for network and operations, so we will close that loop for you.

CHAIRMAN RANALLO: Thank you.

MS. BASHAM: You're welcome.

CHAIRMAN RANALLO: Any questions from TAC members?

(No response.)

CHAIRMAN RANALLO: Okay. Incarceration data. I know I continue on the KHA monthly calls to hear noise around incarceration data and issues. Just -- I know we've been working on this for a while, and I know it has improved.

Just any update from DMS on any other -- any other further effort or improvement?

MS. ARANT: Hey, Russ, it's Claire.

CHAIRMAN RANALLO: Yeah. Hey, Claire.

MS. ARANT: If I may, just one thing to add to this that came up in the membership call yesterday. It was more kind of an expectation around how the providers are to get the patient to sign the MAP form. And so that's going to come up on the DMS/MCO call on Friday, but I just wanted to bring that up here.

The members have been complimentary of,

you know, the improvements to the incarceration issue and have appreciated all of DMS' hard work on this, but that was just one point of clarification on getting the form signed.

CHAIRMAN RANALLO: Okay. And we'll table this. And if you have additional information, Claire, from that that needs to be discussed, we'll discuss it.

MS. ARANT: Thank you.

CHAIRMAN RANALLO: All right. New business, Optum reviews. So we've had repeated feedback from providers about some of the vendors, particularly Optum, that the MCOs are working with and two particular issues.

One is requests for medical records are not going to the correspondence address from Optum on multiple MCOs. When the providers find out that those requests have been made, either through a denial -- a technical denial, they realize that the requests have gone to the wrong -- the wrong address, either to a clinic office or another department that is outside of the

correspondence. And when they bring it back to the MCO, the MCOs have repeatedly told them to go work with Optum, and they've not been able to work with Optum successfully.

So it is -- it's not -- I don't think it's the providers' issue to make Optum do what they're supposed to do. The MCO should handle their vendor and make sure that what they're doing is appropriate and the requests are going out to the appropriate addresses. It's causing delays in payment.

And I guess, you know, my take on it is that, you know, if I held something for 30 days that I'm not -- that I missed something or I did something wrong, it doesn't matter if I sent it to the wrong address or not, I'd get a technical denial.

So I don't think -- I think that needs to be addressed. But at a minimum, any delay in payment should have -- due to the issues of the vendor that is working for the MCO should have interest attached to it.

So, unfortunately, we've got to ask DMS to step in and provide guidance to the MCOs because we can't get resolution from the MCOs

to handle it the right way.

MS. HENSEL: Hey, Russ, it's Krista from UHC. Good to see you.

CHAIRMAN RANALLO: Hi.

MS. HENSEL: If there are any of those examples from a UHC perspective, I'd love to get those, so I can pop my email address into chat. But if I have specific examples, I can go chase it down from a UnitedHealthcare perspective.

MS. BASHAM: Hey, Russ, ditto for Molina. I'm doing the same --

MS. HARRISON: Same thing for Humana.

CHAIRMAN RANALLO: Okay. So everyone in the chat, you're getting emails there for contacts for Humana, Molina, and United. What about WellCare?

MS. GEORGE: Also Anthem.

CHAIRMAN RANALLO: Is there a rep from WellCare on?

MR. OWEN: Yeah. I just dropped it in there, Russ. This is Stuart Owen.

CHAIRMAN RANALLO: Thanks, Stuart.

MR. OWEN: Sure.

MS. GEORGE: Also Anthem as well. I'll drop mine in the chat.

CHAIRMAN RANALLO: Okay.

MS. RISNER: Aetna as well.

CHAIRMAN RANALLO: And I know this was an issue several years ago where we had this kind of en masse. But I think with some of the new vendors, it's starting to pop up again. And we had to work hard to -- you know, to get the correspondence address, make sure it was populated everywhere. But if it's coming from a vendor, I would ask that the MCOs help get those corrected for those folks.

All right. Any TAC members have any other input on this?

MS. RITCHEY-BALDWIN: I think you covered it, Russ.

CHAIRMAN RANALLO: Okay. Thank you.

Okay. Sepsis 2 versus Sepsis 3. We have -- I got a letter. Justin, I think you signed a letter from June 13th on sepsis criteria for the hospital providers outlining that Sepsis 3 was to be used for utilization

management.

MR. DEARINGER: Yes. That is correct.

CHAIRMAN RANALLO: Okay. So can you clarify what -- when you say utilization management what exactly that means?

MR. DEARINGER: Yeah. I'm going to let -- Dr. Theriot, can you -- I'll let her explain a little more about -- or to go in depth a little more about what we mean by that when we talk about the use and how it's used. It's actually -- or if she'd like to. I don't know. I think she's on here.

But so we use -- all the different providers use different criteria for their utilization management. We used to allow for multiple providers and vendors, and some of them use Sepsis 2. Some of them use Sepsis 3.

And so, you know, for a long time now, we've been -- more and more of those have been moving to the Sepsis 3 criteria. And I think we're trying to kind of stabilize that so that everybody is kind of on the same page --

CHAIRMAN RANALLO: So we went through this --

MR. DEARINGER: -- as far as the hospital provider type.

CHAIRMAN RANALLO: Yeah. We went through this before for coding and reimbursement, and we had multiple meetings with Dr. Theriot. And the line memo came out in '19 basically said that they would follow the DRG, CMS, and ICD-10 definitions until CMS had adopted the Sepsis 3 criteria. And CMS has not adopted the Sepsis 3 criteria.

DR. THERIOT: Hi. This is Dr. Theriot. That's correct. But over the last four years, more and more of the time, people are using Sepsis 3. And so we've gone ahead and switched -- now you can -- to Sepsis 3 as of June 13th.

CHAIRMAN RANALLO: Okay.

DR. THERIOT: We have -- now, I don't know if it's Milliman or InterQual. I think it's Milliman -- has switched to Sepsis 3 as well, and that's one of the guidelines that we use for our UM.

CHAIRMAN RANALLO: So let me ask

you some clarifying questions. I know -- you know, when -- you say it's being used in the medical community. But from coding guidelines, coding indexing, coding clinics, you've got CMS, AHA, AHIMA, NCHS have all -- they all cooperate in the coding piece, and they've not removed Sepsis 2. They still utilize Sepsis 2 for coding, not Sepsis 3; correct?

DR. THERIOT: Correct. But as far as utilization management, it's more --

CHAIRMAN RANALLO: But the letter says coding and reimbursement, so I'm trying to clarify from a coding perspective. Are we supposed to not use Sepsis 2 in coding? Because that would --

DR. THERIOT: I would not. I would go with Sepsis 3 criteria for that, for coding and --

CHAIRMAN RANALLO: Okay. So from a coding perspective, there's -- ICD-10 still uses Sepsis 2 without -- you're going to have different codes for -- so the reg, as I read the inpatient reg for the indemnity, requires CMS diagnosis codes for that because it uses

the CMS grouper and CMS payment. So you're going to have different coding for indemnity versus the MCOs.

And then I question, I guess -- my second question -- I've got multiple -- is that from a coding perspective, where would -- what kind of grouper? Because the CMS grouper that most of the MCOs use is based on Sepsis 2.

So how are cases going to be grouped and ultimately paid if -- because there isn't a grouper that is being used that has only Sepsis 3 that drives the DRG assignments?

DR. THERIOT: But you said there's a grouper that uses Sepsis 3?

CHAIRMAN RANALLO: There is not, to my knowledge.

DR. THERIOT: Oh, okay.

CHAIRMAN RANALLO: Not a CMS grouper at least.

DR. THERIOT: That, I don't know. I'd have to kick that back to Justin.

MR. DEARINGER: Yeah. I'll have to take that back and look at, you know -- ask our coding people because I'm not the coding

specialist. They have all that -- they have all that information when they -- when we looked at this originally. But I don't have that information right in front of me, so I'll have to get that back to you.

CHAIRMAN RANALLO: Well, we need to know because, I mean, this is -- this is going to be a big issue for the providers. I mean, I've asked repeatedly from the Cabinet side to utilize the TAC and include us when decisions were being made that impact the hospital community. And I don't know anybody from the TAC that was involved in this.

And so, No. 1, you're going to have -- you know, if we don't code, it's going to be an administrative burden. We don't -- we're going to have to code MCO cases different than every other payer in the world for Medicare, which we don't do now. They get put in a bullpen. So we're going to have to have special processes to do that.

There's no grouper that it can group to, so I don't know how the MCOs are going to pay. You're going to have Medicare and Medicaid indemnity versus MCOs look

different, have different data, have different quality outcomes.

So when you have Sepsis 3, you've got to have organ dysfunction to get to Sepsis 3; right? So you're going to have a lot of cases that don't -- that when you look at everybody else in the world from Kentucky MCO cases that are using CMS and Sepsis 2, their populations are going to look different from a quality outcome. Observed and expected mortality, lots of different things that I can -- that I can think of.

On the HRIP, we're trying to push to identify sepsis early. But with Sepsis 3, there is no sepsis. There is no sepsis. There's just extreme sepsis when you have organ dysfunction, so there is no sepsis. So it's kind of in conflict, at least from our clinicians' perspective and what we're trying to do on the quality with the HRIP.

So this is -- there's a lot of concerns with this. And I'm going to ask you to pull it, so we can have further discussions because I don't think it was thought out and all the impacts that it has.

DR. THERIOT: Well, I know we're starting -- the policy will go into effect on the 13th of June or did go into effect. We can bring it back and talk about it. I can talk about it with Justin a little bit more and see -- see what else there is to talk about.

MR. DEARINGER: Yeah. Like I said, let me take that back to some of our coding and billing specialists. I don't have that information in front of me. I know we looked at all that when we originally started so...

CHAIRMAN RANALLO: Administratively, none of your MCOs have any way to pay a DRG correctly with just a Sepsis 3 and know what to group it to, especially if they're -- I mean, it's going to be -- I mean, I'm going to --

Others from the TAC want to chime in? Anybody else have any -- anything to say?

MS. RITCHEY-BALDWIN: Yeah, Russ. It is an out-of-process -- it's hard to administer because it's out of our normal process.

CHAIRMAN RANALLO: And I know

Milliman may use 3, but InterQual still uses 2. I mean, you've got those four agencies that work on coding guidance. And from a coding perspective, it goes against all coding rules. I mean, CMS has recognized Sepsis 3, but they have not adopted it.

These are a lot of the same things that we talked about in 2019 and why -- why we got to the place that we did. Because you're going to have the MCO claims that are different than the indemnity claims and the MCO claims that are different than any other Medicare or other claim that you're comparing them to. The MCOs don't know how to group it, don't know how to pay it.

Contracts are -- I have five contracts that are in direct conflict with this letter. I terminated an MCO for this specific issue, and I will again.

So, Angie, you've got -- I mean, there are issues here, and I guess -- again, I'm asking you guys to pull it. And we'll make a recommendation, if we have to, to take it to the MAC. But discussing it -- discussing it when there's these type of problems with it

when it's not been discussed with the hospitals and TAC before this is a problem.

MS. RITCHEY-BALDWIN: Yeah, Russ. You mentioned it but kind of the maybe unintended impacts associated with it. There's a lot of them.

CHAIRMAN RANALLO: Well, there is. And, again, that's why we've asked repeatedly to DMS through this committee to include us in decisions that impact the hospital community, to use us to have discussions with us. I've asked it. I've said it multiple times, and it was not done. And this is -- this is what we get.

DR. THERIOT: Well, the best I can do right now is to bring it back, and we'll talk about it internally. And we will get back with you guys.

CHAIRMAN RANALLO: Okay. I guess I would make -- to the TAC members, I would make a recommendation to the MAC that DMS repeal hospital provider letter dated June 14th on sepsis criteria PLA 263 based on the discussion that we've had here today.

MS. RITCHEY-BALDWIN: Russ, do you

need a motion to that or just acknowledgment of our agreement?

CHAIRMAN RANALLO: I made the motion. Is there a second?

MS. RITCHEY-BALDWIN: I'll second.

CHAIRMAN RANALLO: All those in favor?

(Aye.)

CHAIRMAN RANALLO: Any opposed?

(No response.)

CHAIRMAN RANALLO: Motion passes.

And, Justin, Dr. Theriot, I'd be more than happy to meet, and I know some of the other TAC members and their medical directors would be more than happy to meet to discuss the issue.

MR. DEARINGER: Yeah. Like I said, I need to take it back and get some more specific -- I apologize I don't have the specifics on the billing codes. I mean, as far as utilization management goes and using that for prior authorizations.

But as far as some of the specific billing questions you have, I don't have that off the top of my head. But let me take that

back and get with some of the people that do that, and I will -- we'll reach out to you, and we'll meet.

CHAIRMAN RANALLO: I appreciate that. Like I said, ICD-10 uses Sepsis 2. And, you know, again, it's kind of not in concert with what we're trying -- the quality measures that we're trying to chase on the HRIP either. But I appreciate -- I'd appreciate dialogue and conversations.

DR. THERIOT: Okay. We'll get back with you. Thanks.

CHAIRMAN RANALLO: Okay. Any other items from the TAC members that you want to bring up? Elaine? Lori?

MS. RITCHEY-BALDWIN: I don't have anything at this time.

MS. YOUNCE: I don't have anything either, Russ.

CHAIRMAN RANALLO: Okay. We made the recommendation.

The MAC meeting, I will be at the MAC meeting to represent the Hospital TAC.

Our next meeting is August 22nd, 2023.

And barring any other issues, a motion

to adjourn?

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

MS. RITCHEY-BALDWIN: I'll second.

CHAIRMAN RANALLO: All right. Thank you, everybody. Everybody have a great day.

(Meeting concluded at 2:25 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 June, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR