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

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Via Videoconference
January 5, 2023
Commencing at 10:00 a.m.

Tiffany Felts, CVR
Court Reporter

APPEARANCES

BOARD MEMBERS:

L.M. (Mike) Caudill, TAC Chair

Yvonne Agan

Chris Keyser

Barry Martin

Dr. Raynor Mullins

MS. BICKERS: Okay. I have 10:00, so I will go ahead and start the recording.

MR. CAUDILL: All right. It's 10:00. We'll call the meeting to order: The Primary Care Technical Advisory Committee. I am Mike Caudill. I'm the chair of the committee, and thank you all for coming here today. We do this every two months, so it works out well for everybody, I think. There is a lot of information to come through here, so without any further to do, let's get started. And No. 2 on the agenda is to establish a quorum. Barry Martin, are you here?

(No response.)

MR. CAUDILL: Raynor Mullins, are you here?

MR. MULLINS: Present.

MR. CAUDILL: Yvonne Agan, are you here?

MS. AGAN: Present.

MR. CAUDILL: Chris Keyser, are you here?

(No response.)

MR. CAUDILL: Again, let me call for

Chris Keyser and Barry Martin.

MS. AGAN: I thought I saw Chris log on. I wonder if she's muted.

MS. COOPER: Mr. Caudill, Chris just e-mailed me. She was having trouble opening the link, so I resent it to her. She might pop on here in just a minute.

MR. CAUDILL: Okay. With three out of five, we still have a quorum, so I'll call a quorum. And we'll go on, and we will let the record reflect any of the board members that are able to get on after we start.

We have approval of the agenda, and I'd like to explain what the -- well, okay. Approval of the agenda: We have on here today under six, new business, presentation on autism by the executive director of the Kentucky Office of Autism, Tal Curry. We'd like to extend to him the same courtesy we've extended to other speakers and allow him to do his presentation before we do old business. Would that suit the pleasure of the board members?

MR. MULLINS: Certainly.

MS. AGAN: That's fine.

MR. CAUDILL: All right. With that change, do I have a motion to approve the agenda?

MS. AGAN: I move that we approve the agenda in moving Item No. 6, new business, prior to old business.

MR. MULLINS: Second.

MR. CAUDILL: Motion and second made. All those in favor, say aye.

(Aye.)

MR. CAUDILL: All those opposed, say nay.

(No response.)

MR. CAUDILL: There being no nay votes, motion carries. Mr. Curry, are you on at this time?

(No response.)

MR. CAUDILL: Let's go ahead and do the approval of the minutes. There is some confusion about minutes, as opposed to the summary that KPCA does. Just so everybody's on the same page, minutes is the actual transcript that is transcribed for us and sent to us by a DMS representative. The

summary that we get from KPCA is just that, it's not minutes. And when we ask for approval of minutes, we are asking for approval of the transcript. And the reason I'm explaining that is Ms. Cooper at the KPCA told me there was some confusion. So our official minutes are the transcript that is prepared through DMS. With that in mind, is there a motion concerning the approval of the minutes in the form of the transcript from the November 3rd, 2022 meeting?

MS. AGAN: I will make a motion that we approve the minutes from the 11-3-22 meeting, which involves the transcripts that were presented to us.

MR. CAUDILL: Motion made.

MS. KEYSER: This is Chris. I'll make a second.

MR. CAUDILL: Good morning, Chris. Thank you.

MS. KEYSER: Good morning.

MR. CAUDILL: I understand you had some difficulty. Let the record reflect that Ms. Keyser is present and in attendance. Motion made and seconded. All

those in favor, say aye.

(Aye.)

MR. CAUDILL: All those opposed, likewise.

(No response.)

MR. CAUDILL: The motion carries.

MS. SHEETS: Hi. This is Kelli again. I'm sorry, I'm having some technical difficulties trying to share the agenda. We are working on it, so hopefully we'll get it shared here in just a minute.

MR. CAUDILL: Okay. Should we wait or go ahead?

MS. SHEETS: That's up to you. You're welcome to go ahead while we're working on it, or you can wait. Whatever you want to do.

MR. CAUDILL: Let's pause for a few minutes and let you get the technical difficulty worked out if we can. I also noticed that Barry Martin has joined us, and let the record reflect that Mr. Martin is present and in attendance, also. So that makes --

MR. MARTIN: I apologize. I was

having technical difficulties, as well.

MR. CAUDILL: First of the year, we have to all retrain ourselves, I guess. And for Chris and Barry, I had some, too -- getting on and getting started. Mine was a highly technical nature, I forgot to turn the volume up.

Kelli, have you got yours worked out?

(No response.)

MR. CAUDILL: Hello?

MS. BICKERS: Sorry, Mike, this is Erin. We're working on it. Her screen isn't working, and I apologize. So give me just a second, and I'll have that up.

MR. CAUDILL: All right.

MS. KEYSER: Great.

MR. CAUDILL: Okay, then. Let's go forward. Mr. Curry, are you on the line ready to do your presentation?

MS. CECIL: Mike, he had e-mailed asking for the -- to resend the link to him, so I just did that.

MR. CAUDILL: Okay.

MR. CURRY: I'm here. Thank you, Veronica.

MR. CAUDILL: Okay. Mr. Tal Curry is on, and he is going to do a presentation on autism and ASD. He is the executive director of the Kentucky Office of Autism. And this is a result of Aetna's representative, Jacquelyn Pack in the November meeting on page 97 talking about their efforts in doing autism training. And this is something that is really becoming more and more prevalent, probably through better reporting, but also in actual occurrence. And I thought it was time we have Mr. Curry to do a presentation on that. So, Mr. Curry, if you would, please go ahead with your presentation. Do you have -- do you need control of the page for exhibits?

MR. CURRY: Yes. If I could share a screen, that would be great.

MR. CAUDILL: All right.

MS. SHEETS: Okay. You should be a co-host now.

MR. CURRY: Oh, perfect. Thank you very much. Okay. Let me make sure you all can see what I can see. All right. Well, my name is Tal Curry, executive director for

the Office of Autism, and I really appreciate the invitation from Mike to present today. I was going to share a quick overview of autism, and then a little bit about the Office of Autism and the Kentucky Advisory Council for Autism.

Probably many of you know what autism is. I used a more simple definition that we're trying to work from. Autism is a neurodevelopmental disorder that is typically diagnosed by the age -- by age three. Symptoms of autism involve three major areas of development: Social interactions with others, communication with others, and a range of activities and interests. "If you've met one person with autism, you've met one person with autism." Dr. Stephen Shore quoted this.

I think what's interesting as we look at autism is the prevalence rates, how they've gone up over the last 20 or 30 years here. We're now at 1 in 44, and that's just using some of the CDC data for eight-year-olds. It's not necessarily for the whole population, but it at least gives

us a conservative estimate of what that means in our population -- 2.5 percent of the population or so.

Autism Spectrum Disorder versus looking at more of a neurodiversity view or an autistic view of autism: One of the things I always caution people about, even though the DSM-5 looks at kind of defining this as a spectrum and looking at it as level one, level two, and level three as far as needs -- support needs, many people equate that to high-functioning autism, level one; or autism, level two; and then severe autism, level three. We're really trying to move people, as a council and office of autism, to really look at autism through really that lens of if you've met one person with autism, that's exactly it, you've met one person with autism. And it's really more of a kaleidoscope or color wheel where many different people have different strengths, attributes, and might have little black dots on that color wheel, if you will, versus looking at it as a linear spectrum. And I'll talk a little bit more about that a

little bit further.

I think what's probably important for Primary Care TAC is also you all, as primary care providers, know that there's such an overlap with co-occurring challenges in autism. So medical, some of those issues: Epilepsy, gastrointestinal issues, or sleep disorders are probably the most common. We see language delay, and in 25 to 31 percent of the population, depending on the studies you look at, some have an intellectual disability. Behavioral health, though, where we see a lot of this play out is with anxiety, obsessive-compulsive disorder, PTSD, trauma sorts of reactions, especially dealing as neurodiverse folks in a neurotypical world, ADHD, and also depression.

So as far as the council and my work with the Office of Autism, the council is made up of lots of different partners, including Medicaid, including other partners from the Cabinet for Health and Family Services. This is a visual of that. Probably more importantly, we are made up of

some consumer representatives. The two co-chairs are UK and U of L. We're lucky right now that one of the co-chairs is a parent, the U of L Louisville Autism Center representative, Dr. Greg Barnes. And then, Bev Harp is a self-advocate from UK, The Human Development Institute. She is the other co-chair.

We also have some other parents and self-advocates, and we've had them move in the last -- during some of the last appointments to have actually five more self-advocates appointed to this group to help balance the fact that originally this was created as a council working with state partners, but we also wanted to make sure that we have that lived experience around the table helping inform us.

My role as the Office of Autism executive director -- I'm an office of one. I'm tied to the Cabinet for Health and Family Services housed in the Department for Behavioral Health Developmental and Intellectual Disabilities. I staff the council, help with the executive committee.

We have three subcommittees for the council. I work from dealing with systems issues to constituent calls. We have a website that I'll talk about briefly, and some council projects. And then we have a biennial report to the governor.

The Kentucky Advisory Council on Autism vision and mission statements are here. I won't read those out loud, but our last elevator speech, we really changed some of the language and tried to say that we are a collaborative of autistics and allies who work to increase respect, understanding, and autonomy for all autistic Kentuckians, especially those BIPOC individuals, or black, indigenous, people of color, through advocacy, education, and growing circles of support.

As I indicated, the council has really worked from that experience of trying to increase our engagement with individuals with lived experience, both autistics and parents. You'll see that in some of our work and even the original legislation, even though it uses the term "Autism Spectrum

Disorder," we've moved away from using that term. One, because it has the word "disorder" in it, and two, because of the confusion around "spectrum," and really just said, "We're the Kentucky Advisory Council on Autism." Which we think displays more of a strength-based perspective through the social model of disability, and we're really moving towards that neurodiversity approach. And you'll hear that a lot in the work of our council, moving more towards a neurodiversity approach, being informed by autistics.

We do meet quarterly -- the council does. It's all governor-appointed representatives for that meeting. We also have subcommittees, and that's where the real work is done. The subcommittees intentionally overlap. We have an early childhood subcommittee that really is birth through age five or age eight, depending on the work that we're doing. We have a school-age subcommittee that's 5 through 18 or 21. And then the adolescent and adult subcommittee. We have adolescents that are

on there, age 14, and really looking at issues age 14 through the rest of life.

This subcommittee membership is open to all. It's inclusive participation, and we've had some really wonderful projects under those council subcommittees. The early childhood subcommittee -- right now, their primary goal is to support families with children newly diagnosed with autism. They're working on an infographic, a one-pager, to really kind of hone in on what are some of those supports through hyperlinks and other things that parents can utilize, and then ultimately, other providers and folks across the state.

The school-age subcommittee is looking to address restraint and seclusion in schools. And then, the adolescent and adult subcommittee has two priorities. They are looking to address violence and abuse towards autistics, and then, also work to increase employment opportunities for autistic workers and jobseekers in Kentucky.

Now, my note below is really just for you all. That we continue to address other

systems issues, from autism awareness, education of families and providers, increasing the availability of effective assessment and therapy, doing resource sharing and other collaborative efforts, and you'll see that through a little bit more of the presentation.

I thought it might be good to just give folks a quick overview of the council website, and that will also highlight some of the projects that we have. We have broken up most of this work by age group. So we have infants and toddlers, zero to three; children, 3 to 14; teenagers, 14 to 21; and then adults, 21 and older. You click on any of those, and you will find that there's resource tabs under those. And with those resource tabs, for example, like resources for infants and toddlers, there's screening, assessment and diagnoses, advocacy and support, interventions, education, transition. This list grows as folks get kind of older and we look at adult resources, and it changes some.

But if you were to click on, for

example, assessment and diagnosis, you would see a whole list of resources, but I highlighted two of these here. And I will send this presentation out because it hyperlinks to each one of these resources. For assessment and diagnosis, we also have centers that are listed under assessment and diagnosis, and that's just part of the centers across the state. We know that there are lots of individuals providing assessment and diagnosis, and we partner to do some neat work around increasing that capacity.

One of the things that we really do to try to connect parents -- and we say to parents that one of the best resources right after diagnosis is finding another parent who's walked this journey, so we promote parent support groups. There's a listing through the Kentucky Autism Training Center that we link to that includes this interactive map. You can kind of see it to the right there, and then there's a PDF listing below that includes those support groups.

In the education realm, one of the resources that we worked on with KDE in November of 2017 was an Autism Guidance Document. You can kind of see a picture of that guidance document there. This links to that, as well as some of the other resources. And these are just a few under education.

Resources as children get older: For adolescents, we have advocacy and support. We also include things like skill building, a lot of the work from the autistic self-advocacy network, and we do have a support group for self-advocates in the state that includes the Kentucky Autistic Spectrum Alliance out of Louisville. And especially with the pandemic, we've seen a lot more explosion of online presence and online meetings, and that's happened with this group, as well.

Some of the other resources that you might find: Transition resources, and really this is for all ages. The Employment Checklists at HDI are wonderful. They are a one-page resource that includes checklists

for ages, I think birth to 3, 3 to 5, then 6 to maybe 15, then 16 to 18, and adult. And there's also resources for both parents and then as appropriately -- as appropriate for youth in that age, as well.

As children are looking at transition, or adolescents are looking at transitioning, we really try to support -- My Choice Kentucky, the supported decision-making model looking at alternatives to guardianship when that's necessary. And then, the Life Course Tools is a wonderful resource from the University of Missouri, Kansas City, that we highlight.

One of our major projects, and the major project that we fund right now is the Innovative Supports for Autistic Workers. We have several autistic folks that work under this: Two part-time employees, including Bev Harp and Brittany Granville, who did some of these infographics here below.

And I always highlight this. I even share this with families newly diagnosed because there's resources like this

accessibility checklist down here to the left, thinking about making autism-related meetings more accessible. This can be utilized by teachers and school personnel because it makes them think about things that may be overwhelming at times for autistics.

And then also, what are the positive characteristics of autistic workers? And that's just an example of -- there's some wonderful videos created by autistics that are on there that may talk about employment, but they give a good introduction to what is autism, and from the autistic perspective. We have resources like Autism 101 and KYACA Overview, and I can certainly share more about those.

That's kind of the quick and dirty overview. We have a lot of projects that we've done over the years, and we continue to work on. I didn't highlight all of them, but I just wanted to give you a quick overview of the Kentucky Advisory Council on Autism, my role as the Office of Autism director, and then a little bit about

autism, as I think Mike requested. Thank you all so much for letting me share, and I'll turn it back over to Mike.

MR. CAUDILL: Thank you so much, Tal. Are there any questions anyone has for Tal?

MS. BICKERS: Tal, if you don't mind, e-mail that to me. I can get it out to the TAC and on the website. This is Erin. Thanks.

MR. CURRY: Yes, I just saw your chat message. I will do that.

MR. MULLINS: Mike, this is Raynor. I have one question. The latest information I had was that early diagnosis was extremely important in terms of the interventions that could prevent some of the long-term consequences. Could you give us, just in a nutshell, the current science on that or what the thinking is that guides your council?

MR. CURRY: Absolutely. We've done a lot of work in our early childhood field. We work closely with First Steps. So what we really try to do is get folks as early as possible into diagnosis avenues. And the

first option really there, is First Steps. If we can get folks or primary care providers to refer to First Steps as they see developmental delays, First Steps has a whole process for picking up on if it's autism, and they actually can get folks into what used to be the Old West (indiscernible), now the Norton's Autism Center, for quick diagnosis if they are before age two years and nine months. If it's after that point and they weren't able to get involved with First Steps before age three, then we really encourage folks to look at different options out there.

We know that we like multi-disciplinary assessment. We have several folks: UK, Norton's, and a couple other places in the state that have multi-disciplinary assessment where they have -- and that's really the gold standard. Where you have more than just a behavioral health provider, you have a developmental pediatrician. You also have the ability to rule out some of those challenges as far as other genetic markers. But a lot of times,

you have to rule out trauma and ADHD, and we see a lot of kids end up with that diagnosis first versus autism. But when it is autism, you know, it's really paired out well when you have an evidence-based instrument, like the ADOS-2, or there are several other evidence-based instruments as part of the autism diagnostic process.

So we do have some individual providers across the state that provide that. And we'll do more of a, I would say, primary or the initial assessment on autism because we know that most of those centers have wait lists. Especially after the pandemic, we have wait lists that I think are up to 18 months to 2 years. Unfortunately, that's not uncommon nationally. We see the same thing nationally with many places getting folks diagnosed, but we, like you said, when we get folks diagnosed, and then we get them into early intervention services, we see such better outcomes.

And the other piece is with folks on diagnostic, you know, wait-lists, if you

will, one of the things I really encourage primary care providers to do and educate themselves on is getting folks into local rehab centers, occupational therapists, speech therapists as appropriate, to rule out that children might not benefit, and often times they do, from occupational therapy, speech therapy, sometimes physical therapy, early why they're on these wait-lists because there are things that can be done. If there's behavioral challenges that are already being seen, get them into a behavioral health provider that has experience working with pediatrics. Because I think we all know that it's no good when people are waiting on wait lists for services. Does that help answer your question?

MR. MULLINS: Yes, very much. I hate that it takes longer than necessary. But I am very interested in this because we've had discussions about it over the years, certainly with a number of primary care providers. Do you have a sense of how many folks are actually being caught early versus

those that are late diagnosis?

MR. CURRY: We've had some data that, you know, certainly from First Steps and a couple of other state systems that we've tried to look at. I think, unfortunately, with the pandemic, we saw some of that data didn't go in the way that we wanted to see because oftentimes it was providers laying eyes on children that make -- where we see the most benefit. And obviously, when providers can do a developmental screening or have a developmental screening set up, we see better outcomes. Because even though primary care providers do a wonderful job, you know, that includes not just pediatricians but family care doctors, nurse practitioners, and whatnot, we know that there is a lot squeezed into those well-child visits. And if a developmental screening, like the Ages and Stages, is done, that there could be so much better results, and if those results are shared with the provider, then they can get folks into those early intervention services sooner.

But there's not great data in that right now. I can go back and look, but again, our data systems in the state aren't perfect, so I could only go with what we have, like with First Steps, and, you know, kind of looking at that over the last few years. But I know that First Steps did have a decrease in the amount of folks that actually wanted to be seen during the pandemic. And, of course, they had to go to telehealth, as well, so that impacted their therapeutic services.

MR. MULLINS: Okay. That's fine, thank you.

MR. CURRY: No problem.

MR. CAUDILL: Thank you very much, Tal. Are there any other questions for Mr. Curry?

(No response.)

MR. CAUDILL: All right. Thank you for coming forward. And in summation, let me just say that this is a field that is really blowing up because of the number of people in it. It is fought with barriers. Barriers to the people, barriers to the

providers. You've got unicorns in BCBAs. You can't find them, you can't hire them, but they're very necessary to it. The reimbursement is not commensurate with what's required. This is very labor intensive, you know, you're talking potentially hours working with the patient, as opposed to 15 minutes.

And -- but it's a thing that is the time is now, and you're going to see expanding. I certainly hope that DMS will look at this as an area to investigate for potential improvements. And the biggest thing is that there's not anything around for people to go to. You talk about the time of 18 months, but you also talk about having to travel 200 miles for treatment because it's not available anywhere in your region.

That's the points I wanted to bring out. Thank you again, Mr. Curry, for your time.

MR. CURRY: One last thing that I did not mention and I forgot about this, and I think Judy Theriot is on, and she may be

able to talk about it further, is the ECHO program, which is one of our partners. The Office for Special Health Needs is working on an ECHO program with primary care providers, which is probably a good plug, and I can send some information about that, or Judy probably can, as well. Judy, do you want to mention the ECHO program?

MS. THERIOT: It's just kind of a program to help teach primary care providers how to better diagnose and care for children with autism. Because one of the big deals is once you get that diagnosis, and then you go back to your home in a rural county, how do you get treatment? You know, the treatment centers are all in Lexington and in Louisville. And so this program has the specialist teaching the primary care doctors how to care for all of the things that go along with your diagnosis. If you have G.I. issues, if you have behavior issues, anxiety, sleep issues, different things like that. So that way, the children can get care in their own communities instead of having to drive to see a specialist.

So it really expands the knowledge base of the providers within our state to help better care for these kids. And that's called ECHO, which of course, I forgot what ECHO stands for, but it's autism ECHO, and they meet monthly and go over cases and do didactics. So it's run through The Office for Children with Special Health Care Needs.

MR. CAUDILL: Okay. Thank you very much. All right then. Let's go on to Item 5, which is old business. And we'll start with the update on the provider signature regulation. And Jonathan Scott, I think you promised us at the last meeting to be here and give us an update on that.

MS. CECIL: This is Veronica Cecil with Medicaid. So as you all know, the session has started, and Jonathan is our legislative liaison and is tied up in a legislative meeting because bills are dropping as we speak. So I apologize for him not being here, but I have the update, which is it is still pending before regulatory review. We do expect that -- we had gotten some comments to make a couple of

changes that's unrelated to the signature provision, so we are amending that to those requests. And we expect it to move forward next month.

So again, the interim workaround, which is we're not enforcing the current regulation timeline. We've aligned it with the others, so it's still pending.

MR. CAUDILL: Okay. For those of y'all that want to see what that is, that's 907 KAR 3:005 Section 2, Subsection 4, Subsection B, Subsection 2, which says that all counters are to be signed within 72 hours. And Mr. Scott also mentioned being amended to add an additional mental health benefit. Could you expand on what that benefit would be?

MS. CECIL: I apologize because I'm not sure what he might have been talking about.

MR. CAUDILL: Okay.

MS. CECIL: I did not get that update from him.

MR. CAUDILL: All right. Perhaps he can bring us more news at the next meeting

in March. Thank you, Veronica.

On 5B, update on the public health emergency wind-down process. Veronica, I believe that would be you, also.

MS. CECIL: That's correct. So Congress passed, and the president signed an omnibus bill at the end of December that federal law requires states to start redeterminations, or renewals is what we like to call them, effective April. So they are then untying the continuous coverage requirement that is part of the public health emergency that the health and human services secretary issued. So they're untying Medicaid determinations and continuous coverage from the PHE.

So it's going to be a little confusing, and it's still evolving because the current PHE declaration goes through January 13th, so we're waiting to hear if that's going to continue to be extended. The reason I say it's confusing is because the flexibilities that we're currently under that, you know, we're thankful for and have certainly leveraged under the PHE, will

continue even if redeterminations restart.

So the ominous bill had a lot of provisions in it that affect how we unwind, and we are awaiting some additional CMS guidance on it, including specifically around reporting. But we are, you know, we've been waiting for this day and preparing in the background, and our system's ready to go, just a little bit of weeds on how that will happen.

People will get -- so we'll do -- as people's renewal month date comes up -- so let's say we have, you know, a portion of our population that their renewal month date is April. About 90 days prior to that, so in early February we'll run -- the system will run and ping all of the databases -- federal databases and other databases that we utilize to try to verify people's eligibility -- verify their income. If we're able to verify them through that process, we -- they will automatically be renewed without having to take any further steps. And so those people will receive a notice of redetermination and nothing

further for them to do.

For the people we can't do that for, and, you know, it's just we can't verify whether or not they have income is generally the issue there, then we'll have to issue what's called a request for information, and a letter will go to that household asking for additional information so that we can move forward with redetermination.

We have about an 80 percent automatic renewal, also called passive renewal rate. So we really are talking about, thankfully, a little bit of a smaller population that we're going to have to focus our attention on and provide a lot of support and outreach to make sure they understand what's happening to them, what they need to do to ensure that their coverage continues.

We had, for example, people that turned 65 during this time, they're eligible for Medicare, and we're required to move them over -- they're required to apply for Medicare, and we have to end their Medicaid coverage. So those individuals, again, you know, we're going to focus on every month

are the people that are subject to that active -- what we call active renewal process.

So we are launching a website dedicated specifically to the PHE unwind and the restart of renewals. We hope to launch that by January 15th, and we will share that with all the MAC and TACs once it goes live. The purpose of that really is to provide easy-to-understand information about what's happening, and we're doing it -- we're creating flyers based on population. We're creating flyers for the provider community, flyers for advocates and other stakeholders to be able to utilize. So if they come across a member who's going through an active renewal, you know, what is it that you can do to help that person? Where should you refer them to? What should they be doing?

What we do -- what we're trying to encourage members to do during this time is just make sure your contact information is up-to-date so that we have the most recent current address, e-mail, phone number.

Because we, you know, it's going to be critically important if they have to go through an active renewal that we can reach them and let them know that that's happening. So we do plan multiple forms of communication through e-mail, text messaging, and letters so that we're making sure that people are receiving those communications.

But just stay tuned for more information. Like I said, we'll be sending out notices. We'll also be closely watching whether or not the PHE actually does get extended and those flexibilities remain in place. And I'm happy to take any questions.

MR. CAUDILL: Any questions for Veronica?

MS. AGAN: Veronica, hi, this is Yvonne. So the renewals will -- they're not -- everybody's not going to renew on April 1st. They will go with their month.

MS. CECIL: That's correct.

MS. AGAN: This will be a gradual --

MS. CECIL: That's correct.

MS. AGAN: -- turning.

MS. CECIL: That's correct.

MS. AGAN: All right.

MS. CECIL: So what we are able to do -- thank you for bringing that up -- we're able to do renewals over a 12-month period. So we are trying to allocate the population over 12 months, so we're not overwhelming our resources, you know, in one particular month.

MS. AGAN: Right. Thank you.

MS. CECIL: But my understanding is that providers can see in Kentucky Health Net when somebody's eligibility ends. So you're able to see what their month is going to be. And, you know, we're going to -- again, part of the information we'll be sending to providers is, you know, so how do you see that, you know? What do you do if somebody comes in, maybe they've just been -- because they didn't respond to something, maybe they just lost eligibility. They can immediately contact us, you know? We will review those, and our goal is to keep everybody continuously covered -- continuously covered in Medicaid. Or if for

some reason they no longer qualify for Medicaid, then make sure that they get moved to the coverage that they're entitled to, so either a qualified health plan or Medicare.

MR. CAUDILL: Okay. Thank you.

MS. CECIL: Thank you.

MR. CAUDILL: Any further questions?

(No response.)

MR. CAUDILL: All right then. Next, under old business, says C, in-person meeting, and that's just a placeholder. We'll get into that more in the March meeting.

Then we go to D: Follow-up on dental workforce recommendations. And I'd like to say that I received this letter, I think probably all of y'all did, from Commissioner Lee dated the third, and it's the response to Primary Care TAC recommendation. If you all remember, we made a recommendation to the MAC based upon this, and I'll read it for you right quick.

The recommendation: "The Primary Care TAC recommends to the MAC that the following request be forwarded to the

Secretary of the Cabinet for Health and Family Services that the secretary convene public and dental stakeholders to study and make recommendations to improve oral health information, and state dental policies related to population health, dental workforce, in-state dental graduate retention, dentist and dental auxiliary education, and Medicaid MCO contracts that support dental reimbursement, dentist participation in Medicaid, dental telehealth, and dental case management."

And it says that DMS, in response, says, "DMS shared the request with secretary Eric Friedlander, and it is under consideration."

So based upon that, Veronica, do you have anything you'd like to add?

MS. CECIL: I actually do. I'm -- nearly simultaneous with your all's recommendation, Commissioner Lee was invited to attend and participate in a -- I want to read it -- a Kentucky Oral Health Coalition. This is a coalition that's been created by the three dental schools: UK, U of L, and

Pike University. It involves Dr. McKee -- Julie McKee, and some other stakeholders.

And so, Commissioner Lee -- the first meeting was on December 19th, and Commissioner Lee has made a request about the possibility of inviting someone from the MAC and TAC to have representation from the MAC and TAC to that coalition. Because what we don't want to do is duplicate efforts because they are squarely working on workforce and dental access. And because they have already got that moving, what we didn't want to do is duplicate their efforts.

So Commissioner Lee's making that request, and we'll get back with the TAC once we get feedback on that and discuss whether there is something additional for us to do within the cabinet that's supposed to support that effort.

MR. CAUDILL: Okay. Thank you. Also, last time, Dr. McKee, who also talked with us about the subject, said that she would be getting back with us on a study reference retention rates of the Kentucky

schools of the dentists that graduate. Would Dr. McKee be on here today?

MS. MCKEE: Yes, I'm here. And I do not have those, I'm sorry. Other feet to the fire right now, but I'm making a list right now.

MR. CAUDILL: Okay. Well, we'll just table that until the March meeting and ask again. Would that be all right?

MS. MCKEE: Yes. Yes, thank you.

MR. CAUDILL: Okay. Good deal.

MR. MULLINS: Mike?

MR. CAUDILL: Yes, sir?

MR. MULLINS: Could I comment?

MR. CAUDILL: Yes, sir.

MR. MULLINS: Veronica, I just want to -- I want to praise you and Lisa for the actions that you've recently taken regarding the Medicaid fee increases for oral surgery and the regulation that's been filed. I think the Medicaid expansion for adults is probably the most significant action that's taken place in my lifetime, certainly in the last couple of decades, and I've been involved with this and watching it for a

long time, as you know. So you all deserve a lot of praise.

It's an important first step and only a first step. It will help stabilize the acute situation related to oral surgery. But it points out, I think, the reason that I helped stimulate the recommendation is that we really have a need for coordinated policy, and I do think the cabinet has an important role to play in that. If you just look at it now, we've got a fluoride regulation, a mobile dental regulation, we've got Medicaid expansion.

We haven't looked at workforce now in about 20 years as far as some of those specific policies. And I reviewed the quality strategy that the cabinet has filed, and I'd like to ask, where does that stand now? Because it seems to me one of the most important ways that some of the improvements could be addressed is to try to build oral health in a really substantive way in the quality strategy.

And I applaud you for that strategy. It's also very innovative and very bold, so

could you give us kind of an update on that?

And I guess I'd just like to ask you and Lisa to encourage the secretary to really get proactive on this. It's very encouraging that Governor Andy Beshear has taken the steps that he has. I think it's not only good politics, but it's good economic development, it's good education policy for the Commonwealth. And his father, former Governor Steve Beshear, really made a concerted effort to get that going. And unfortunately, because of the change in the political arena, there's been almost a decade of delay now, and it's just really encouraging to see that get back on the state policy agenda.

So I just wanted to say that and applaud you. I've been watching a long time, and this is really significant. And so you really deserve a lot of credit for the steps that you've recently taken. And I hope we can just continue to get some attention on this because we need a coordinated workforce, Medicaid, and public health policy. And Julie will know where

I'm coming from, too, on that.

So I'll stop, but I wanted to say that because I think the recent steps have been very, very, very significant, and the cabinet deserves credit for that, and Medicaid deserves credit for it.

MS. CECIL: Thank you, Raynor. I appreciate those kind words, and I'll make sure Commissioner Lee is aware of them. We were super excited about the expansion of the benefits, and I know that that is an agenda item.

As far as the quality strategy, it is still pending with CMS. So we're looking forward to, you know, that can take -- it could take a couple of months, so we're just waiting to hear back from CMS on their review and approval of that.

But if I can, maybe go ahead and talk about the expansion of dental. I do want to say that, you know, we agree, Raynor, that this is a huge, positive step forward. It's not perfect.

MR. MULLINS: No.

MS. CECIL: We received some

feedback, and we welcome that, but it is a great first step. So we're excited about the change that this can really make for and improve the outcomes of our members. And I think we're moving in the right direction, and we look forward to continuing to do that. And we are willing to tweak, you know, even what we've done and hear that feedback and see what we can do to -- in the short term try to do something.

But as you pointed out, and I think one of the reasons we're excited about this new coalition is they're -- I think they are very much aligned to what you're interested in, Raynor, and it's a really diverse group of stakeholders. They've got KYA on there, Kentucky Youth Advocates. They've got the schools represented -- the primary schools represented, so it really is kind of a wonderful effort on bringing everybody to the table.

And I think the cabinet, like I said, Dr. McKee's on it, the cabinet will be very involved and engaged understanding that, you know, we want to drive better outcomes and

to do that, we need to shift our program and our policy and look at ways, you know, what are the different ways we can innovate and move things forward? So we're very excited about that.

So for those who might not be aware, what we're talking about is we did announce that we have added services to the adult population that currently are covered for children. It's a major expansion of services, and we mirrored the rate for children, which is one of the highest in the country. So for those added services, we mirrored the children rate. This is effective January 1, although, you know, the MCOs -- we're still tweaking on the benefit mid-December with the oral surgery expansion.

So MCOs and their dental directors are in the process of configuring their system and notifying providers, creating the, you know, a lot of the services have to be prior-authorized, like implants and dentures, so they're creating the criteria, and we'll be notifying providers about the

criteria. So there's still some steps to be done, but, you know, we're excited to see this launch and get implemented. And we're going to be monitoring it very closely to try to determine utilization and to track out (indiscernible) as a result of it.

MR. CAUDILL: Okay. Thank you, Veronica. You also mentioned that the committee that's being formed that probably will be looking for membership through different organizations, including the TACs. If Mr. Mullins is not already one of those, certainly I think it would be a good idea for him to be able to represent this TAC in that.

MS. CECIL: Okay. That would be a good idea.

MR. MULLINS: Just a comment for everyone, when you've been around as long as I have, you understand some of these things from a historical perspective. I think this is an excellent move to join with coalition, but historically, the coalition was formed in the early '90s out of the two school recommendations that set some of the

existing workforce policies. And I was actively involved with that.

As a matter of fact, I've been a member of the coalition since that time. I haven't participated as actively in the last few years, but I have maintained my ties there. But that coalition actually, Veronica, was set up by the cabinet and the council -- the old Council for Higher Education, specifically to address issues like this. Instead of having partisan fights, that we could all work together to try to address and improve important oral health issues that were facing the Commonwealth.

And that's precisely why I stimulated the recommendation that I did. Because this needs to be a collaborative effort with all hands on deck to address these issues because there's an opportunity now we haven't had a long time to get this right.

And I'll stop, but again, thank you so much for your efforts, but I wanted to get that little bit of history because the cabinet actually set up the coalition in

conjunction with the University of Louisville and the University of Kentucky and the Kentucky Dental Association at that time, too. So it was a four-way effort, and it's sustained itself now for over two decades. And I think it's played an important role in the dental community trying to work together on these issues rather than splitting and working against, you know, different factions. So it's an excellent choice and an excellent way to go. I'll stop.

MR. MARTIN: As you can see, Veronica, you have made Raynor's day. I've not seen him this happy since --

MS. CECIL: Well, at least one person, so that's excellent.

MS. AGAN: Veronica, this is Yvonne. I want to say -- send out a special thank you for the work that you've done. And I think the expansion of these services is truly going to be able to improve our outcome with our patients. So much appreciated for the work you've done.

MS. CECIL: Thank you.

MR. MARTIN: I'm sure Mike will say the same thing. I know I do.

MR. CAUDILL: Absolutely. You know, we have a new dental school on the southern Kentucky border at the best school of medicine outside of Middlesbrough. They were so close that you would think that they're going to be attracting a lot of students from Kentucky, especially in that area, so maybe they can be included in some conversations and maybe look at reciprocal in-state tuition like it's done in some area now to help potential Kentucky students be able to afford and to go to dental school.

MS. CECIL: What's the name of that dental school?

MR. CAUDILL: It's through the best school of medicine there at --

MR. MARTIN: Lincoln Memorial.

MR. CAUDILL: Lincoln Memorial, yes.

MR. MARTIN: LMU.

MR. CAUDILL: Yeah.

MR. MULLINS: And, of course, you have the new one starting at U-Pike, so there's going to be more players.

MR. CAUDILL: Right.

MR. MARTIN: Yeah, they're already included in that, but LMU is not.

MS. CECIL: Okay.

MR. CAUDILL: Yes.

MS. CECIL: Okay. We'll pass that on.

MR. CAUDILL: Okay. Any other questions for Veronica?

(No response.)

MR. CAUDILL: Then let's move to Item 5E, which is on the same subject. I believe we have Molly Lewis now. Let her join in the fun here this morning.

MS. CECIL: Yeah. So I'll just also talk about -- we expanded some vision and hearing benefits simultaneously with the dental. For vision, we now cover contacts and glasses for adults. Again, we think this is really a great move to improve and encourage our population to help them, you know, move forward and improve their outcomes.

For our hearing, we now cover hearing aids and fittings, so that's new, as well.

So those are the expansion of those benefits.

MR. CAUDILL: Okay. Thank you. Molly?

MS. LEWIS: Yeah. Thanks, Mike. I don't have anything to add. I think that that was just a placeholder on the agenda for Veronica to share those updates on dental and vision, and I think it's best to come from her.

But I echo you all in the positive comments about Medicaid working to help expand access to the services that are provided by our members. So I think that this is all positive movement, and I really appreciate Medicaid, you know, listening and helping to address issues. But I think that that also shows where the TAC comes into play with you all sharing where the issues are. So I think that the future looks bright for continuing these discussions and using the TAC to help develop better policy. So thank you all.

MR. MULLINS: Mike, I have one additional comment for Veronica and to pass

along to Lee, the commissioner, and for the KPCA. An important piece of this work, I think, is to develop better models to integrate oral health with medical and valuable health care through the primary care sector.

And so I think a really significant next step would be to try to figure out how to help enable that through the quality strategy. And so, I see the quality strategy as your primary vehicle for improving Medicaid and the MCOs' participation in the delivery system. And that's going to take a real concerted effort on how to integrate oral health with these other services, but I believe you have the tool there to address that in significant ways, and that's why I've been commenting on the quality improvement strategy.

MS. LEWIS: Yeah, Raynor, I totally agree. And I think that with respect to the expansion and coverage for adults, that is something we've been asking for improved access for covered benefits. How they're reimbursed, in terms of fee-for-service,

that's something that, fortunately, our members with the PPS reimbursement and the model of whole patient comprehensive, integrated care, hopefully, that method of payment will provide additional opportunities to make this work. And I'm hoping that we can use benchmarking and kind of learn and use these meetings to continue to reflect on what it looks like and how it's being received, and what the impact is.

So I think we're a good -- a good group to hopefully make this be a successful change.

MR. CAUDILL: Any other comments?

(No response.)

MR. CAUDILL: A minute ago, Barry opened the door for me to give my thoughts on it, and I'll take that opportunity. I'm starting to kind of be an old head at this point. I've been around quite a while, and I've got a beard, and I know things, so that makes me an expert of something. I'm not sure of what, but in my time period, I don't think I've ever seen a time that Medicaid has been as active in listening to us, and

meeting with us and discussing our concern, and actually trying to work towards resolving issues or developing programs to meet those concerns.

So to that extent, through Governor Beshear, Secretary and Commissioner Lee, I certainly appreciate that. It is a breath of fresh air through what I've experienced over the years, and certainly hope it continues into the future.

Having said that, that ends -- let's see, now we have F -- 5F under old business: Establishment of core quality indicators between all MCOs, and I think Angie Parker had presented on that from the Division of Quality and Population Health. And if you could give us an update on how that's going, Angie.

MS. PARKER: Absolutely, and good morning. And I am loving this conversation as we're talking about the quality strategy, you know, a team of people who got together, and really trying to focus on what we need to do for our Medicaid population and our state.

So with that said, in looking at our quality -- core quality indicators between MCOs, it is a challenge to do that. In reviewing the quality strategy, you can see we have very high-level areas in which we are focusing, but also, because each provider is individually contracted with the MCOs, there are differences on how they would contract with you regarding a value-based plan -- or program.

Certainly, there are over 50 HEDIS measures in which you're probably familiar with, and all of those we want to improve upon. I have had some brief conversations with Dr. Hoagland and the KPCA team regarding what they are seeing from the MCOs. And I know in looking at it, there are quite a few, and each provider does have the opportunity to say yay, nay, or let's do it this way.

But I can also say that as far as what our core quality indicators, it's always very challenging to narrow down, but we are, as a department, looking at children, immunizations, vaccinations,

diabetes care, and pre and postnatal care, as well as social determinants of health and ensuring that equity is addressed in all of our quality work.

MR. CAUDILL: I think one of the things that we were interested in from last time is your work with the MCOs to try to develop the informative between them as to their core measures so as to make it easier for practitioners to concentrate on them. Have you been able to do anything further than what your last report was concerning that?

MS. PARKER: Well, as I mentioned, no. To answer your question very bluntly, no. But within the quality strategy, it is a dynamic document. They are working from that -- we are working from the quality strategy. There are high-level areas in which we expect them to address via, you know, all the HEDIS measures versus what I just mentioned: Immunizations for children, pre and postnatal care, social determinants of health.

It's very challenging to narrow down

now, and like I stated with KPCA, there were two measures that all five of the six that they were able to provide me were the same. A lot of them were three out of the five, and, you know, they weren't that much different.

Now, as far as how they negotiate how much they pay and for what percentage of what they will provide the providers if they meet this certain goal, is between the provider and the MCO. Unless, I mean, I don't see DMS going to that degree, so --

MR. CAUDILL: I don't think that was -- I don't think that was the issue.

MS. PARKER: Okay.

MR. CAUDILL: The issue is simplifying the different measures that we had to answer to and to get it where it was more consistent across the board.

You had said last time that you were looking at all the quality indicators that the MCOs are doing and ensuring that DMS appropriately and adequately evaluates all the quality measures each of the providers are asking to perform. And that's kind of

what I'm getting at addressing, and you said that you would be doing that --

MS. PARKER: Yes.

MR. CAUDILL: -- around this time.

MS. PARKER: And we are. I don't mean to interrupt you, Mike, but yes. And that is part of the reporting that we will be doing this year, as well as evaluating what value-based programs that each MCO is providing to see whether or not there can be a little bit more consistency in what they are doing.

MR. CAUDILL: Yeah, and that's what I'm looking for, and I think the other members are, too. Do you have a timetable for doing that?

MS. PARKER: Well, this will be an ongoing process. So, you know, I can probably, since this is -- this reporting will be starting in the first -- for the first of the year, it could probably be something to be looking at on a quarterly basis.

MR. CAUDILL: So our next meeting is March 2nd. Could you possibly have us

something at that time to -- if not necessarily something completed, but a more firm plan and timetable?

MS. PARKER: Certainly. I will do my best.

MR. CAUDILL: All right.

MS. PARKER: I'll put it on my list.

MR. CAUDILL: Thank you.

MR. MARTIN: I want to mention something. I think one of the points of emphasis was for the future, you know? Like we're doing -- like we did with dental, like we've done with the MCOs, CMOs, with residential. Just be more collaborative and more inclusive. Incorporate what us as KCPA, the MCOs, and DMS, work closer together to develop those standards and be a little more uniform.

Like you said, there are 50 of them, you know? You know there's no way that you can monitor and stay on top of 50 different HEDIS measures. So it would be nice if the three partners could sit down and talk about, like, the next contract, you know, what can we expect, or give us a little more

input on the contract because right now, we have to work from whatever we've signed and live with it to a certain extent.

What I think I was looking more for is for us to look for the future and work together to develop more uniformity and kind of hone in on some of the major ones. And us have a voice in that versus, you know, DMS and MCOs agree, and then we're left to work with it. I think this is proof with the dental that we're partners in this, and we're here to meet the needs of our population regardless if it's a DMS, MCO, or KPCA member.

MR. MULLINS: Let me add to that just a bit just from the oral health perspective. You've got dental subcontractors for all the MCOs, and so they ride subcontracts. And the only HEDIS measure, I think, is dental visits. Well, that's pretty much useless as far as determining quality of what's going on.

And so I think, you know, looking forward, I would echo Barry's comments. We had actually started with the encouragement

of former Governor Steve Beshear to add a set of dental -- to develop a set of common dental outcome measures to improve the quality of what was going on on the dental side. And I think that it's a good example of what could be done through the contracting mechanism in conjunction with the dental subcontractors.

We work with Jerry Caudill, who has most of the dental subcontracts through his organization, and we're working with him on that, too. But all that kind of got set aside when I looked, and I got to this strategy -- quality strategy leg when I looked at it and there's only -- there's a lot of places where you could have co-health input, but the only measured outcome is dental visits, I think, maybe dental sealants, but that's the only two ones with that.

So I'll stop again, but Barry, you've made an excellent point, I think, and I just wanted to reinforce it.

MR. MARTIN: Appreciate it. I think, working together -- we're working together

now better than I think we ever have since I've been on the TAC, which has been a long time. And it's -- I think now is an opportune time for us to be true partners and continue to work forward on mutually beneficial outcomes. And in the past, we've heard too much of this MCOs, DMS, you know? We're supposed to contract or, you know, we have -- we control our own destiny with the MCOs, but we don't. DMS has the contracts with the MCOs, and we just have to work from that. So if that template can be more mirrored at what we can work with, I think we'll get a lot more done that way.

MS. CECIL: Yeah. I think the goal is that we do a lined effort across all the different levels, right? So DMS, and MCOs, and providers are all working towards the same set of measurable goals. And we've not been there before, so we are working on it. It's a heavy, heavy lift, and we're just starting it, and so the difficulty is in choosing those measures because we can't do everything. We just cannot. And so we do have to pick, you know, five measures that

we're all going to align on and work towards because they're the ones that we know if we really align -- if everybody works towards this, that we're going to definitely move our outcomes forward.

And so, you know, I know we've been in conversations with KCPA, and we do welcome that input, and we're going to take all that in, and we're going to share that information, and we appreciate feedback on it.

Ultimately, and I just want us to understand -- and candidly, we can't do it all. So we are going to have to narrow those down into ones that, you know, we can come to a compromise on and collaborate on and just have everybody work towards that.

And the other thing to remember is that, and I know I'm kind of speaking to the choir here, but this is not going to change outcomes by the end of the year, right? These are things -- and it's hard for people to understand that when you change a policy, you're not going to see the outcome from that until five, sometimes ten years down

the road. And it's so hard to be patient to wait for that to happen, but you have to start somewhere.

So the plan is from DMS's perspective, and what Angie is working on is to -- how do we narrow down to, you know, a handset of measures that we can now start creating the value-based programs around, and incentivizing and, you know, and that includes things from fee-for-service, like, if we are focusing on preventive care, you know, maybe we're going to raise the rates for a handful of codes related to preventive care. So it's really taking, narrowing down, and establishing what is it that we're going to work towards, and then working with providers and the MCOs. And -- what is it -- what are the policy decisions we need to make to move that forward? What is it that CMS has control over? What is it that providers have control over? What is that MCOs have control over?

And to your point, Barry, it's about collaboration, and that's what we want. Because we cannot do it by ourselves. You

all can't do it by yourselves. MCOs can't do it by themselves. It's gotta -- it's gotta take all three working together to try to move that needle.

MR. CAUDILL: Okay. Good conversation. Barry, your comments were right on point, and I appreciate it very much.

I'm going to move it along then, and we go to new -- anything else under old business before I close that out?

(No response.)

MR. CAUDILL: Hearing none, then we'll go to No. 6 on the agenda: New business. We've already done a presentation on autism. Mr. Curry, the executive director of the Kentucky Office of Autism, was good enough to come to us, and we put him early on the agenda, and I thank you for that. He's also said that he's put his presentation to Erin Bickers to send out to the group, and with his e-mail address of Talt.curry@ky.gov.

Now, having said that, I always like for, you know, I don't want Veronica to

think that we always come to her with problems. I also want to give her this opportunity. This is an exchange of ideas and information. If Veronica, you have anything that DMS is foreseeing on the future that you would like to share with us, good or bad, I want to give you an opportunity right now to do so.

MS. CECIL: Just very quickly, I want to mention two things. One is we have submitted to CMS a state plan amendment around community health workers and adding them to Medicaid coverable services, so that is pending with CMS. Our anticipated implementation date is July 1st if everything goes smoothly with CMS approval. There will be a lot of components to that implementation, so as soon as we know more, we'll send out information to providers and make sure everybody understands what that benefit is. So we're excited about being able to cover that.

The other thing we're working on, and I'm not sure if I mentioned it previously, is we're working on a very comprehensive

mobile crisis model. It really will be kind of different than any in the country. We're excited about it. What we're doing is just making sure that we are covering all of the bases when somebody calls, for instance, 988. We want to ensure that there is a crisis team that is out and available to meet that person and handle whatever situation that they may be struggling with, and get them -- connect them to services.

So we'll be providing more information about that. We are hoping to launch that in October, so we're still pretty far away from being able to talk more specifics about it, but, you know, people are going to start talking about it, so just wanted to make you guys aware of that, as well.

One of those, you know, I think components to that, we'll be connecting them to providers, like an FQHC or an RHC because sometimes it's not necessarily behavioral health, you know, a need for a behavioral health-specific provider-type. So they may need some integrated care, but it will, you

know, again, we'll be working with providers and making them aware of what that's going to look like -- what that model's going to look like. But we're excited about it because we think it's just another step from 988 to provide services to our population.

So those are really the two things I wanted to mention.

MR. CAUDILL: Okay. Thank you very much.

Now, we'll go to Item 7 on the agenda, which is a report from the MCOs. We started last time with United. Chris Kern was the speaker. Will you be speaking today, Chris?

MR. KERN: Can everybody hear me? This is Chris Kern with United Healthcare.

MR. CAUDILL: Go right ahead. You sound good.

MR. KERN: Okay. Thank you so much. So I'm going to provide a quick update, and then Dr. Divya Cantor will join me for another quick update.

First item that I have is to share with all of you that we have come to an

agreement with Cincinnati Children's Hospital to become a network provider with our Kentucky CNS Medicaid product. There is one portion of the contract for home infusion that's still in the works, but right now, we have their facility, a lot of their ancillaries, and professional providers under contract.

I just want to make sure I shared that with the group because I know that's an important provider for pediatric care. With that, I'd like to open it up for Dr. Cantor to share some information with you all, as well.

MS. CANTOR: Thanks, Chris. Good morning, appreciate the opportunity. We have a couple of enhanced case management for cancer patients. Your patients that have any type of active cancer, whether that's something simple, basal cell carcinoma, or if it's metastatic cancer, there are different levels of case management available for those members -- for your patients and want to be able to make sure that you're aware of that

resource.

We also have enhanced case management for kidney disease. Those with CKD 4 or ESRD, that includes nutritionists, nephrologists, case management to be able to help essentially try to delay disease progression. So that is available and new for us this year.

I know in the fall, our quality department sent out in-home colon cancer screening kits. And we encourage our primary care providers to be in connection with that because we all do know that not every patient is eligible for in-home cancer care screening. But those that are eligible, we encourage to use that kit and take advantage of that.

And lastly, we've got a new program for diapers for our newborn babies, encouraging our moms to be able to get their postpartum visit. And once they do that, they're able to get two packs of diapers, age-appropriate, for the baby. So we've got a process set up for that to happen. Any questions?

(No response.)

MR. CAUDILL: All right. Thank you, Dr. Cantor. And thank you, Chris.

MS. CANTOR: Thank you. Thank you.

MR. CAUDILL: All right. We'll go to WellCare. Johnie Akers, who is, I think, on here.

MR. AKERS: Yes, Mike. Can you hear me?

MR. CAUDILL: Very well.

MR. AKERS: Thank you so much. So for tomorrow's biweekly WellCare information webinar, we're going to be sharing our 2023 member benefits. So if anyone doesn't have that in our biweekly informational webinar, you can let me know. Happy to send it over to you. Thank you so much.

MR. CAUDILL: Okay. Thank you, Johnie. Humana, Darryl VanCleave spoke last time.

MR. VANCLEAVE: Yes, Mike, I'm here. This is Darryl VanCleave. Do you -- can I display my screen by any chance?

MR. CAUDILL: Certainly okay with me.

MS. BICKERS: Yeah, I'll make you a

cohost. Give me just a minute.

MR. VANCLEAVE: Sure.

MS. SHEETS: Okay. You should be able to share your screen now. And if you could please e-mail your presentation to either me or Erin, we will make sure --

MR. VANCLEAVE: Sure. Sure.

MS. SHEETS: -- to share it with the group.

MR. VANCLEAVE: Sure. Okay. Let me see, can you see my slide?

(No response.)

MR. VANCLEAVE: Can you see the slide by any chance?

MR. CAUDILL: Yes.

MS. SHEETS: We can now.

MR. VANCLEAVE: Okay, perfect. All right. So once again, my name is Darryl VanCleave, and I am the provider engagement rep for Humana Healthy Horizons. Beginning in 2022, fourth quarter of 2022, we're going to begin going out to visit our PCP provider partners, you know, as per our agreement with the state. And also, we're going to begin moving this in 2023, so this is just a

breakdown of Humana's physician territory reps by county.

We have a couple of vacancies I wanted to point out. Guy Custer and Jennifer Kramer are no longer with us, but we do have two requisitions available to backfill those positions. And the rest of the team is just collaborating to ensure that their territory receives the necessary care that it needs in that particular area.

This is a -- we've also been sharing with our provider partners our claims issue e-mail, as well as our provider relations mailbox for the claims issues, that goes to our claims research and resolution team.

And I want to just point out that before you use this first, just please make sure that your providers are going to Humana customer service initially, and if you are unable to have success with them -- with the customer service team, then use the claims issues address above.

And this captures information from the customer service call, such as the requisition ID, who the claims are

concerning, you know, the tax ID, and things like that so that it can be resolved for resolution, as well as our customer service can be educated if there was something that could have been prevented at that point time.

Also, this is the provider relations mailbox for the team that I'm on. Any issues regarding policies and procedures, group roster requests, orientation and training, on-site visits, network notifications, etc., that comes to that mailbox, and we get that over to the appropriate provider relations rep.

Additionally, we thought it was useful if we sent out hyperlinks to all of our physicians' partners for useful tips, such as for the Healthy Horizons provider manual for 2022 and 2023. If you want to join and receive documents and resources, we have that: The Kentucky provider COVID-19, information for training, so on and so forth. All of this information is on our website at Humana.com, but we thought it was beneficial to provide this information in a

useful format to our providers. Also, we have been involved in the text campaign in English and Spanish for flu. So, you know, we have education with every member interaction and whatnot.

So with that, I'm going to turn it over to Jeff Hadley, who's going to discuss Humana Healthy Horizons value-added rewards for 2023.

MR. HADLEY: Thanks, Darryl. Can you hear me okay?

MR. VANCLEAVE: I can.

MR. HADLEY: Fantastic. Yeah, I think we really wanted to run through on a very high level the information that we share when we do community outreach activities with our members. Some of those include -- we have about six enrollee feedback sessions a year now that are scattered out throughout the various regions throughout the year.

This information that I'm going to show you is educational information that we share with the membership about our value-added benefits and the rewards.

Basically, it's our activities and our efforts to try to improve the health outcomes for our membership within the Kentucky Medicaid market. And, Darryl, I'm going to probably tell you that advanced pretty quickly because, you know, I think for this audience, I'm really just going to kind of hit the very high points of each thing, and we'll keep it moving in the interest of everyone's time.

So if you could advance the slide. Go ahead and advance one more. We covered the cell phone benefit that's available to all Medicaid recipients for those that qualified from an eligibility standpoint, from a need standpoint, or financial, economic situation. So we educate folks on how to access a free cell phone. Go ahead and advance.

And then, also educate folks on the Amazon Prime discounted membership that's available for Medicaid members in Kentucky. Go ahead and -- next slide.

We have a GEDWorks benefit program. Basically, it's a tutorial or assistance in

preparing for the GED. And the one advantage to this is that there is unlimited practice tests and unlimited testing. So the member can work on their GED goals until they pass the test, utilizing this benefit. Next slide.

Humana Beginnings is our maternal health assistance program. Go ahead and flip to the next slide. Some of the services that are available for our members when they are participating within our Humana Beginnings program are assistance with case management, portable crib and a car seat provided to those members, and other types of family planning and support services for those members who are pregnant and/or recently have delivered. Next side.

Still some more information on the meals that are provided for folks that are participating with our Humana Beginnings program, as well as the rewards that are offered for postpartum care, prenatal care, well-baby visits, and such. Next slide.

We have a PACIFY app that's available. So this is for pregnant women,

or, I'm sorry, those folks who have had their children where they can get assistance 24/7 in regards to breastfeeding and newborn or infant care. Next slide.

Post-discharge meals: We offer various amounts of post-discharge meals for our clients -- our members after discharge from the hospital for, you know, residential, behavioral health services, or for medical discharge. And then there's also some meals that are provided for folks that qualify under our care management for diabetes and heart conditions. Next slide. I'm going to keep you busy, Darryl.

Sports physicals: We offer those. Next slide.

Criminal expungement services: We do reimbursement for folks that would like to get their criminal record expunged. Next slide.

Tobacco cessation: We have coaching available, and support calls for people who are trying to break the habits, as well as nicotine replacement therapy upon request. Next slide. Oh, and vaping is included in

that smoking cessation.

We have the VIDA smartphone app for diabetes management to help our members who are diagnosed with diabetes to help them get things under control, digitally monitor and manage their diabetes, as well as having a one-on-one coach for support. Next slide.

Workforce development program: We provide assistance for our members getting education, training, financial counseling. And the next slide.

And then there is also childcare assistance available for members that are going through a workforce development program. Darryl, sorry. I'm racing through this. Really just wanted to do this in the interest of everybody's time, so please stop me if there are any questions.

The new value-added benefits that we have for this year -- next slide, Darryl.

We're offering haircuts, free haircuts, twice a year for kids that are kindergarten through 12th grade. Next slide.

And then our remote monitoring

devices where our members can, based on their diagnosis, can access and receive a weight scale or the digital blood pressure cuff. Next slide.

And then I'll fly through these. This is just our rewards, the types of behaviors and incentives that we provide for our members to help better manage some chronic conditions or to maintain good healthy habits and routine visits with their providers. Darryl, go ahead and advance. Go ahead and advance. Next slide.

This just talks to you about members enrolling in our Go365 program, which is on an app on the phone. Go ahead. This is really information for folks learning how to access that. Go ahead, Darryl.

So our new rewards for this year include rewards for follow-up on high-intensity substance, or high-intensity care for substance abuse disorders. Also, follow-up after hospitalizations for mental health issues. We have rewards available for those folks that are participating in the Humana Beginnings value-added benefit

that I discussed earlier. Some of those rewards, again, revolve around prenatal/postnatal things of that nature. Go ahead and advance, Darryl.

And for health risk assessments: Folks get rewarded for participating and taking those assessments. Level of care for those that attend -- complete an education around when to go to the emergency room versus when not to go and how to better address their urgent medical needs. Next slide.

And then for various screenings: Colorectal screening, breast cancer screening, cervical cancer screenings. We offer rewards for those. Next slide.

Diabetic retinal exam. Diabetic screening. Keep going, Darryl. A lot of this is just various screenings or vaccines. HPV vaccine.

Pediatric dental visits, prenatal visits, postpartum visits. Again, those are part of Humana Beginnings. Yeah, and the well-child visits, as well. Different rewards for children 0 to 15 months versus

16 to 30. Next slide.

Wellness visits, weight management: We have a weight management program. So folks can get rewarded for completing initial sessions and then for actually completing the whole program. Next slide. I think we're getting to the end.

Tobacco cessation for folks who participate in the program, as well as for folks who complete the program. There are rewards available for those activities.

And then we included -- so everybody's going to have access to this presentation, so we included some of the flyers, the community education pieces that we provide at our community education events and outreach events out in the community. So we have one for our housing assistance program. Next slide.

The workforce development, and next slide. And then this is information on what we call the QMAC, the Quarterly Member Advisory Committees. So it has the dates listed down there for those specific regions where we will be hosting and inviting our

members to come and learn about all this wonderful -- these wonderful opportunities that are provided for them.

And I think that maybe -- oh, this is just a greater detail which outlines everything that those previous slides around our rewards program explained. But this is the flyer that goes out to the community, and this is our flyer around getting extras to help address social determinants of health. And this also covers the value-added benefits information that I covered in the initial slides.

Thanks. I know that took a while, but we wanted to give kind of a comprehensive view of what is covered during our outreach and engagement of our membership out in the community and how we try to promote better health outcomes for those individuals.

MR. CAUDILL: Thank you, Jeff. And thank you, Darryl, for that presentation. It was very informative and very good. It's amazing what programs are out there. As a provider, we probably do not do a good

enough job of getting the information to our patients from our end of it so they can take better advantage of it.

MR. VANCLEAVE: Just real quick, Mike, who did you say to share this slide with? We want to make sure this is disseminated.

MR. CAUDILL: If you --

MS. BICKERS: We'll drop it in the chat. I'll drop our e-mail in the chat.

MR. CAUDILL: -- Ms. Bickers will distribute it if you can get it to her.

MR. VANCLEAVE: Who was that again?

MR. CAUDILL: Ms. Bickers with DMS.

MR. VANCLEAVE: Okay.

MS. THERIOT: I have a couple of questions, if I may.

MR. CAUDILL: Absolutely.

MS. THERIOT: I mean, this sounds wonderful. And when you were talking about, you know, like the $40 for the well-visits and the $10 for smoking cessation, things like that, you guys know through claims when people get these visits, so do you automatically send them that gift card or do

they have to go through another process to get the money?

MR. HADLEY: No. It is generated via claims. There are a couple that -- say for the haircut, there's a different process for that, and a different process like there was for COVID when you had to --

MS. THERIOT: Right.

MR. HADLEY: -- submit your proof of vaccination, but most of those rewards are generated via claims.

MS. THERIOT: Because I would think the best thing to get the word out is actually word-of-mouth. So once people start getting the gift cards or whatever it is, they will tell their different friends and family.

MR. HADLEY: Yes.

MS. THERIOT: What about the blood pressure cuffs and the scales? Do you have to -- I mean, obviously, I would think you would have to have high blood pressure to get the blood pressure cuff, but is that an automatic thing, or do they have to apply for it?

MR. HADLEY: They'll work with our case managers. If they have a diagnosis, they wish to take advantage of that. But yeah, usually it's related to various conditions or diagnoses that would generate that, but it is not --

MS. THERIOT: So it's not --

MR. HADLEY: -- but it's not automatically generated based on the diagnosis.

MS. THERIOT: Okay.

MR. HADLEY: They would work with our case managers, and our case managers would complete an order for them -- for those members.

MS. THERIOT: Okay. So they have to be in the case management program.

MR. HADLEY: Correct.

MS. THERIOT: Okay. And my next question was about doulas.

MR. HADLEY: Yes.

MS. THERIOT: So does that mean every pregnant woman is offered a doula, or do they, again, have to know about the program and go ask and seek for the help?

MR. HADLEY: Yeah, as part of the Humana Beginnings program, that's -- when they participate in that, that's where we do a lot of education with those members about specifically what is available if they request that. And so they would be made -- if they are in our case management program and are participating in Humana Beginnings, their case managers would work with them on making a doula referral if that was the preference of the member.

MS. THERIOT: So what --

MR. CAUDILL: Okay, now. I'm going to step in here. You might want to have a private conversation with him, but we need to move on.

MS. THERIOT: I'm sorry, thank you.

MR. HADLEY: No problem.

MR. CAUDILL: Ms. Bickers put her address -- her e-mail address up on the notes there for everyone.

And having said that, we're going to turn to Passport, and Yolanda Cowherd was the speaker last time.

MS. COWHERD: I'm Yolanda Cowherd,

with Passport by Molina Healthcare. Some of our updates: Our provider training continues as we continue our continuous improvement efforts. This is through the Passport and availity for providers portal. We do hold monthly trainings for our providers to opt into as we continue to upgrade and expand the capabilities of the portal.

Additionally, we recently rolled out our latest enhancement, which was the Passport and availity for overpayments tool palette. And through this, we did have several providers partner with us and participate in the training webinars, which also allowed them to gain early access to the tool.

In December, we did roll out the provider satisfaction surveys. A randomly selected set of providers had an opportunity to participate in the survey, and the survey was administered by a third party.

Passport: We are a part of a housing voucher palette program. This has traditionally been referred to as section 8.

The common assessment team, in short, they call this CAT. This team, they do oversee more than $13 million of HUD funding. We were approached by them to partner a new project. The common assessment team, their goal is to identify homeless individuals that also have Passport insurance. And the CAT team will complete the paperwork with them to apply for the HCB voucher or section 8, and then Passport will provide the housing navigation services for those individuals.

And Lastly, we do welcome 2023 by onboarding two additional provider service representatives to expand our team. That's all. Thank you.

MR. CAUDILL: Thank you very much. We now move to Anthem. Brian Richardson was the speaker last time.

MR. GROVES: Hi. Good morning, everyone. This is Ken Groves. I'm stepping in for Brian this morning. So we've got about three provider communications we want to present to you guys. As reminders, these are current communications.

The first is a reminder for billing for sports physical exams. This is one of our value-added benefits, but again, it's a reminder we made it also an update to the billing guidance. So providers can bill for sports physical exam in conjunction with the well-child exam for members ages 6 to 18 years old. So however, we want to ensure that providers know to ensure that they receive payment, they have to bill with a specific CPT code which is 99212 modifier 25, and the applicable ICD-10 code. Which again, I'll send this communication over to Erin Bickers so everyone will have this. So, therefore and again, that's entering that -- understand the billing guidance for pediatric members again, ages 6 to 18 years old.

The next communication is colorectal cancer screening and the benefits of early detection. So the goal here is to educate patients about the importance of early detection, and for our providers to discuss the importance of colorectal cancer screenings, and to ensure that the patients

are up-to-date with their colorectal cancer screenings. Also, we want to emphasize that medical records documentation is also important to include past medical and surgical history and procedures, including the dates and results of, when possible, those screenings.

The next would be helping teens and young adults quit vaping. So during the tobacco use assessment with young patients, the goal is to inform those who are Anthem members that they have access to free vaping cessation programs. Anthem, we're working with This is Quitting by Truth Initiative. This is a -- Quitting is a free and confident text message-based program specifically designed to help teens and young adults ages 13 to 24 quit vaping. So we want to ensure that you guys know this is an excellent program -- excellent resource to helping patients quit smoking for good and see the future without nicotine. So I will pause there -- see if there are questions.

MR. CAUDILL: All right. Any

question for Mr. Groves?

(No response.)

MR. CAUDILL: Okay. Is that the end of your presentation, Mr. Groves?

MR. GROVES: That is it. And I'll -- again, I'll put these links in the chat, and I can also send those to Erin, as well.

MR. CAUDILL: Okay. That would be great, thank you.

MR. GROVES: Thank you.

MR. CAUDILL: The last MCO is Aetna and the last time Jacqulyne Pack was there. And she gave us that heads-up about autism that led to the presentation earlier today from Mr. Curry. I believe she was filling in for Rebecca Markham, so Rebecca, are you on here this time?

(No response.)

MR. CAUDILL: Do we have a representative from Aetna?

(No response.)

MR. CAUDILL: Okay. It does not seem we have a representative from Aetna, so we'll move on then. No. 8 on the agenda is --

MS. RISNER: Hi.

MR. CAUDILL: I'm sorry?

MS. RISNER: This is Krystal with Aetna Better Health. Looks like I was double-muted. I have trouble with that, it seems, but I do have a few updates for you today.

MR. CAUDILL: Yes, please.

MS. RISNER: Just a second. Okay. Now, is my mic -- is everything good? Can you hear me okay now?

MR. CAUDILL: You found the -- sound fine.

MS. RISNER: Okay, great. Today I'd just like to say that in July, the National Committee for Quality Assurance, or NCQA, launched their health equity accreditation program. And Aetna Better Health in Kentucky worked diligently through the month to secure that accreditation.

We are excited to announce that we have received that health equity accreditation, and we feel that this is an incredible accomplishment, which was led by our quality management team. And we just

wanted to share that news with you all today.

Aetna Better Health is also kicking off our AP3 workgroups this year. AP3 stands for Aetna Provider Partnership Program, and the purpose of this workgroup is to provide a forum for our providers and their staff to highlight areas of administrative burdens or any kind of issues that they may have from working with Aetna Better Health of Kentucky. We do feel that by working together, we can increase the efficiency and reduce the administrative burdens for providers and staff. So we are trying to actively recruit any individuals that would like to participate in this new workgroup. It does meet, I believe, it's once a quarter, so you'll meet about four times a year and be able to provide that, you know, valuable input that you may have, or suggestions or, you know, something that maybe we aren't doing that we can do better in order to enhance that relationship that we have.

So if you'd be interested in having

maybe some additional details about our AP3 program or possibly joining, you can reach out to me, and I can send over that enrollment form or provide those details with you. And I'll just drop my e-mail over into the chat for anyone that would like to have additional information on that. And other than that, I think that's all of my updates for today.

MR. CAUDILL: Thank you, Krystal. And congratulations on your accreditation. And thank you for the other information provided. That finishes up the MCOs' reports.

And I'll go to No. 8 on the agenda, recommendations to the MAC. Are there any recommendations today?

(No response.)

MR. CAUDILL: There being none brought forward, we will go to No. 9 on the agenda, the MAC meeting representation at the January 26, 2023 meeting to be held at 10 a.m. And as chair, I am available and will be there at the MAC on behalf of the Primary Care TAC.

And our next meeting is set for March 2nd, 2023, at 10 a.m., and will be a virtual meeting. Let me make a comment or two before we adjourn. It's obvious to this time I read these transcripts, and I make notes that when somebody says that they will present to us, or that they will have other information for us, or give us a status at the next meeting, then I'm going to call on you. So if you promise me that you're going to do something, be prepared to do it because I will call on you. And if you can't be there -- I don't do this out of lack of interest or anything else, so if you can't be here, then make a written presentation to give to a member of your organization to give to us. And that's just a warning to the wise on that.

And at this time, I would ask, are there any questions or comments or anything that the other MAC members would like to address at this time?

MR. MULLINS: Mike, I put a comment in the chat asking for the regulation on community health workers to be sent. I just

wanted to note that.

MR. CAUDILL: Okay. Is that the one that regulations haven't been filed yet?

MS. KEYSER: Yes.

MR. CAUDILL: Okay. Veronica Cecil answered that to the effect, "The regulation hasn't been filed. We are waiting for CMS review and approval of the state plan amendment. After CMS approval, we will share the approved SPA, as well as the proposed regulations."

MR. MULLINS: Thank you.

MR. CAUDILL: Okay. Any other item anybody would like for us to address?

(No response.)

MR. CAUDILL: All right. There not being any -- by the way, and I'm sorry to drag this on, but I got a minute. By the way, these benefits, as given to us by Jeff and Darryl on behalf of Humana, are really great. And, you know, we have information racks in all of our waiting rooms, and if this comes in the form of rack cards that we could display out there for our patients to see, we'll be happy to display them for any

MCO for the purpose of trying to benefit our patients. And I'm sure other providers associated here would be glad to do that, also.

MR. MARTIN: Definitely.

MR. CAUDILL: All right. Nothing else. Is there a motion to adjourn?

MR. MARTIN: I'll make a motion to adjourn. This is Barry.

MR. CAUDILL: All right. Motion made and seconded?

MS. KEYSER: Yes.

MR. CAUDILL: Chris, okay. Made by Barry, seconded by Chris. All in favor, say aye.

(Aye.)

MR. CAUDILL: All right, everyone. Have a wonderful day, and we'll see you again on March 2nd.

(Meeting adjourned at 11:58 a.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim 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 24th day of April, 2023.

Tiffany Felts, CVR

Tiffany Felts, CVR