COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:

AUGUST 3, 2023

1:00 P.M.

A T T E N D E E S:

Dr. Karoline Munson, Chair

Dr. Gary Upchurch

Dr. Steve Compton

Dr. James Sawyer

(and many more were on ZOOM)

1 DR. MUNSON: All right. So we are going to
2 go ahead and get started right on time. So
3 we definitely already have our quorum.
4 So our first thing that we've got
5 going on is just to approve our minutes from
6 our last meeting. So I will entertain a
7 motion and a second.
8 DR. COMPTON: Motion.
9 DR. UPCHURCH: Okay. I'll second.
10 DR. MUNSON: All right. So moved. And do
11 I have approval from everyone? I am an
12 Aye. Anyone else?
13 DR. COMPTON: Yes.
14 DR. UPCHURCH: Yes.
15 DR. MUNSON: So -- great job.
16 So we're going to move along to Our
17 Old business, which is Item 4. So first one
18 is to DMS. Do we have any representative
19 from DMS on the call that can comment on the
20 no-show reports to share with us for
21 optometrists?
22 MS. BICKERS: This is Erin with Medicaid. I
23 wanted to apologize first off. It looks
24 like Justin sent me some reports after your
25 last meeting. And I searched my records

1 and I do not see where I have sent those to
2 you. So I have them in an e-mail prepped,
3 ready to go. So I do apologize. I don't
4 know if Justin has joined yet. I believe
5 there might be an update on the dashboard,
6 what they've been working on, but I don't
7 want to speak on his behalf.
8 Is there anybody on from policy that
9 could speak about that? Okay. I don't see
10 him yet. He could be hopping off one
11 meeting onto another. So I do apologize for
12 not sending that out, but it's completely my
13 fault.
14 DR. MUNSON: So you will go ahead and get
15 that distributed to our TAC members?
16 MS. BICKERS: Yes, ma'am.
17 DR. MUNSON: Okay, excellent.
18 And then I do recall before that there
19 were some discrepancies between what offices
20 were seeing with their personal tracking of
21 no-shows and then what was on that report.
22 Dr. Compton, I believe that was your office.
23 Am I remembering that correctly?
24 DR. COMPTON: I was at least one of them.
25 DR. MUNSON: Okay.

1 DR. COMPTON: I don't -- I haven't -- I
2 don't have anything today to compare to
3 what we would have gotten anyway, but I'm
4 anxious to see it, because it's --
5 DR. MUNSON: Yeah, so that's --
6 DR. COMPTON: -- it's a problem.
7 DR. UPCHURCH: Yeah, and that's part of why
8 we were -- we were wanting to see these
9 numbers. So if there -- I don't know if
10 you can speak to anything about the
11 discrepancy -- not you Dr. Compton, but
12 DMS.
13 If there's anybody that can speak to
14 the discrepancy, or hopefully in this report
15 that you are going to e-mail out, then maybe
16 that would be something that has been
17 cleaned up a little bit.
18 MS. BICKERS: I cannot speak on that,
19 however I'm happy to -- once you guys look
20 it, any questions you have, please send
21 those to me. I'm happy to get those looked
22 into, because I know the goal is they want
23 to try to make this as accurate as
24 possible. And so any questions you have or
25 any discrepancies you see, feel free to

1 e-mail those to me and I can get them over
2 to Justin and his area to look at those.
3 And, again, I'm so sorry I hadn't sent
4 those out. I try to get those things out
5 within 48 hours of receiving them. I'm not
6 sure what I was doing that day.
7 DR. MUNSON: Okay.
8 MS. BICKERS: And Justin is joining right
9 now, so he might have an update on the
10 dashboard.
11 DR. MUNSON: Okay. So I'm going to go on
12 to the next one real quick, because this
13 should be an easy one. Do we have any
14 update on the kind of electronically
15 linking the Kentucky Board of Optometric
16 Examiners to electronically send the
17 license over to DMS?
18 MS. DUDINSKIE: This is Jennifer Dudinskie
19 with Program Integrity. I wish I had
20 better news for you, but we had continued
21 to try to reach out with our IT team. And
22 my enrollment team has continually tried to
23 reach out to the contact that we had. We
24 were not getting responses. And then just
25 recently our most recent reach-out to

1 them -- to our contact, we got a kickback
2 on the e-mail stating that that person was
3 no longer employed there, so we do not have
4 a contact at this point. So we would be
5 grateful if you-all had a contact or
6 provide us with a contact. We are happy to
7 continue reaching out, but at this point we
8 are just not getting anywhere.
9 DR. MUNSON: So we -- there is a new
10 executive directer. Her name is Christi
11 LeMay. And so that would be your target.
12 And I -- it's a state e-mail. Let me --
13 it's just Christi, with an I, dot
14 LeMay@ky.gov. I would put it in the chat
15 box if I was savvy enough to do that, but
16 I'm not.
17 MS. BICKERS: Jennifer, somebody dropped it
18 in the chat. I will send it over.
19 DR. MUNSON: Thank you. Thank you for
20 people savvier than me.
21 MS. DUDINSKIE: We will -- we will reach
22 out and try this.
23 DR. MUNSON: So I would -- I would hope
24 that that interaction is going to be more
25 fruitful, but that will be something that

1 we keep on this agenda, but I -- so I also
2 am newly appointed to the KBOE, so I will
3 try to help on both fronts to help that be
4 something of benefit to all of our Medicaid
5 doctors, because I think that would be --
6 it just would be easier from every side
7 possible. So if you want to start with
8 Christi, I think she will be a great help
9 to you to get this ball rolling finally.
10 MS. BICKERS: Great. Thanks so much. I
11 appreciate it.
12 DR. MUNSON: You are welcome.
13 So next is kind of continuing our
14 discussion on the 2023 new Medicaid vision
15 material benefits for adults and children.
16 First, has CMS, have they approved the new
17 enhanced benefits? I feel like I know the
18 answer to this, but I just want to
19 double-check.
20 MR. DEARINGER: Hi, this is Justin
21 Dearinger, acting director for the vision
22 and healthcare policy. Yes, CMS has
23 approved all of the changes for the vision
24 expansion.
25 DR. MUNSON: Okay. And have there been any

1 changes made on the new regulations based
2 off the recommendations that we had made?
3 MR. DEARINGER: So we are still reviewing
4 those recommendations and -- but you
5 should -- you-all will be receiving a
6 statement of consideration for your --
7 MR. SCOTT: Hey Justin?
8 MR. DEARINGER: Yeah. Oh, yeah, go ahead.
9 There you go, Jonathan.
10 MR. SCOTT: So the E-reg was amended, so we
11 did change the -- we changed daily to
12 disposable. We did -- we did not change
13 the medically necessary clinical criteria,
14 because you are already subject to 907 KAR
15 3:130. So there is already an
16 understanding that services have to be
17 medically necessary. So we are going by
18 that overarching regulation, overarching
19 concept for medical necessity.
20 And then deluxe frames, we did change
21 that to the manufacturer warranty instead of
22 an expectation that you have -- have that.
23 That's just for the E-reg. We will be
24 filing for the O-reg SOC by the 15th of this
25 month. So the E-version of the reg will be

1 on this week -- I guess next week. So it
2 will be on Tuesday's R's Committee. And
3 then the O-reg will be on next months.
4 MR. DEARINGER: And, Jonathan, they will
5 get a copy of that statement of
6 consideration; is that correct?
7 MR. SCOTT: The E-reg was already sent out,
8 so you-all should have it. The people that
9 requested it, I -- so I believe your
10 lobbyist requested it, so I sent it to her.
11 DR. MUNSON: Okay. So aside from that, how
12 would we receive communication of these
13 changes? Would that be --
14 MR. SCOTT: I -- I --
15 DR. MUNSON: -- something that's our onus
16 to watch for or is that something that the
17 Department would be letting us know without
18 having to ask at our quarterly meetings?
19 MR. SCOTT: No. We -- we're -- so this is
20 done by the CHFS OLRA. So it's an
21 overarching Cabinet thing. And we do not
22 send SOCs or AACs to groups that don't ask.
23 It would to be too much of an
24 administrative burden on us to do that, so
25 you have to ask if -- if we send it. So

1 you can ask for it in this meeting, but you
2 can also ask me to send it to you directly.
3 DR. MUNSON: Okay.
4 MR. DEARINGER: And then there is a --
5 there is -- if you-all are not signed up
6 with Reg Watch, I would strongly encourage
7 anyone that's interested in any changes to
8 administrative regulations to get on the --
9 and you can get on the Cabinet's website or
10 you can get on the Legislative Research
11 Commissions' website LRCs, and you can sign
12 up for Reg Watch, is what it's called. And
13 you can tell them exactly what area you are
14 interested in or what specific regulations
15 you are interested in.
16 MR. SCOTT: But --
17 MR. DEARINGER: Go ahead, Jonathan.
18 MR. SCOTT: If I could interrupt. If you
19 sign up for Reg Watch, I send you all the
20 regs. I'm not going to -- I'm not going
21 to -- there's a chance to kind of factor
22 into a few different topics, but I send
23 everything to everybody, because we don't
24 want to guess that you may not be
25 interested in a certain type of reg. So

1 everybody gets everything. And I don't
2 send out the SOCs or the AACs to that list,
3 so you'll just have to reach out to me when
4 you expect them.
5 DR. MUNSON: Yeah, we are --
6 MR. SCOTT: Or say -- or say in your letter
7 that you want us to send you a copy of it.
8 DR. MUNSON: Okay. And then can we clarify
9 who is eligible for adult glasses, which
10 specifically is if or when a QMB would
11 cover the glasses, which I know that's kind
12 of a separate little subset. Does anybody
13 have an answer on that one?
14 MR. DEARINGER: Yeah. So some of the
15 language that was entered on the -- I think
16 some of the language that was on the actual
17 fee schedule is not quite correct. So
18 Medicare/Medicaid dual eligible members,
19 services were added to the Medicare bypass
20 list. And so those -- those should be on
21 there. And that will be effective -- that
22 was effective back to January 1st, 2023.
23 And so what it should state is that
24 Medicaid will pay for QMB members and
25 claims have to be submitted on crossover

1 claims and not a straight claim. And it
2 will not pay when a member is SLMB or
3 buy-in. So all that's -- all that's going
4 to be on the fee schedule. If it's not
5 updated today, it will be within the next
6 week or so.
7 DR. MUNSON: So those dual eligibles, it
8 has to be filed with Medicare first. It
9 will get denied, and then it will come
10 through as a crossover and then QMB would
11 cover the glasses on the adult benefit?
12 MR. DEARINGER: That's correct. And it was
13 added to our --
14 DR. MUNSON: Okay.
15 MR. DEARINGER: -- our bypass list, so
16 we -- we'll pick that up.
17 DR. MUNSON: And then are all lense types
18 listed in the vision fee schedule
19 considered medically necessary, meaning
20 like example, like progressive lenses, is
21 that an R option if it is on the fee
22 schedule?
23 MR. DEARINGER: Yes.
24 DR. MUNSON: Okay. And --
25 MR. DEARINGER: So everything -- everything

1 is -- you know, everything for Medicaid, as
2 you know, is medically necessary, so...
3 DR. MUNSON: Okay. And then flipping over
4 from DMS to the MCOs, the question would
5 be, how are the MCOs reimbursing for adult
6 contact lenses right now if only medically
7 necessary? So we can go in alphabetical
8 order, so I'll let Avesis go first.
9 MS. GRAY: Hey, good afternoon. This is
10 Kim Gray, Strategic Client Partner with
11 Avesis. So we are currently covering
12 contact lens for medical necessity only.
13 DR. MUNSON: So for adults, is it different
14 than children?
15 MS. GRAY: No, it's not.
16 DR. MUNSON: Okay. And so you have -- and
17 this is -- this is something that I've come
18 up with in my own office. Avesis has come
19 up with their own subset of what is
20 medically necessary, different than what
21 has previously been released by the state,
22 or are you going just straight by what the
23 state's medical necessary language is?
24 MS. GRAY: Is there anyone else from Avesis
25 that could potentially answer that question

1 that's on the call today?
2 MS. VERNIER: Yes. Sorry. I'm trying to
3 get myself off mute.
4 This is Dani. I'm the product
5 specialist. We are following the KAR; we
6 are following what the state considers. And
7 then we also have some additional that we
8 feel is medically necessary as well.
9 DR. MUNSON: So what the state has in
10 their -- in their language and additional
11 then that you would cover above and beyond?
12 MS. VERNIER: Yes.
13 DR. MUNSON: Okay. And then --
14 MS. VERNIER: Just what's medically
15 necessary, so you will just have to send in
16 the charts for prior authorization. And
17 then if there is anything that's
18 additional, then we would take that on a
19 case-by-case basis through the --
20 DR. MUNSON: Okay.
21 MS. VERNIER: -- UM Department.
22 DR. MUNSON: I'm going to keep Avesis on,
23 so I don't have to go back and forth
24 between you guys.
25 So then the next question would be,

1 are you paying for more than one fitting or
2 evaluation if it's medically necessary?
3 MS. GRAY: Oh, yes, that would go through a
4 prior authorization process. And we would
5 cover additional contact lens fittings and
6 evaluations when medically necessary.
7 DR. MUNSON: Okay. And then if the patient
8 goes through the medically necessary
9 contact lens fit, doctor bills for that
10 fit, but ultimately the patient is unable
11 to wear the contacts for a myriad of
12 reasons, does that wipe away their glasses
13 benefit or are they still able to get the
14 glasses benefit?
15 MS. GRAY: Dani, I believe we would review
16 those on a case-by-case basis and would
17 require prior authorization to approve the
18 glasses at that point.
19 MS. VERNIER: So --
20 MS. GRAY: Is that correct?
21 MS. VERNIER: Sort of. So what we would do
22 is, the glasses would be then paid through
23 the dispensing of materials. And if the
24 contact lens fitting comes in and they do
25 not receive contact lens materials, then

1 the contact lens fitting will have to
2 either be appealed if there's already a
3 claim on file or prior auth to determine
4 what the reasoning was. And if it is
5 appropriate, we will pay that fee.
6 DR. MUNSON: So what if the fitting was
7 already paid? Because you're going to --
8 you're going to -- it's a process. So you
9 are going to file the claim and then you
10 have a process. And then ultimately they
11 don't end up getting the contacts. They
12 are not able to tolerate them. We'll use
13 that as an easy example. Because the
14 coding for a contact lens fitting fee is a
15 service, whereas the coding for the
16 physical tangible contact lenses is a
17 material, just as the glasses are. So does
18 that contact lens, 92310, does that fitting
19 code automatically kick out someone from
20 being eligible for the glasses benefit, or
21 is it the -- the tangible V code that is
22 for the contact lenses that kicks them out
23 from being eligible for glasses? Is
24 that --
25 MS. VERNIER: So either the fitting or the

1 material for the contact lens will cause
2 the ineligibility for glasses --
3 DR. MUNSON: Okay.
4 MS. VERNIER: -- what the provider can pay.
5 So it all depends on when that claim comes
6 in, what comes in first, if it's paid, not
7 paid. It depends on the scenario.
8 DR. MUNSON: Okay.
9 MS. VERNIER: But ultimately, if both do
10 get paid and that member is not allowed --
11 not allowed -- but not able to utilize that
12 contact lens, then the glasses would
13 supercede the benefit.
14 DR. MUNSON: Okay. Okay.
15 MS. VERNIER: The glasses -- so because
16 it's a one or the other, whichever gets
17 paid first exhausts the benefit, and then
18 it takes away from the other piece of it.
19 DR. MUNSON: Okay. What if a patient
20 wanted both and met the medical necessity
21 criteria and they wanted Avesis to pay for
22 the fitting -- they were going to pay for
23 the lenses out of pocket, and then they
24 wanted Avesis to pay for the glasses?
25 MS. VERNIER: That would have to be looked

1 at on a prior authorization.
2 DR. MUNSON: Because they're a minus --
3 they're like a minus ten person. So they
4 obviously cannot go without glasses, but
5 they also are going to function better in
6 the world in contacts.
7 MS. VERNIER: Right, or --
8 DR. MUNSON: Yes.
9 MS. VERNIER: -- or something. Right. So
10 that would have to be looked at on a
11 case-by-case basis. And we are not
12 anticipating that it's too often --
13 DR. MUNSON: No.
14 MS. VERNIER: -- but they can reach to our
15 UM Department and they can take a look.
16 And then our --
17 DR. MUNSON: Okay.
18 MS. VERNIER: -- the peer-to-peer will
19 review what --
20 DR. MUNSON: And that's something that we
21 should still expect to get a turnaround and
22 answer for that within 48 hours?
23 MS. VERNIER: Oh, yes. Yeah. Anything
24 that --
25 DR. MUNSON: Okay.

1 MS. VERNIER: -- comes in through the UM
2 Department on a prior auth piece, yes, we
3 would follow that turnaround time. I do
4 not know exactly about the appeals process
5 and turnaround time, because I'm not in
6 that department, but we can get back to you
7 on that and let you know.
8 DR. MUNSON: I'm just playing kind of
9 devil's advocate, because I don't -- I
10 wouldn't want somebody in the situation
11 that I gave that would have a delay of care
12 trying to figure out one versus the other.
13 So I --
14 MS. VERNIER: Oh, exactly.
15 DR. MUNSON: -- understand the need for a
16 prior authorization on it, but I would like
17 it to be that tight 48-hour turnaround and
18 not have to -- because the appeals process,
19 it's a lot longer than 48 hours.
20 MS. VERNIER: Right. I want to say that
21 usually it doesn't get to appeals process
22 until it is not handled by the PR
23 Department. I want to say that most of the
24 providers do reach out to our PR staff, and
25 then the PR staff will reach out to our UM

1 or Dr. Worth. So it sort of gets escalated
2 before it gets to that department
3 necessarily, so I do believe that we do
4 have a very tight turnaround time due to
5 the urgency of the situation.
6 DR. MUNSON: Okay. All right. That's
7 great. Okay. So I think that that's all
8 of those for Avesis, so we will go on to
9 EyeQuest.
10 DR. COMPTON: Dr. Munson?
11 DR. MUNSON: Oh, sorry.
12 DR. COMPTON: I have a question. If I
13 heard right, the medically necessary
14 contact lenses follow CMS Guidelines, but
15 Avesis has added some other criteria. How
16 do we know what that is?
17 MS. VERNIER: We have our clinical
18 protocols on the provider portal, so they
19 can pull up the medically necessary contact
20 lens protocols specifically.
21 DR. COMPTON: So is it -- with this
22 situation, some MCOs will cover one thing
23 and some will cover another more than
24 likely. It's -- it's a little tough to
25 keep up with when there's --

1 MS. VERNIER: It's --
2 DR. COMPTON: -- different criteria for --
3 MS. VERNIER: Yeah, I can't -- I can't
4 speak for the other MCOs, but I know that
5 we are covering at minimum what the state
6 covers with additional --
7 DR. COMPTON: Okay.
8 MS. VERNIER: -- if -- if necessary after
9 review.
10 DR. COMPTON: Well, I'll look that up.
11 DR. MUNSON: Any other TAC members have any
12 other questions on this for Avesis?
13 All right. Hearing none, we will move
14 on to EyeQuest.
15 DR. DAVIS: Jean, do you want me to take
16 this? She's probably on mute.
17 MS. O'BRIEN: I am. Thank you, Dr. Davis.
18 I couldn't get off mute quick enough. Yes,
19 please.
20 DR. DAVIS: So I'm John Davis. I'm with
21 EyeQuest. Let's start with the questions
22 on the agenda. Right now we are
23 reimbursing for adult contact lenses when
24 medically indicated. They rewrote the --
25 in the current chapter, 632, they rewrote

1 the criteria for that. It's pretty simple.
2 It's basically if the doctor thinks they
3 need them and there's a medical indication
4 in their minds, then they get these contact
5 lenses. The state removed those other
6 criteria that they used to have with the
7 plus/minus eight and four -- (inaudible).
8 So I'm not sure why they took that out, but
9 they just eliminated that, as you guys
10 probably are aware.
11 So mostly it's going to be, you know,
12 rare instances when there's a true medical
13 indication, because basically the criteria
14 says it -- it's a medical indication that
15 prevents the use of eyeglasses. So, again,
16 it's a little bit judgment there on your
17 parts, I guess, right? But we are going to
18 be covering them --
19 DR. MUNSON: Uh-huh (affirmative).
20 DR. DAVIS: -- with PA, no problem.
21 Did I -- I also say we do -- will
22 recognize more than one contact lens fitting
23 in whatever period as necessary. That would
24 include the 92310, the 13, and the 92072 as
25 well.

1 Bandage contact lenses, those are
2 unlimited and -- they are not even part of
3 our prior authorization process. And I
4 think that's 92071, right, bandage contacts,
5 guys?
6 DR. MUNSON: Yeah, and that --
7 DR. DAVIS: Not at all.
8 DR. MUNSON: -- wouldn't be applicable
9 here, so that --
10 DR. DAVIS: No. Right. So we don't even
11 have --
12 DR. MUNSON: -- no.
13 DR. DAVIS: We don't have PA requirements
14 for that. That's just a standard procedure
15 that you to do at will.
16 So, yeah, multiple fittings where
17 indicated. Sometimes that happens. Yeah,
18 maybe it's post surgery. Maybe they have
19 surgery along the way, maybe they have
20 corneal cross-linking done, keratoconic, and
21 then three months later they need to get
22 their lenses redone, things like that,
23 right?
24 What was the next question you wanted
25 me to -- let's see here.

1 DR. MUNSON: If they are going to be fit
2 with the medically necessary contact lenses
3 and then they are not able to wear them.
4 DR. DAVIS: Oh, oh, right. No, we -- we
5 don't --
6 DR. MUNSON: Are they able to get glasses?
7 DR. DAVIS: Yes, that's a definite. Yeah,
8 we don't -- we don't -- we feel like if
9 patients need medically necessary contact
10 lenses, they certainly need glasses to go
11 along with that as medically indicated. So
12 that would -- that would apply. So we
13 don't have that restriction, no --
14 DR. MUNSON: Okay.
15 DR. DAVIS: -- for Anthem members.
16 DR. MUNSON: So that would mean that if
17 they -- if they had billed and been paid
18 for that 92310, the contact lens fit, then
19 they would -- that would -- and not -- and
20 material purchase -- or a claim submitted
21 for the materials on contacts, that they
22 would automatically be able to get the
23 glasses without having to go through prior
24 authorization or anything?
25 DR. DAVIS: That's correct. It's not a

1 preclusion to the glasses.
2 DR. MUNSON: Okay.
3 DR. DAVIS: And we would make an assumption
4 that if the materials -- let's -- in that
5 scenario you just mentioned, if the
6 materials were billed and we paid you for
7 them, that you would do a corrected -- the
8 doctor would do a corrected claim and
9 reverse the contact lens material part
10 anyway. So, you know, that would --
11 because you didn't dispense them, let's
12 say, as an example.
13 DR. MUNSON: Correct.
14 DR. DAVIS: If they were ordered or -- and
15 they were billed already, then the
16 patient -- they may not have picked them
17 up, whatever, right? There's a lot of
18 reasons. We would expect you guys to do a
19 corrected claim and reverse the materials.
20 But that's not -- still not going to get in
21 the way of the glasses benefit.
22 DR. MUNSON: Okay.
23 DR. DAVIS: Okay. We're just --
24 DR. MUNSON: Okay.
25 DR. DAVIS: -- that's something that we

1 just assume that you will do. But the
2 professional fees are not reversed.
3 DR. MUNSON: Okay.
4 DR. DAVIS: You know, the services have
5 been provided. That's not fair. When you
6 provide a service, you can't reverse that
7 because for the -- for whatever reason.
8 DR. MUNSON: Okay.
9 DR. DAVIS: Let's see. I think that's it,
10 right, on those -- on that subject?
11 DR. MUNSON: Yeah, that's everything.
12 Yeah.
13 DR. DAVIS: Okay.
14 DR. MUNSON: Do any of our TAC members have
15 any questions for EyeQuest?
16 DR. DAVIS: I actually do have one
17 question, if I could --
18 DR. MUNSON: Okay.
19 DR. DAVIS: -- since we're on it. I think
20 you covered -- you covered it, but I didn't
21 really understand it.
22 So the patients who are eligible for
23 contact lenses, right, medically indicated,
24 daily disposables potentially would be
25 covered as part of the contact lens that's

1 determined they need potentially, right, a
2 year supply? Is that -- did I understand
3 that correctly?
4 DR. MUNSON: So that's a CMS question.
5 That's not a me question.
6 MR. DEARINGER: Well, that's -- that's
7 correct.
8 DR. MUNSON: Or DMS --
9 DR. DAVIS: Oh, I'm sorry.
10 DR. MUNSON: -- excuse me.
11 DR. DAVIS: Yeah. Jeremy, what's your
12 feeling about that? There's no difference
13 or --
14 MR. DEARINGER: No. It's --
15 DR. MUNSON: Is that Justin? Can you speak
16 to that?
17 MR. DEARINGER: Yeah, this -- this is
18 Justin.
19 DR. DAVIS: Oh, Justin.
20 MR. DEARINGER: Yeah.
21 DR. DAVIS: I'm sorry, not Jeremy. I
22 apologize.
23 MR. DEARINGER: That's okay. No. That's
24 absolutely correct. As a matter of fact, I
25 have to date -- I will send you-all, when

1 we get off of this meeting, our proposal
2 for reimbursement amounts to be added to
3 the fee schedule for contact lenses. So we
4 have -- I think we have daily, weekly,
5 monthly, and different types of contact
6 lenses and the amounts that we will
7 reimburse for each one of those based on
8 the code. And so we will be sending that
9 to you-all to kind of look at and review,
10 give us some thoughts on. Those are not
11 set in stone. Those are just our -- you
12 know, we wanted to give you-all a chance to
13 look at them first before we added those
14 codes. But, yeah, it's -- it's, you know,
15 a yearly supply and...
16 DR. DAVIS: Of whatever kind the
17 doctor wants to fit?
18 MR. DEARINGER: That's exactly right.
19 DR. DAVIS: Okay.
20 MR. DEARINGER: Whatever kind the doctor
21 prescribes, that's correct.
22 DR. DAVIS: Okay, good. Thank you.
23 MR. DEARINGER: Yeah.
24 DR. MUNSON: Okay. Well, hearing no more
25 questions for EyeQuest, thank you so much.

1 And then we will move on to March, and see
2 if you -- if there's somebody on the call
3 that can go through these questions for me.
4 MS. ELLIS: Hi, good afternoon. This is
5 LeeAnn Ellis. I am the Provider Relations
6 Advocate with March Vision.
7 DR. MUNSON: Hi, there.
8 MS. ELLIS: Dr. Munson, I'll go ahead. Hi.
9 I'll try to answer all of those questions
10 at once. And if I leave one out, we can go
11 back through that.
12 We cover contact lenses, the medically
13 contact lenses as medically necessary per
14 the guidelines set forward by the state. We
15 will pay for another set as an exception and
16 that would need an authorization.
17 DR. MUNSON: Okay.
18 MS. ELLIS: Going to the question, if a
19 member is eligible for medically necessary
20 contact lenses and glasses, we would only
21 pay for one or the other, but that would be
22 looked at at a case-by-case basis with an
23 authorization.
24 DR. MUNSON: So I guess that question is a
25 little more specific than that. So it is

1 someone that would -- a doctor that would
2 bill for the fitting fee, the 92310, on the
3 fitting of the contact lenses, but then the
4 patient was not successfully able to wear
5 them, didn't want to wear them, a thousand
6 other reasons that they didn't go through
7 with the actual need for the tangible
8 lenses, so that -- the tangible lenses
9 would not be billed for, only the fitting
10 fee. The question is then, could they flip
11 over and get their glasses benefit because
12 they didn't use the contact lens benefit,
13 the actual --
14 MS. ELLIS: Sure.
15 DR. MUNSON: -- revenue multipacks or lens?
16 MS. ELLIS: Sure, I understand. That would
17 be considered a one-off and can be a
18 benefit exception.
19 DR. MUNSON: Does that require a PA, or is
20 that something that's just going to go
21 through, like EyeQuest just goes through,
22 or does it need a PA like Avesis?
23 MS. ELLIS: It would need an authorization
24 so the benefit exception could be made and
25 the member can get their eyewear.

1 DR. MUNSON: Okay. Okay. Do any of our
2 TAC members have any questions for March?
3 Okay. Seeing none, then I appreciate
4 you-all for giving that clarification for
5 each of the individual MCOs.
6 And then we will go ahead and we will
7 move on to New Business. And so the
8 question had been posed to ask, the vision
9 fee schedule changes and revisions, they are
10 posted on the DMS website. There have been
11 several. And so the question is, how do we
12 track what has been changed, added, deleted
13 throughout the year? Are there
14 notifications that DMS will send out? What
15 do you have for me, Justin?
16 MR. DEARINGER: So, you know, this is kind
17 of a new -- or a newer thing with the
18 expansion services. You know, most of the
19 time when we do fee schedules, we do them
20 in January and we don't touch them again
21 until we put them out again for the next
22 January. You know, we are constantly
23 working on them or researching them all
24 year, but those don't usually change but
25 once a year.

1 Every once in a while we will add or
2 change a code, but it will be very specific
3 usually based on a provider group or sets,
4 requests. And, you know, after we do all
5 the research, we will change maybe a price
6 or add a code or remove a code.
7 So having this brand-new dental,
8 vision and hearing expansion in services,
9 you know, it's something that we weren't
10 used to doing, having so many changes to the
11 fee schedule. We are constantly trying to
12 upgrade and accommodate you-all, the
13 providers, the MCOs, to make sure that we --
14 everybody is getting what -- exactly what
15 they need and -- and we've got the best care
16 possible for our recipients.
17 So in order for us to do that,
18 starting July 1st all of our fee schedules
19 have a tab. And that tab has all the
20 updates that were made from when we first
21 put it out on January 1st. So you can click
22 on that tab and look at all the updates and
23 what dates they were made. And they are
24 highlighted, and so you can see everything
25 that's been changed.

1 There probably are going to be some --
2 well, there are some fee schedule on there
3 now that don't have that tab because they
4 haven't been changed since July 1st.
5 But moving forward and starting in
6 2024, all fee schedules will have that
7 update tab that you can click on, you can
8 sort it by date they were changed and what
9 was changed, so that you can always be up to
10 date on exactly what -- what the latest
11 changes were to that fee schedule.
12 We don't currently send out any, you
13 know, provider information or anything like
14 that usually. Although, we do have a few
15 provider letters that are going to go out
16 about some prior authorizations that we
17 removed and some other things. If we
18 usually are just adding or changing
19 something on a fee schedule, we don't
20 typically send out.
21 Now with the contact lenses, we will
22 send something out when we add the pricing
23 for those. If it's a big change, we tend to
24 do that. But with the vision, hearing fee
25 schedules they have been -- there have been

1 so many changes that the easiest way right
2 now to kind of look at those is that tab. I
3 hope that answers your question.
4 DR. MUNSON: Yes, it does. This has
5 been -- I mean, I've been in practice for a
6 long time and I'm used to just the
7 once-a-year fee schedule change. So this
8 has been like drinking from a firehose. So
9 is there any -- is there any potential that
10 because of all these changes, that maybe
11 the Department would consider a kind of
12 communication to -- you know, I mean,
13 you've got a way to contact every provider
14 type to say, you know, this has changed, or
15 to say this is how you find the change. We
16 are not going to tell you every time, but
17 this is where you go to see it, because
18 many of the Medicaid providers would have
19 no clue that this is changing, and at least
20 to give them that information. The onus is
21 on them, but you have provided them with
22 the where to find out this information.
23 MR. DEARINGER: Yeah, I think that's
24 something we are constantly thinking about,
25 trying to come up with different ways to

1 keep everybody informed at this time. We
2 feel like that on the fee schedule, on that
3 update tab, is probably the easiest place,
4 because we have made changes to it, as you
5 all know, and then we've went back and made
6 changes to those changes or we've rechanged
7 it. And, you know, we would be constantly
8 sending out provider information on, all
9 right, we changed this, now we removed it,
10 and then we added it and we changed that,
11 now the fee is this, now it's that. And so
12 in order to not have that, you know, kind
13 of craziness, we try to keep it all on
14 that -- on that tab, or vision tab, so that
15 you can see what the latest is and how
16 it -- where it's at.
17 We are still hoping to -- looking at
18 ways on making our website more interactive.
19 I know we talked about no-shows earlier.
20 And I was hoping that that would be done
21 back in January or February, and they tell
22 me it's just within another month or two.
23 But you will be able to get on there and
24 click on the no-show dashboard online and
25 see, you know, how many no-shows are in your

1 area for what provider type, what the
2 reasonings are that -- you know, that they
3 are having no-shows. All that information
4 will kind of be at your fingertips.
5 And so we are hoping that we can -- as
6 we create some of these dashboards or some
7 of this interactive usability by our
8 providers, that we can start, you know,
9 maybe even adding these type changes in
10 there. Or you can click on your, you know,
11 fee schedule type and it brings up the last
12 five or ten changes, something like that.
13 We've had discussions like that, but it's
14 all kind of rolled into -- in our IT and
15 trying to create some more systems that help
16 everybody keep more up-to-date without being
17 bombarded by, you know, this change and that
18 change and maybe not getting the latest
19 thing. You know, maybe getting this letter,
20 but missing another letter where that
21 updates the letter before. So you have
22 everything that's the most up to date we
23 have right there on the fee schedule at this
24 time, and hopefully in the future, though,
25 we can have something a little better.

1 DR. MUNSON: Okay. So can you explain how
2 the tab works? Because when you go online
3 it doesn't -- it doesn't -- it's not
4 apparent where that tab is. So we can't
5 even see it online --
6 MR. DEARINGER: Yes.
7 DR. MUNSON: -- to be able to look at the
8 change you are talking about.
9 MR. DEARINGER: Sure. So when I send the
10 pricing for -- or the proposed pricing for
11 the contact lenses, I'll send a little --
12 kind of a demo or an instruction sheet on
13 where to find those tabs and how to look at
14 that. Does that work?
15 DR. MUNSON: Okay. That would be great.
16 That would be very help. Yeah. Thank you.
17 Okay. So I'm going to ask the same
18 question of the MCOs also. So we'll just in
19 go in alphabetical order. So for Avesis
20 with -- you know, in light of all these
21 changes that are happening, how do we do --
22 how do we see that, those changes for
23 Avesis? And then, also, how are our member
24 doctors notified that changes have happened
25 from Avesis' fee schedule?

1 MS. GRAY: My apologies.
2 DR. MUNSON: Anyone from Avesis?
3 MS. GRAY: Yeah.
4 DR. MUNSON: Thank you.
5 MS. GRAY: My apologies. It was not
6 getting off mute here.
7 This is Kim Gray with Avesis. So we
8 do make the updates and update our vision
9 plan sheet and then we post to that to our
10 portal. And then we also have the
11 availability of our provider relation staff
12 to communicate that to the providers.
13 DR. MUNSON: So how exactly would that be
14 communicated? Is that a phone, an e-mail,
15 a letter?
16 MS. GRAY: Well, I know we posted to the
17 portal. To be honest, I'm not sure how --
18 is there any anyone from provider relations
19 that could jump on and answer that
20 question? Miranda? My apologies. I might
21 have to connect with one of my colleagues
22 to just clarify how that is sent out from
23 provider relations.
24 DR. MUNSON: Okay. Because, again, same
25 thing for DMS with these -- this is like

1 drinking from a firehose. There's changes
2 all the time, and so knowledge is power and
3 we would like all of our providers to know
4 when those changes are made. So any
5 communication would be great, because it is
6 an insurmountable ask to go to all of these
7 websites every day to just track and check
8 and see if something has changed. I have
9 patients to see. So that would be great if
10 you can come up with a way that these could
11 be more effectively communicated.
12 MS. GRAY: Yeah, absolutely.
13 DR. MUNSON: So just let us know.
14 MS. GRAY: Yeah, I should be able to circle
15 back with you here in a second. I just --
16 DR. MUNSON: All right. Perfect.
17 MS. GRAY: -- want to confirm. Thank you.
18 DR. MUNSON: So we will move on to
19 EyeQuest. So can you explain how that
20 process works and how the information is
21 disseminated to your member doctors?
22 DR. DAVIS: Right. So when we identify
23 something we need to change, whether it's a
24 frequency or new benefit or if a benefit is
25 terminated or discontinued by CMS, any of

1 those thing like that or just -- now, over
2 the last nine months, we have had a lot of
3 edits to the benefits for Kentucky in
4 particular. And we update those in our
5 office reference manual that's published on
6 the portal.
7 But in hearing the question, I don't
8 know how we notify the providers of just the
9 changes, like the red line, we'll call them,
10 red line edits. Do we create another
11 document or a flag on the portal? I don't
12 know. I don't know if we do that. I know
13 we don't send a letter out indicating what
14 has changed. It's sort of -- we leave it to
15 the providers to identify in the updated
16 ORM, but I understand that that's pretty
17 inefficient from --
18 MS. O'BRIEN: Yeah, and --
19 DR. DAVIS: -- your perspective. Go ahead,
20 Jean.
21 MS. O'BRIEN: And, Dr. Davis --
22 DR. DAVIS: Yeah.
23 MS. O'BRIEN: -- one of the things -- it
24 kind of goes back to Dr. Munson, what you
25 were saying, there's been so many changes.

1 We started a communication when there was
2 changes that were occurring, and kind of
3 stopped it because there was things that
4 kept changing like the next week or it --
5 it was a little bit different twist. And
6 so we're trying to put together something
7 that -- and Dr. Davis, have to give him
8 credit for it, because he's done a great
9 job of starting one. We just had to stop
10 it, because we wanted to be sure that all
11 the changes that needed to be in that
12 communication were kind of combined into
13 one communication out to the providers.
14 So we do have one started that
15 Dr. Davis had done a while back, but we were
16 just trying to kind of wait until some of
17 the dust settles so that we will make sure
18 that we are not communicating something and
19 then it changes.
20 And DMS, I appreciate that -- that
21 there's definitely some clarity about the
22 contacts and the dailies and all that other
23 stuff. So I feel like there needs to be,
24 from our standpoint, you know, a
25 communication that will go out to you-all

1 that will kind of clarify some things.
2 These meetings are very helpful because I
3 think this could be added into those
4 communications, too.
5 So I understand. I think we're all
6 kind of there with this piece of it, too.
7 So -- but, yeah, I think -- I definitely
8 understand what you're saying.
9 DR. MUNSON: Okay. All right.
10 DR. DAVIS: If I may add, aside from the --
11 this whole thing that we've had -- that we
12 were dealing with this year trying to get
13 everything squared away with the enhanced
14 benefits, or whatever, that's a little bit
15 of a unique situation.
16 But on these one-off edits, you know,
17 these minor things that are otherwise
18 significant to your practices, after hearing
19 the question, I'm going to look into how we
20 can use our web portal to flag those so
21 you-all are -- have a little blinking light
22 or something that --
23 MS. O'BRIEN: That would be good.
24 DR. DAVIS: -- says check -- check for this
25 update, and it's just a one sentence or

1 whatever.
2 MS. O'BRIEN: Uh-huh (affirmative).
3 DR. DAVIS: Sometimes the full office
4 reference manuals, those have to go through
5 approvals from -- when we do them, we get
6 them approved by Anthem first, so it takes
7 a little time. But these other things,
8 some of these things come at us pretty
9 quickly, but at least those notices we can
10 probably post on the portal, which I think
11 we are going to look at that carefully now.
12 Thank you for the suggestion, Mr. Munson.
13 DR. MUNSON: Okay.
14 DR. DAVIS: Because I can see it -- as a
15 practitioner, I can see where I would be
16 frustrated enough, saying, well, they
17 didn't tell us that --
18 DR. MUNSON: Right.
19 DR. DAVIS: -- changed or whatever.
20 DR. MUNSON: How was I supposed to know.
21 Yeah.
22 DR. DAVIS: Which, by the way, is going to
23 apply to this next item.
24 DR. MUNSON: Yeah. So the last one then is
25 March. If you can address the vision fee

1 schedule changes and revisions and how
2 that's communicated to your member doctors.
3 MS. ELLIS: Hello, this is LeeAnn Ellis
4 again. So when there are any changes, we
5 send the updates out in the form of
6 newsletters, and those --
7 DR. MUNSON: LeeAnn, I think you froze a
8 little bit.
9 MS. ELLIS: Oh, yeah, yeah.
10 DR. MUNSON: We lost you for a minute
11 there. So you --
12 MS. ELLIS: Oh, no.
13 DR. MUNSON: -- send them out as
14 newsletters and then paused.
15 MS. ELLIS: If there are any changes, we
16 send the updates out in the form of
17 newsletters, and those are released every
18 other month. But our portal home page is
19 also updated and that's in real-time. And
20 in addition, as soon as we hear of any
21 changes, we always do a provider fax
22 communication as well.
23 DR. MUNSON: Are the newsletters snail mail
24 or e-mail?
25 MS. ELLIS: The newsletters? Those are

1 released by e-mail.
2 DR. MUNSON: Okay.
3 MS. ELLIS: Yes, e-mail.
4 DR. MUNSON: Okay. And then in the chat
5 box, Avesis was able to answer.
6 MS. GRAY: Hi, Dr. Munson. Yes, this is --
7 DR. MUNSON: Thank you.
8 MS. GRAY: -- Kimberly. I added a comment.
9 I did confirm that we fax blast updated
10 vision plan sheets once they are finalized
11 and approved by DMS. We will also update
12 the provider manual and also post reference
13 documents to the portal.
14 DR. MUNSON: Okay. All right. Excellent.
15 So I think that wraps that up for everyone.
16 Do any our TAC members have any
17 questions on this topic?
18 Seeing none, we will move on to the
19 next one. So EyeQuest, this is kind of up
20 that same alley. So how do we go about this
21 question of a PA when it requires us to
22 actually see the patient before we know how
23 we are going to code? You don't know how
24 you're going to code a patient until they're
25 in your chair.

1 DR. DAVIS: Right, right.
2 DR. MUNSON: So can we get some guidance?
3 DR. DAVIS: Sure. The short answer is --
4 I'm going to give you the first phase of
5 this, is that that happens all the time.
6 It's going to happen all the time, because,
7 right, people present with whatever complex
8 problem. A Level 5 is indicated. You
9 don't know that until they show up, you
10 bill it.
11 What we do is we just require you to
12 send in the claim with the chart notes and
13 then they are -- they are investigated. No
14 different than we would do for a surgeon
15 doing a cataract surgery and they got an
16 approval for a 66984, but they didn't get an
17 approval for 66982, and they just submit the
18 surgical notes with their claim for the --
19 for the complex cataract procedure. It's
20 kind of similar to that.
21 This is something we do, you know,
22 really in all of our markets, this PA for
23 the Level 5s. I don't think we have Level 4
24 PA requirements, though, now. But without
25 making this thing too convoluted, Anthem

1 asked us to look into this when it came up
2 on the agenda. And so, sure enough, someone
3 got back to me tomorrow morning from our
4 company and they said -- and looked at it --
5 because I wanted to look at what our PA list
6 is that's published, because the -- DMS
7 approves our prior approval list that we
8 submit to them and then they say, okay,
9 great or not.
10 Well, I assume that we were still
11 getting -- had Level 5 PA requirements,
12 which I was wrong about as it turns out,
13 because we -- when we submitted our last --
14 our most recent list was 2019 and we
15 discontinued PAs for a whole bunch of
16 procedures, including the 99215. And, in
17 fact, the 99214, I think it was after four
18 per year or something you had to have a PA
19 or something like that. We discontinued
20 them all across the board there, but --
21 which I hadn't recalled that happening, but
22 that was all in there and that's what's
23 posted. But our configuration still
24 maintained the Level 5 PA requirement. It
25 was never revised in the configuration

1 level.

2 So apparently there were all of three
3 claims in the last 12 months that were
4 denied because of that reason. So, in fact,
5 two things: One, those claims have already
6 been processed to pay, the ones that haven't
7 already been paid already. Number two,
8 there's a ticket in right now to remove that
9 requirement from the configuration. So
10 there will be no longer any PA requirements
11 for Level 5s, whether it's a 99204 -- excuse
12 me -- 99205 or 15, or 99204 or 14.

13 DR. MUNSON: So then those would be a
14 change that our providers would be notified
15 once that process is complete?

16 DR. DAVIS: Right. Yeah.

17 DR. MUNSON: Okay.

18 DR. DAVIS: And then along with that, also
19 associated with that, is that the state
20 used to have frequency limits for some of
21 those procedures. They have removed them
22 on the fee schedule. So we took guidance
23 from the new fee schedule which where they
24 are excluded it says no limitations or
25 something like that in the fee schedule.

1 So we are removing the frequency of
2 limitations as well based on the current
3 fee schedule that was revised this year.
4 DR. MUNSON: Okay. Great.
5 DR. DAVIS: Okay.
6 DR. MUNSON: That's great news.
7 DR. DAVIS: Yeah.
8 DR. MUNSON: Thank you.
9 DR. DAVIS: Okay. Sorry for the long
10 answer.
11 DR. MUNSON: Okay. And then are -- if
12 we -- I'm sorry, I'm trying to do too many
13 things at once. So are there any limits on
14 any of the 99 codes from EyeQuest's
15 standpoint? Or are they --
16 DR. DAVIS: Are there any -- are there any
17 not --
18 DR. MUNSON: -- all gone? Are there any --
19 DR. DAVIS: -- are there any --
20 DR. MUNSON: -- like frequency limits?
21 DR. DAVIS: No, there -- there are not.
22 No.
23 DR. MUNSON: Okay. Okay.
24 DR. DAVIS: Not on the --
25 DR. MUNSON: And so --

1 DR. DAVIS: -- ENM codes. Pardon me. On
2 the 99204, 14, those still have limits
3 based on the fee schedule. I think it's
4 one every calendar year now.
5 DR. MUNSON: Yeah. So that's the
6 question -- I guess that's more of a DMS
7 question, because you're taking your lead
8 from them. So I'm going to pivot a little
9 bit to DMS then. So how -- and I don't
10 know how this goes about, but there are
11 limits on Level 3 or lower. So 99213 and
12 lower, there are limits on that. How is
13 that something that can be removed?
14 Because the 99213 is a very basic code for
15 us. That is something that's done very
16 often.
17 I will use a very easy example, dry
18 eye. There's somebody that has dry eye.
19 That's a code that I'm going to use every
20 time I see them, if not something higher,
21 and that is -- that is hard to do when it is
22 something that is limited. So can anyone on
23 DMS's side speak to that?
24 MR. DEARINGER: So say that -- go over it
25 one more time. So --

1 DR. MUNSON: So the 99 codes, Level 3 or
2 lower, there still are frequency
3 limitations on those. The ones we were
4 discussing before, Level 4, Level 5, so
5 those are the higher codes, more expensive
6 codes, that are used far less frequently.
7 Those frequency limits have been removed.
8 But the lower codes that are used far more
9 frequently still have frequency limits on
10 them. It seems counterintuitive, and then
11 also very difficult because those are codes
12 that we are going to be using much more
13 often, so it -- I'm not advocating for
14 anything to have frequency limitations, but
15 it really does not make sense that the most
16 commonly used codes are limited.
17 MR. DEARINGER: If you want to send us in
18 just a list of some codes that you feel
19 like, you know, we should raise the limits
20 or possibly remove limits, we are currently
21 doing change review for 2024 fee schedule,
22 and we'd be glad to include those in our
23 review.
24 DR. MUNSON: Okay. We can get that to you.
25 And then this may not be a "you" DMS

1 question, but is there somebody from DMS
2 that can confirm that the Provider Type 77,
3 which is optometrists, are able to order
4 services and bill for services at
5 community -- for community health workers?
6 MR. DEARINGER: So the -- yes, that
7 question came up. We looked into it.
8 We -- they were put in under physicians,
9 but their provider type wasn't actually
10 added in the system. It was supposed to
11 have been. So we made a corrective change
12 order. And so it will all be, you know,
13 billed right back to July 1st when we
14 started CHW reimbursements.
15 DR. MUNSON: So that will be retro- --
16 retroactive for that?
17 MR. DEARINGER: Yeah, absolutely.
18 DR. MUNSON: Okay.
19 MR. DEARINGER: Yeah.
20 DR. MUNSON: All right. Excellent. Great.
21 DR. COMPTON: Madam Chairman? This is
22 Steve Compton.
23 DR. MUNSON: Yes.
24 DR. COMPTON: I have a question.
25 DR. MUNSON: Yes, sir. Yes, sir.

1 DR. COMPTON: Back on the discussion about
2 limiting Level 4s.
3 DR. MUNSON: Yeah.
4 DR. COMPTON: Do other provider types have
5 limits? Say an endocrinologist, a diabetic
6 sees them three times a year and it's Level
7 4. They order all the lab tests. It's
8 a -- are they -- are they limited on what
9 they can --
10 MR. DEARINGER: Yeah. So it depends on
11 the -- the actual code, but the majority
12 of -- I don't know about the majority. It
13 just depends. But a lot of the codes do
14 have limitations up to a certain point.
15 And then after that point they have to have
16 prior authorizations, so -- so --
17 DR. COMPTON: So it's not just us. It's
18 not just --
19 MR. DEARINGER: No, no. Every -- every
20 provider type has limitations in their fee
21 schedule.
22 DR. COMPTON: I can live with that. Thank
23 you.
24 DR. MUNSON: Okay. Well, we are on to our
25 general discussion. So do any of our --

1 DR. UPCHURCH: Yeah, Karoline, I have a
2 question for Justin, if I may. I'm a
3 little thickheaded, so I need a little
4 clarification further on the QMB. So are
5 you telling us that anyone that is QMB will
6 have glasses benefit?
7 MR. DEARINGER: Right. So -- and that's
8 not really my specialty. It gets into
9 that -- you know, I don't think there's
10 anybody on here from eligibility. But to
11 my understanding, that is correct. It's
12 the SLMB that does not. But everybody that
13 has QMB will have their glasses taken care
14 of.
15 DR. UPCHURCH: Okay. And so are you saying
16 that we should -- and, again, I'm just
17 asking here. We bill -- are we supposed to
18 bill the whole thing to Medicare first, and
19 then after it's denied bill the glasses to
20 Medicaid?
21 MR. DEARINGER: That's -- yeah, you can do
22 that. Yeah, that's correct. And that --
23 but those -- those glasses will be on that
24 bypass list. So when you send that, it
25 won't -- it won't deny it.

1 DR. UPCHURCH: Okay. So -- but we
2 shouldn't send the glasses straight to
3 Medicaid, knowing that Medicare is not
4 going to cover them?
5 MR. DEARINGER: Right. You still have to
6 send it to Medicaid -- Medicare first.
7 DR. UPCHURCH: Medicare first. Okay.
8 And so we've already been denied
9 several QMB. So can we rebill those,
10 resubmit those?
11 MR. DEARINGER: Yeah. Yeah.
12 DR. UPCHURCH: Okay.
13 MR. DEARINGER: Absolutely.
14 DR. UPCHURCH: All right. All right. And
15 then, Karoline, I have one other question,
16 just -- Karoline, real quick. Is there any
17 chance that EyeQuest or -- and/or Avesis
18 might consider updating their frame groups
19 any time soon? I know a couple of our
20 offices, some of the frames are
21 discontinued it's been so long, and that --
22 that may be our fault. We just may need to
23 get with the rep and get some new stuff in.
24 But I know it's been a long time since
25 we've had any frame refresh on -- and, of

1 course, that only applies to EyeQuest and
2 Avesis. Is there any hope of that any time
3 in the near future?
4 DR. DAVIS: This is John Davis from
5 EyeQuest. I certainly will look into it,
6 because I -- I know that we do refresh
7 these kits pretty regularly. I want to say
8 every three years. But I'll check into the
9 Kentucky specifically for sure,
10 Dr. Upchurch, and get back to you guys.
11 And, obviously, we can communicate with you
12 directly, but maybe I'll submit it to KOA
13 as well and let them know as well.
14 DR. UPCHURCH: All right. Thank you, John.
15 DR. DAVIS: Yeah, yeah, that's a good
16 question, because, yeah, they need to be
17 occasionally done. And I know they revised
18 some of those flex frames, you know, the
19 baby frames. I know they had to do that
20 because they -- somebody quit making them.
21 Miraflex quit doing it or something like
22 that happened. I don't remember. But I'll
23 find out for you for sure.
24 DR. UPCHURCH: Okay.
25 DR. DAVIS: Get back to you straight away.

1 DR. UPCHURCH: All right.
2 MS. GRAY: Hi there, this is Kim Gray from
3 Avesis again. And I do believe that our
4 frame kit was just updated recently, like
5 within the last couple of years. But we
6 would be happy to reach out to our lab
7 vendor and discuss that with them and see
8 if they have any plans for updating that
9 kit here in the near future. We will get
10 back to you on that.
11 DR. UPCHURCH: Thank you.
12 MS. GRAY: Okay, great.
13 DR. COMPTON: Dr. Munson, I've got -- I've
14 got an EyeQuest question. And I hope I --
15 DR. MUNSON: Go ahead, Dr. Compton.
16 DR. COMPTON: -- I hope I can enunciate,
17 because I don't do the billing, so I may be
18 a little bit lost.
19 As I understand it, we have to get
20 prior authorization for EyeQuest for
21 children -- this is for children -- for a
22 replacement pair. And then when we do that,
23 we've had a handful lately that -- that it
24 says they have exhausted their benefits and
25 we've only billed them once. Now I guess

1 they could get it somewhere else, but I
2 don't think they all have. And then we had
3 a patient call -- call their -- I guess call
4 EyeQuest, and they told them we billed
5 something twice and we certainly haven't
6 done that. I don't know if there's a glitch
7 in the portal.
8 DR. DAVIS: That's what I'm thinking.
9 DR. COMPTON: Well, I mean, I hate to go --
10 DR. DAVIS: Yeah.
11 DR. COMPTON: -- through the PA process for
12 children anyway, but school is about to
13 start and these kids need to see.
14 DR. DAVIS: Yeah. I definitely -- well,
15 I'm going to be reaching out to Classic
16 either way for this other issue, so I'm
17 going to reach out to them today, in fact,
18 because that doesn't make sense to me,
19 unless there's some kind of glitch like you
20 were suggesting --
21 DR. COMPTON: Yeah.
22 DR. DAVIS: -- maybe. But if there's a way
23 to get a few sample claims, it would be
24 really potentially helpful, even if just
25 two or three.

1 DR. COMPTON: We -- we can do that. Just
2 send them to you?
3 DR. DAVIS: Yeah, yeah. I think your staff
4 has my e-mail address.
5 DR. COMPTON: Thanks, John.
6 DR. DAVIS: At least I can direct them to a
7 claims specialist who knows what's going on
8 and deals with Kentucky every day, who
9 deals with the portal, the eyewear ordering
10 every day, you know, so I think --
11 DR. COMPTON: Do you have --
12 DR. DAVIS: -- I can find one of my
13 experts. Please?
14 DR. COMPTON: Can you -- can you put your
15 e-mail in the -- I guess in the chat?
16 DR. DAVIS: Sure, sure. I'll try to figure
17 that -- I'll try to figure out how to do
18 that.
19 DR. COMPTON: Or you can just say it right
20 now and we will write it down.
21 DR. DAVIS: Okay. Ready? Is she
22 listening? John.davis@dentaquest.com.
23 DR. COMPTON: Dot Davis --
24 DR. DAVIS: John.davis@dentaquest --
25 DR. COMPTON: -- @dentaquest.com?

1 DR. DAVIS: Yeah, dentaquest.com. Yeah.
2 Thank you.
3 DR. COMPTON: Got it. All right. Thank
4 you.
5 DR. DAVIS: Yeah, I'm going to -- I'm going
6 to find it -- I'm going to look into it
7 this afternoon while I'm at it, just start
8 looking at it, and even in general and see
9 what that's -- that seems weird, though,
10 for sure.
11 DR. COMPTON: Okay. Thank you.
12 DR. DAVIS: Yeah. I'm glad you brought it
13 up, Dr. Compton. Thank you.
14 DR. COMPTON: Thank you.
15 DR. DAVIS: Yeah, those are -- those are
16 annoying.
17 DR. MUNSON: All right. So do any of our
18 other TAC members have anything else to add
19 under general discussion?
20 All right. Seeing nothing, do any of
21 our members have any recommendations for
22 Dr. Compton to take from our TAC to the MAC
23 meeting, which is September 28th?
24 All right. Seeing none, our next
25 meeting will be November the 2nd at 1:00

1 p.m. So mark your calendars. And,
2 hopefully, I will be back as a participant
3 and not as a leader, as Dr. Burchett regains
4 his status as the TAC chair. So I
5 appreciate you-all being here today. So
6 that's everything I have, so you-all have a
7 great rest of the day. Thanks so much. Bye
8 now.
9 * * * * * * *
10 THEREUPON, the Meeting was concluded.
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3 STATE OF KENTUCKY)
4 COUNTY OF FAYETTE)
5
6 I, JOLINDA S. TODD, Registered
7 Professional Reporter and Notary Public in and for
8 the State of Kentucky at Large, certify that this
9 transcript is a true and accurate record of the
10 Optometric Technical Advisory Committee meeting.
11
12 My commission expires: August 24, 2027.
13
14 IN TESTIMONY WHEREOF, I have hereunto set
15 my hand and seal of office on this the 11th day of
16 October 2023.
17
18
19 JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE
20
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