1 CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
2 PRIMARY CARE
TECHNICAL ADVISORY COMMITTEE MEETING
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Via Videoconference
12 July 11, 2023
Commencing at 11 a.m.
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Tiffany Felts, CVR
21 Court Reporter
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APPEARANCES

BOARD MEMBERS:

Patrick Merritt, TAC Chair (Not present.)

Stephanie Moore

Dennis Fouch

Barry Martin

Michael Hill

Stephen Houghland

1 MS. SHEETS: I've got 10:59. I don't
2 believe Patrick is on.
3 MR. MARTIN: This is Barry. I am
4 actually filling in for Patrick. He just
5 texted me earlier --
6 MS. SHEETS: Okay.
7 MR. MARTIN: -- and asked if I would
8 fill in as chair for him.
9 MS. SHEETS: All right. Well, I am
10 still admitting people from the waiting
11 room, so if we can give it another minute or
12 two and then get started.
13 MR. MARTIN: We can.
14 MS. SHEETS: Okay, thank you.
15 MR. MARTIN: You are very welcome.
16 MS. SHEETS: Okay. The waiting room
17 is clear. I'd just like to remind members:
18 In order to vote and comply with open
19 meeting laws, you do have to have your
20 camera on while voting. And with that,
21 Barry, I'll turn it over to you.
22 (No response.)
23 MS. SHEETS: Can everyone hear me
24 okay?
25 MR. FOUCH: Yes.

1 MR. MARTIN: Yes.
2 MS. SHEETS: Barry, I think the
3 waiting room is clear, so I'm going to turn
4 it over to you.
5 MR. MARTIN: Okay. This is Barry.
6 I'm sitting in for our chair, Patrick
7 Merritt. And I'd like to welcome everybody,
8 and I'd like to establish a quorum. Could
9 you call the roll for us, if you don't mind?
10 MS. SHEETS: Yes, I'm happy to. I'm
11 just now admitting Stephen Houghland, so let
12 me give him just a second. I'll start with
13 you. Of course, we have Barry Martin.
14 MR. MARTIN: Okay, here.
15 MS. SHEETS: Dennis Fouch.
16 MR. FOUCH: Here.
17 MS. SHEETS: Michael Hill.
18 MR. HILL: Here.
19 MS. SHEETS: Patrick Merritt.
20 (No response.)
21 MS. SHEETS: Stephanie Moore.
22 MS. MOORE: Here.
23 MS. SHEETS: And Stephen Houghland.
24 MR. HOUGHLAND: Present.
25 MS. SHEETS: Okay. Thank you, all.

1 You do have a quorum.
2 MR. MARTIN: Okay, great. Thank you.
3 Let's start with any old business. Update
4 on PHE, and wind-down process, and
5 redeterminations.
6 (No response.)
7 MR. MARTIN: Anybody --
8 MS. PARKER: I'm not sure -- this is
9 Angie Parker. I'm not sure if anyone's on
10 that can address that because --
11 MS. SHEETS: (Indiscernible), Angie.
12 MS. PARKER: I'm sorry?
13 MS. SHEETS: I'm sorry. I said I
14 don't believe anyone is on to address
15 unwinding.
16 MR. MARTIN: Okay.
17 MS. PARKER: Our senior deputy
18 commissioner is out on vacation.
19 MR. MARTIN: Yeah.
20 MS. PARKER: Are there any particular
21 questions that you have? It's ongoing; I
22 can tell you that.
23 MR. MARTIN: Yeah. We definitely
24 know that.
25 MS. PARKER: Okay.

1 MR. MARTIN: Does anybody on the TAC
2 have any questions regarding it?
3 (No response.)
4 MR. MARTIN: Okay. We'll just put
5 that on the back burner until deputy
6 secretary -- deputy commissioner comes back.
7 Establishment of core quality
8 indicators uniform between all MCOs. Angie,
9 you've been working on that?
10 MS. PARKER: I have been working on
11 that, and I know that this has been
12 something that you all have been waiting
13 for, so I am going to bring this up.
14 So I'm not sure -- I am Angie Parker.
15 I'm the director of quality and population
16 health within the Department for Medicaid
17 Services. So we are going to discuss the
18 core quality indicators that the Department
19 for Medicaid Services has come up with, and
20 -- as in meeting -- in working with our
21 managed care organizations.
22 So a little background: Well, I
23 started this with background on the
24 development of the value-based payment
25 model. But actually, this kind of started

1 back in July of last year when the
2 Department for Medicaid Services had a
3 reorganization in which it developed once --
4 a new division that included quality,
5 population health, equity and determinants
6 of health, and research and analytics
7 branches. So that gave us an opportunity to
8 really focus on developing a value-based
9 payment program for our -- to incentivize
10 our managed care organization towards
11 quality goals and improving the healthcare
12 outcomes of our population.
13 So the expectation -- and we were
14 also -- some of you may have participated in
15 the development of the Medicaid managed care
16 quality strategy, which was submitted to CMS
17 last November. We did enlist some of the
18 TAC members to provide insight into what we
19 should be focusing on as a state for the
20 quality strategy.
21 So we -- I believe it was last fall,
22 we started working with Milliman, our
23 actuary, on developing this value-based
24 payment model. We did select performance
25 measures and related targets, and we are to

1 be starting this actual program in contract
2 year 2024. So we've been doing a lot of
3 work, we've been doing the design, and we've
4 had conversations with the MCOs on this, as
5 well, and we are ready to kick it off.
6 So what does that program design look
7 like for the MCOs? We are withholding
8 2 percent of their capitation. There are
9 going to be six core measures plus a bonus
10 pool for those eligible MCOs. They have to
11 achieve a 3 percent or 4 percent point
12 improvement to earn any of the 2 percent
13 withhold back. And they must earn withhold
14 on four core measures and maintain
15 performance on all core measures to be
16 eligible for the bonus pool.
17 So when developing this, what was our
18 strategy and goals? We want to reward plans
19 that perform well and penalize plans that
20 perform poorly. You know, we hear this all
21 the time that Kentucky is always in the
22 bottom of national state health ratings, so
23 we're hoping that this will also help move
24 us out of that 48th to 50th. Now, I did
25 hear that we are now around the 45th or

1 47th, so there has been some movement as a
2 state.
3 We want to include performance
4 targets that are realistic and achievable.
5 And obviously, we want to incentivize
6 quality outcomes. That's the ultimate goal
7 here. We want to consider regional or
8 population-based goals to then improve
9 disparities. Be operationally
10 straightforward to oversee or manage. Ease
11 administrative burdens for providers to
12 participate. And there will be no need for
13 additional funds to operate this program.
14 Continued design: There's a
15 pass/fail. I think I have mixed up slides
16 here, but there is a pass/fail for the MCOs.
17 They either pass it or they fail. So they
18 will not get a withhold for missing
19 3 percent or 4 percent of the minimum
20 improvement. Future year minimums will be
21 set using our external quality review
22 organization, which at this point, it is
23 IPRO, Island Peer Review Organization.
24 We are utilizing HEDIS measures from
25 EQR reporting. We're starting with HEDIS

1 measures, and the baseline measurement year
2 will be 2022. And the first measurement
3 year will be 2024. And the first earnings
4 -- hopefully, there will be earnings. We
5 want all of our MCOs to meet these minimum
6 improvements -- will be the fourth quarter,
7 2025.
8 So what this baseline measurement
9 year means: Right now, in 2023, there were
10 HEDIS activities done in the first part of
11 2023 for measurement year 2022. So that is
12 going to be our baseline year in determining
13 the minimum improvements. So because we had
14 that baseline, right now, 2023, this -- the
15 measurement year for 2023 will be the
16 first -- will be next year, in 2024.
17 It gets very confusing, but the idea
18 is for all these measuring years hit the
19 baseline. Next year, they'll be really
20 working towards improving those 2022
21 baselines, and then we can, hopefully, give
22 them back 2 percent and bonus money if they
23 are able to achieve those goals.
24 So down to the nitty-gritty: What
25 are the core measures? So it's a hemoglobin

1 A1c less than eight. Postpartum care, which
2 the -- which more specifically, the
3 percentage of deliveries that had a
4 postpartum care visit within 7 to 84 days
5 after delivery. Child and adolescent
6 well-care visits. Child immunization
7 status: The CIS combo 10. The immunization
8 for adolescents: The IMA combo 2. And
9 social need screening and intervention,
10 which this is a brand-new measure for HEDIS
11 for 2023. So this is just going to be --
12 this will be the baseline year for that
13 specific measure.
14 As you can see, with these top six
15 measures, we are targeting the chronic
16 condition of diabetes, maternal health, and
17 children's health, and then the equity
18 associated with all of the care that is
19 given.
20 So what will be the bonus pool
21 measures? So if they're able to
22 successfully improve on those measures, they
23 are eligible for metabolic monitoring for --
24 they have to also meet a number of these
25 bonus pool measures, which include metabolic

1 monitoring for children and adolescents on
2 antipsychotics, follow-up after emergency
3 department visit for alcohol and other drug
4 dependence within seven-days of an ED visit,
5 weight assessment and counseling for
6 nutrition and physical activity for children
7 and adolescents -- counseling for nutrition.
8 And those three things that, you
9 know, have to be documented: Body mass --
10 body mass index, counseling for nutrition,
11 and counseling for physical activity. And
12 then breast cancer screening.
13 So all -- the previous page and the
14 bonus pool measures are what we are
15 targeting our focus. That does not mean
16 that all HEDIS measures are not important
17 because they are. It's very challenging to
18 whittle down what our focus needs to be. We
19 are focused on the overall health of our
20 population, obviously, but this is where we
21 are starting now, primarily, as I mentioned,
22 some preventive care for -- preventive
23 services for our maternal health and
24 children for the most part.
25 So the quick and dirty. Are there

1 any questions that I may be able to assist
2 you with?
3 MR. MARTIN: I think the reason we
4 asked for this is to try to get all the MCOs
5 kind of on board and get us focused, as
6 providers, on more focused areas.
7 MS. PARKER: Mm-hmm.
8 MR. MARTIN: Because the MCOs, at
9 times, throws so many different ones out,
10 along with Medicaid, it's hard to catch 50
11 or 60 of them. It's easier to catch 10 to
12 12 and keep those kind of across the board.
13 So that's -- it looks good and consistent
14 with what the major points of emphasis are.
15 MS. PARKER: Now, like I said
16 earlier, this doesn't mean that other HEDIS
17 measures aren't important, and they -- and
18 the MCOs may, you know, target certain areas
19 if they are showing that their results --
20 their particular results are not improving.
21 So there could be some of that. But this
22 is, as far as a state, this -- we are --
23 those are the specific six -- let's see, ten
24 measures that we do have a focus on that we
25 -- like I said, we also want to make sure

1 that we are improving in all areas for
2 preventive services, for chronic diseases,
3 social determinants of health, and how all
4 that ties into all of the care that we are
5 providing to our citizens.
6 MR. MARTIN: Okay. We appreciate it.
7 Any questions for Angie?
8 MS. MOORE: Barry, I have one.
9 MR. MARTIN: Yes.
10 MS. MOORE: Angie, I'm curious if
11 there's been conversation within DMS about
12 how these measures might be distributed to
13 other divisions and departments? You know,
14 for instance, when we talk about combo 10,
15 you know, is that really being pressed with
16 WIC and other settings of care where those
17 kids that are less than two? Or when we
18 talk about, you know, or combo 10 with the
19 little people and combo 10 with the
20 adolescents, are we talking with, like, KSHA
21 about emphasizing vaccines in that sports
22 physical process?
23 Because I think that one of the
24 things that from a provider standpoint helps
25 movement is for people to get messages

1 across a lot of different settings of care.
2 Not just from their managed care
3 organization or their provider.
4 MS. PARKER: That's a very good
5 point. I can't say that that's been
6 specifically addressed with other
7 departments, but certainly like that point,
8 and we can certainly look at that. And, you
9 know, I'll think about those also with the
10 Department for Public Health. We do work
11 with them on a lot of different things, so
12 this -- thank you for that recommendation.
13 MR. MARTIN: And before I forget it,
14 we need to rollback and approve the minutes
15 from our last meeting. I apologize.
16 MS. PARKER: Okay.
17 MS. MOORE: You need a move for
18 approval, Barry?
19 MR. MARTIN: Yeah, I need a motion
20 for approval.
21 MS. MOORE: I'll make that motion.
22 MR. MARTIN: Okay. Do I have a
23 second?
24 MR. FOUCH: Yeah, I'll second.
25 MR. MARTIN: Okay. All in favor, say

1 aye.
2 (Aye.)
3 MR. MARTIN: Opposed, likewise.
4 (No response.)
5 MR. MARTIN: Okay. So moved. Thank
6 you. Thank you, Angie, for the update on
7 the core indicators.
8 MS. PARKER: No problem.
9 MR. MARTIN: Update on community
10 health worker reimbursement.
11 MS. PARKER: I don't know if Justin
12 Dearinger is on, but there was a
13 communication, I believe, the end of June
14 out to the providers regarding this. And if
15 you give me a minute, I also have a
16 PowerPoint that I could share. I've got to
17 find it unless Justin's on here.
18 DR. DEARINGER: Hi, Angie. Yes, this
19 is Justin Dearinger, and I am the acting
20 director for the division of healthcare
21 policy. So the community health worker
22 program or project is completed, and that
23 communication was sent out to all provider
24 types. You should have received that
25 sometime toward the end of June. That same

1 communication, as well as a PowerPoint
2 presentation and a pretty extensive FAQs,
3 has been put on our department webpage. So
4 we've put that on the front page of the
5 Kentucky Department for Medicaid Services
6 webpage so it's easily accessible to
7 everyone.
8 So it's complete and rolling, and
9 billing has started. So does anybody have
10 any specific questions on it or?
11 MR. IRBY: Hey, Justin, do you happen
12 to know when the updated rates will be added
13 to the fee schedule?
14 DR. DEARINGER: Yeah, so the fee
15 schedules have been -- yep, those rates,
16 that's correct. The fee schedules have been
17 updated. They just haven't been posted yet,
18 so I'll tell you, it takes some time. I
19 don't have an exact date. I wish I could
20 tell you an exact date. I'm hoping within
21 the next -- if not this week, then next week
22 those should be online.
23 Because those were -- originally, I
24 think some of those rates were different.
25 We increased those rates, but within the

1 next week or two, those should be on all the
2 fee schedules. If they're not currently --
3 MR. IRBY: Thank you.
4 MR. DEARINGER: -- I haven't checked.
5 I know they were scheduled to be on there.
6 When they get put on there. It's not really
7 a thing, you know? It just depends on what
8 other things are in front of them.
9 MR. IRBY: Sure. Thanks for that.
10 MR. MARTIN: Thanks. Thanks, Justin.
11 Anything else about community health worker
12 reimbursement?
13 MR. IRBY: The only other question
14 that I had on that topic was around the
15 dental procedure codes. I noticed that we
16 -- that there's an intent to add the CPT
17 codes to the dental fee schedule. Is there
18 an intent to assign CDT codes, so the actual
19 dental tech codes? Or is there an intent to
20 do that?
21 DR. DEARINGER: So, originally, when
22 we -- well, maybe. We're currently looking
23 at different issues. We thought our system
24 could be able to do that, to be able to bill
25 that with dental -- with the dental

1 providers sending those CPT codes in on
2 their current forms. But once we started
3 receiving those, we had some hick-ups and
4 some issues. And so we're in the process of
5 trying to figure out exactly what we're
6 going to do with those issues, but we're
7 working on it.
8 So I don't exactly --
9 MR. IRBY: Okay.
10 DR. DEARINGER: -- know what the
11 outcome's going to be.
12 MR. IRBY: Okay. From an MCO
13 perspective, I just wanted to share I
14 believe that most of the dental
15 administrators, their -- I don't believe
16 that their systems are capable of intaking a
17 CPT code. And so, if a dental provider, who
18 is contracted on the platform from the
19 dental administrator, submits one of these
20 codes, it's not going to be accepted. So I
21 just want to make sure that you understand
22 that perspective.
23 DR. DEARINGER: Yeah, we've had to
24 receive -- we've been receiving some paper
25 claims, and then we're working on the

1 possibility of adding some different things.
2 So we should have some guidance out, again,
3 within the next few weeks on a fix for that
4 once systems confirm.
5 MR. IRBY: Thank you.
6 MR. MARTIN: Thanks, Justin.
7 Anything else?
8 (No response.)
9 MR. MARTIN: Okay. Let's go onto new
10 business. With Veronica not being here, do
11 we have any new business?
12 (No response.)
13 MR. MARTIN: Anyone from TAC have any
14 new business?
15 (No response.)
16 MR. MARTIN: Okay. I guess if we
17 don't have any new business, we can go on to
18 reports from the MCOs. Aetna?
19 (No response.)
20 MR. MARTIN: Can you guys hear me?
21 MR. IRBY: Yes, we can.
22 MR. MARTIN: Okay. Anybody here from
23 Aetna?
24 MS. RISNER: Hey, this is Krystal
25 with Aetna Better Health. Can you hear me?

1 MR. MARTIN: Okay. I can now.
2 MS. RISNER: Oh, I'm sorry about
3 that. I think I had myself double-muted. I
4 just have a couple of updates today. We
5 wanted to let everyone know that there have
6 been some recent organizational changes
7 within our PR department. So several of our
8 network managers were actually transferred
9 to different regions in an effort to improve
10 the service that we provide to our partners.
11 As a result of that change, several
12 providers may now have a different network
13 manager to work with going forward. We
14 actually sent that out as a notification on,
15 I believe, that was 6/27; however, the
16 updated listing can actually be found at our
17 website. Excuse me. We do want to
18 encourage everyone to go out to visit the
19 website just to check on that listing.
20 I'm sorry, I need to get a drink.
21 I'm getting a little choked here. Sorry,
22 just a moment.
23 All right. I'm sorry about that. We
24 also have a network notice that was sent out
25 today surrounding prior authorizations. And

1 so we do want to remind all providers that
2 if a medical-necessary service has been
3 performed and a PA was not obtained, you
4 actually do have seven days from the date
5 that service was performed to submit a retro
6 authorization request. That notice was sent
7 out today, but if anyone is not on our
8 network notice listing, I will put my e-mail
9 in the chat, and we'll get you signed up for
10 that. And I'm also going to put the link
11 for the new network manager notification
12 file in the chat.
13 And that's all I have for today.
14 MR. MARTIN: Okay, we appreciate it.
15 Any questions?
16 (No response.)
17 MR. MARTIN: Okay. We have somebody
18 from Anthem?
19 MR. RICHARDSON: Hey, Barry. Brian
20 Richardson with Anthem.
21 MR. MARTIN: All right.
22 MR. RICHARDSON: Just had four
23 different links that I wanted to share with
24 the group today, and I'm going to put those
25 in the chat after this is -- well -- and the

1 first one is mental health forum. It is for
2 youth mental health, and it's actually going
3 to be a forum that's on September 27th. So
4 please share that with anybody. I think
5 that would be a good one to attend.
6 The second one that we have is
7 advancing health equality: Meaningful
8 patient/provider relationships. So it's a
9 good little link on that talking about the
10 different techniques between a good provider
11 relationship.
12 The third one we have is help your
13 patient stay covered. And that's a Medicaid
14 renewal, which is going on right now. So
15 there's a good video to watch with that one.
16 And the last one that we have is the
17 HPV vaccine. And that's a provider
18 incentive for children ages 9 to 13.
19 So again, I'll share all four of
20 those in the chat so that they can be shared
21 with whoever you want. Thanks very much.
22 MR. LAMOREAUX: Hey, Dr. Martin, this
23 is Leon Lamoreaux, the plan president for
24 Anthem. Could I just maybe pile on to what
25 Brian just said?

1 MR. MARTIN: Yes, definitely. And
2 I'm not a doctor, so --
3 MR. LAMOREAUX: Okay.
4 MR. MARTIN: -- just Barry. Thank
5 you.
6 MR. LAMOREAUX: So just, you know,
7 the discussion that Angie led so artfully
8 about the value-based payment arrangement,
9 we've been going through our value-based
10 payment arrangements for the provider
11 communities and the PQIP program to align
12 our provider incentives to fit neatly with
13 those ten measures that Angie was talking
14 about.
15 It's not exclusively along those ten,
16 but at least from the Anthem perspective,
17 you are going to see, for 2024, a very close
18 alignment between those things that we're
19 going to be emphasizing and rewarding within
20 the value-based payment arrangements and the
21 pay-for-quality programs.
22 So I just wanted to take this
23 opportunity to let you know we have heard,
24 and I believe many of my colleagues and the
25 other MCOs are planning to do the same

1 thing, following the lead of what Angie has
2 introduced with what they're terming to us,
3 the -- not to be confused with other
4 vocabulary, the value-based payment for MCOs
5 that involves that quality withhold and so
6 forth. So look for new language and new
7 contracts and so forth with the primary care
8 community and all of the value-based payment
9 arrangements for Anthem.
10 MR. MARTIN: Okay. Thank you,
11 appreciate it.
12 MR. LAMOREAUX: Mm-hmm.
13 MR. MARTIN: Any other questions for
14 Anthem?
15 (No response.)
16 MR. MARTIN: We'll go onto Humana.
17 MS. MOYER: Hey, this is Sarah Moyer
18 with Humana. I'm the chief medical officer.
19 Just nod your head if you can hear me.
20 Making sure -- yeah, okay. Great.
21 I just wanted to let you know that we
22 are also working really hard on the new QI
23 withhold project. I know we've been
24 bouncing ideas off of some of you. So
25 really just appreciate the support on that

1 as we redesign our incentive program, and
2 we'll have more to come as we roll out
3 something new in 2024.
4 And then also, with the new CHW
5 program, as well. Excited that that's going
6 to be billable for you all. So just working
7 on some new processes and how we're going to
8 link our community health workers that we
9 have on staff with those that you guys are
10 working with, just to make sure we're
11 getting the best care for members with our
12 ultimate goal of improving that ranking with
13 our state and having healthy team members.
14 So with that, we just have a quick
15 PowerPoint. I wanted to introduce you to
16 Leslie Clements. She is our new health
17 equity director here at Humana and is really
18 going to be working strongly on our goals of
19 decreasing our disparity and improving the
20 health of all of our members. So just wanted
21 to make sure you all knew her as a resource.
22 And she's got a PowerPoint to share, so am I
23 allowed to share my screen?
24 MS. SHEETS: Yeah, who's going to be
25 sharing, Sarah, you or Leslie?

1 MS. MOYER: Yeah, I'll share it and
2 let Leslie speak.
3 MS. SHEETS: All right. Just one
4 second.
5 MS. MOYER: And maybe as she pulls
6 that up, I can let her introduce herself,
7 and then I'll start sharing as soon as I am
8 able.
9 MS. CLEMENTS: Awesome. Thank you so
10 much, Sarah. I appreciate the warm
11 introduction. It's really great to meet
12 everybody. As Sarah mentioned, I am Leslie
13 Clements. I'm the new health equity
14 associate director for Humana Healthy
15 Horizons in Kentucky. And so, I am starting
16 my third week on the job, and I am excited
17 to be here and be a part of this group. I'm
18 not new to Humana, though. I've been with
19 Humana for about 17 years, and so I'm really
20 thrilled to be able to apply my learnings
21 from the last 17 years in this new role.
22 Wanted to just share with you all a
23 very brief deck to talk through some of the
24 work that we're doing around social
25 determinants of health and how we're trying

1 to address that for our members. Some of
2 this may not be new news for all of you. I
3 know this group probably connects regularly,
4 so I'll zoom through this pretty quickly.
5 But please know that I'm happy to share this
6 deck, and there is more information in the
7 appendix. And if there are any questions
8 that I can't answer, perhaps Sarah can, or
9 we can get back to you if we need to put
10 something on the parking lot.
11 But I'll start by just saying, you
12 know, what we have in front of you is a
13 high-level view into Humana's comprehensive
14 care support team model. So when we think
15 about our members, this is really about how
16 do we help address the needs that they have?
17 Not only based on what we're able to
18 identify through our fully integrated
19 digital health and analytics tools around
20 addressing needs, but also what is important
21 to our members. You know, what is it that
22 they want and that they need based on their
23 experiences in life?
24 So what you see on the left-hand side
25 of the screen are all of the folks who are

1 really engaging, specifically, with our care
2 manager to be able to address the member's
3 needs. And over on the right-hand side are
4 examples of some of those social
5 determinants that we're really focused on
6 for those members. So if you think about
7 that care manager and the member together,
8 they are at the center of all of this.
9 And, Sarah, if you want to skip to
10 the next slide, what you'll see are just a
11 very high-level view of some of the
12 value-added services and expanded benefits
13 that Humana is currently offering in this
14 2023 plan year. And what you're seeing are
15 just essentially a very high-level list.
16 We've got, you know, of course, our Humana
17 beginnings, which is our program for moms
18 and babies. So if a member is in need, they
19 can access their portable crib or their car
20 seat. They also have access to meals after
21 delivery, which, of course, we know is
22 important for food security and nutrition.
23 You'll see doula services.
24 A lot of technology is listed on this
25 slide. We've got several different apps

1 that are helpful for members in various
2 parts of their lives. We've got information
3 here and supports for our members who are
4 looking for opportunities to develop
5 professionally. So we've got our GED works
6 plan out there. Also, workforce development
7 program with childcare assistance. I'm not
8 going to go through the whole laundry list
9 here, but this is really just to help
10 represent that we're recognizing the whole
11 person.
12 I will point out one item that's on
13 the bottom of the list here: Healthy
14 behavior rewards through Go 365. So, in
15 addition to these benefits that we make
16 available to our members, we also reward
17 them if they've been able to participate in
18 healthy activities.
19 So the next slide talks of bit about
20 what things we will reward and what you're
21 able to do with those rewards. So, again,
22 this is just a very high-level list of some
23 of the qualifying activities that our
24 members can do related to their health and
25 well-being. And if they participate in any

1 of these activities, they earn bucks through
2 our Go 365 or Humana Healthy Horizons
3 application. And across the bottom, you can
4 see items that they're able to access with
5 those bucks.
6 I want to specifically call out the
7 e-gifts cards. We know that there are
8 certain gift cards that we think are
9 especially helpful for our members when we
10 think about social determinants of health.
11 So one example that I'll share is you can
12 get an Uber gift card. So with many of our
13 folks who might be encountering barriers to
14 transportation, this is an example of one
15 thing that we're putting in place to support
16 that.
17 If you check out the next slide, this
18 is just a Humana member success story. So,
19 again, when we think about our comprehensive
20 clinical care support model, this is an
21 example of where Humana was able to meet a
22 need of one of our members. So this member
23 is just one of many who gets to take
24 advantage of our expanded benefits. In her
25 case, she needed financial support and she

1 needed food security support. She had some
2 concerns paying her bills. She and her
3 spouse were out of work. There was a
4 surgery on her spine, and so she was really
5 concerned about how she would be able to pay
6 her delinquent utility bills and put food on
7 the table.
8 And so, that's where one of our rock
9 star social determinants of health
10 coordinators came in. They reached out to
11 the member. They conducted a social
12 determinants needs survey, which, again, is
13 one of the many inputs that we're able to
14 use to help identify gaps for our members.
15 So based on what they heard, they
16 were able to provide her with education on
17 what her value-added benefits were, some of
18 the community resources that were available
19 to her. And as a result, she felt really
20 confident. She felt confident that she was
21 able to eat without concern about food
22 insecurity that month. She was able to get
23 her utility bills paid in full. And
24 hopefully, was able to build a stronger
25 relationship with Humana because we were

1 able to help support her.
2 This last slide is just some examples
3 of other ways that we at Humana are trying
4 to address social determinants of health
5 needs beyond the benefits, and the
6 value-added services, and the rewards that
7 we offer to our members. We obviously
8 recognize that our members are part of a
9 greater community here in the Commonwealth.
10 And so these are just a few examples of some
11 of the things that we've been doing to try
12 to step up and support Kentucky, which we
13 know, in turn, helps our members.
14 I'm going to call out just one data
15 point that I'm pretty excited about that's
16 on the left-hand side of your screen there.
17 Our employees are really concerned about
18 their communities, and so we offer a lot of
19 resources and benefits to make it easy for
20 our employees to volunteer in their
21 communities. And in 2022 alone, we had
22 53,000 community volunteer hours that were
23 tracked by our Humana associates here in
24 Kentucky. They gave $1.3 million of their
25 own money to Kentucky-based nonprofits, and

1 most of those nonprofits are supporting
2 social determinants of health. So again,
3 it's just another example of how we're
4 thinking about our members and the
5 communities that they live in.
6 The rest of this deck: I'll forward
7 it to the meeting leader so that you have
8 access to it, but there are some examples in
9 the appendix, specifically about the
10 value-added services and benefits that we're
11 offering related to each social determinant
12 that I glossed over on that first slide.
13 We're running some cool pilots as it relates
14 to transportation. Take a look at that.
15 Please do let us know if you have any
16 questions about any of those pilots or
17 things that we're putting in place. And
18 thank you so much for the time today.
19 MR. MARTIN: Okay. Thank you,
20 appreciate it. Thanks for that information.
21 Any questions?
22 (No response.)
23 MR. MARTIN: Let's go onto Passport
24 by Molina.
25 MS. COWHERD: Good morning. I'm

1 Yolanda Cowherd with Passport by Molina
2 Healthcare. Some of our updates are we had
3 a recent change to our peer-to-peer review
4 timeframe. That request has changed from --
5 the peer-to-peer from two business days to
6 five business days.
7 Next, we are doing a seven-question
8 survey for our providers requesting feedback
9 on communication preferences as we are
10 looking to improve in those areas.
11 We also have a new forum for early
12 reversal permission form. This allows
13 providers to request us to deduct paid
14 claims in error from future remits. We
15 recently decommissioned our legacy portal.
16 The last day of usage was June 30th or for
17 any data service prior to 1/1 of 2021.
18 And then lastly, our member portal:
19 We did give it a little bit of a facelift,
20 as well as we have some new features for our
21 members. There are some self-service
22 options. Members have the ability to change
23 their PCP. They can request ID cards, sign
24 up for health reminders and services, and
25 view their service history.

1 That's all, thank you.
2 MR. MARTIN: So the peer-to-peer has
3 gone from two to five days?
4 MS. COWHERD: That is correct.
5 MR. MARTIN: Okay. So if somebody
6 comes in needing an MRI, you've got five
7 days for a peer-to-peer to approve that
8 instead of two?
9 MS. COWHERD: That is correct.
10 MR. MARTIN: I think that's kind of
11 going backward for us. What does our other
12 members think?
13 MS. MOORE: Barry, I agree. My first
14 reaction was that that's going the wrong
15 direction.
16 MR. MARTIN: Okay. I was wondering.
17 Okay. That's kind of -- let's note that,
18 and --
19 MS. COWHERD: I'll get some feedback
20 on that and bring it back, okay?
21 MR. MARTIN: Okay. Yeah --
22 MS. COWHERD: Thank you.
23 MR. MARTIN: -- peer-to-peer is very
24 important when you're out there trying to
25 get things approved. And going from two to

1 five days could impede care. So if you
2 don't mind, bring us back some information
3 on that, if you don't mind.
4 MS. COWHERD: Certainly.
5 MR. MARTIN: Anything else about
6 Passport by Molina?
7 MS. COWHERD: No, thank you.
8 MR. MARTIN: Okay. United?
9 MR. IRBY: Hey, this is Greg. I'm
10 the chief operating officer for United's
11 Kentucky Medicaid program. Appreciate the
12 opportunity to talk today. I won't take a
13 lot of time. I have five quick bullets.
14 No. 1: We've talked about
15 redeterminations, and I think that's on top
16 of mind for all the MCOs. I think it's on
17 top of mind for a lot of folks at DMS and
18 probably our providers. So we want to
19 ensure that members retain coverage as
20 broadly as possible.
21 We are doing our own outreach methods
22 to make sure that we're connecting with
23 members. We are texting, we're e-mailing,
24 we are calling, we're sending letters. We
25 don't have as high of a connection rate as

1 we would want. A lot of times, that is
2 because of patient data.
3 And so, one thing that I wanted to
4 bring to this meeting is the opportunity to
5 share data. I know that a lot of times, the
6 touch point happens in the doctor's office
7 more than what we might have at the MCO.
8 And so, I wanted to just offer broadly that
9 if you're interested in data sharing to know
10 when folks are scheduled to lose their
11 coverage, please reach out to us. We are
12 happy to share reports with you. All of the
13 providers here, if we have our signed
14 contracts, we're able to share that data
15 really freely. We have approval from the
16 department to do that, and so some of our
17 partners have already taken us up on that
18 offer.
19 And so I want to offer that very
20 broadly. If anybody is interested in
21 sharing data about redeterminations to help
22 facilitate that continuation of coverage, we
23 would really appreciate the extra support
24 there. I will put my e-mail in the chat,
25 and you are welcome to e-mail me about that.

1 Another item that I wanted to bring
2 up is something that you're going to hear
3 referred to as project promise. UHC has
4 taken a look at our authorization
5 requirements, and we have noticed certain
6 trends that allow us to become more flexible
7 in the way that we're doing authorizations.
8 And so, we are looking to reduce the number
9 of codes that require authorizations in the
10 next several months. And so you're going to
11 see some communication about that.
12 What we're doing is we're taking a
13 look at codes that are routinely approved
14 and providers who are routinely sending
15 approvable alts, and we are allowing them to
16 bypass authorization requirements. So we
17 will be publishing lists of codes that that
18 applies to. We will be working with the
19 individual providers, but I did want to let
20 you know that we are moving towards that to
21 decrease some of the administration, so you
22 can focus more on patient care.
23 No. 3 on my list: I wanted to talk a
24 little bit about some of the needs that
25 other MCOs have talked about, nonmedical

1 needs that we are helping to meet. I want
2 to highlight one because we haven't seen a
3 huge amount of utilization, and I want this
4 group to know that it exists. We are giving
5 diapers to any mom who has done -- who has
6 been seen at their postpartum care visit, so
7 their six-week visit. After that happens,
8 they can give us a call, request diapers.
9 I want every physician on this call
10 to know that that's available. I want you
11 to encourage your moms to take advantage of
12 that. So they're getting, I think it's
13 around $70 of diapers when they call us. So
14 I would love to see that higher -- increased
15 utilization there, so if you have moms on
16 your plan or in your practice, please let
17 them know that they are eligible for some
18 diapers.
19 Speaking a little bit more about
20 other needs that are nonmedical, I had a
21 great experience a couple weeks ago. We --
22 my team and I, got to go to the Dare to Care
23 organization in Louisville. Dare to Care
24 supplies more than 300 food banks. They are
25 doing some really innovative work in the

1 community.
2 There's a traditional food pantry
3 model, but they're diverting from that
4 somewhat. They are taking items that were
5 supplied to the food pantry; they are
6 repurposing those and recreating
7 ready-to-eat meals. So rather than just
8 taking a can of corn, giving them a can of
9 corn. They're taking a can of corn,
10 combining that with several other
11 ingredients, and making ready-to-eat meals
12 for the community. And it's really helping
13 people who have challenges in, whether it's
14 cooking, time, utilities, whatever it
15 happens to be. This offers them a solution
16 that a traditional food pantry or food bank
17 solution does not offer.
18 So we got to -- I think my team and I
19 put together, I think, it was more than 700
20 bowls of soup that were ready to go
21 distribute to the community. So they're
22 doing some great work.
23 They're also working on a dehydration
24 process that will help our members who are
25 experiencing homelessness in a really unique

1 way. With a dehydrated meal, they can get
2 any source of hot water, and that meal is
3 rehydrated, and it becomes good nutrition
4 for a person even if they do not have a home
5 or cooking utensils or things like that.
6 So I wanted to plug this organization
7 here. They are doing great work. They're
8 obviously not part of United, but I think
9 that they're doing wonderful things. I know
10 that they're working specifically with
11 Norton on a few initiatives, but they are
12 open to working with more providers.
13 So some things that they've done in
14 the past is a prescription-to-food program,
15 meaning if a member comes in with a
16 prescription from their doctor, that they
17 can receive a free meal. So it's nutrition,
18 it's quality nutrition, so I wanted to just
19 plug this organization. I feel like they're
20 doing wonderful things in the community. We
21 plan to partner with them in an
22 ever-increasing way because of the things
23 that they're doing, so I wanted to put their
24 name out for you.
25 The last thing that I have on my

1 list, and I'm not going to labor this point.
2 Everybody else has talked about this. We've
3 talked about the quality initiatives, so
4 this is going to be something that you'll
5 see increased priority around. We're no
6 different, so you'll see us partnering with
7 you, several providers on this call, to see
8 what we can do to increase these quality
9 measures, whether that is through incentive
10 programs, value-based contracting, or other
11 mechanisms. We are interested to see what
12 we can do collaboratively.
13 And that is it for United.
14 MR. MARTIN: Appreciate it. I think
15 you hit on a good point there that we would
16 like to stress from the provider standpoint,
17 as well, is, you know, when we ask for DMS
18 and the MCOs to work on, you know, becoming
19 more standardized with their standards of
20 care, we were hoping that, you know, we
21 would develop these in a very collaborative
22 effort.
23 So, you know, now that we've been
24 proposed with these, it would be nice for us
25 to be able to kind of maybe sit down in some

1 kind of workgroup and talk about how we can
2 work together to make this a more
3 collaborative effort between DMS, MCOs, and
4 providers. Instead of us feeling like, you
5 know, it's take it or leave it, we'd like to
6 have some input, as well.
7 MR. IRBY: For sure. We love to
8 collaborate with our provider partners.
9 That's one of our primary strategic
10 initiatives in the next three years is that
11 we want to grow our provider relationships,
12 become more strategic with our providers,
13 and collaborative. We want to be very easy
14 to work with, and we want to accomplish
15 great things for people. So I think that we
16 can do that better together.
17 MR. MARTIN: Thanks.
18 MS. MOORE: Well, and I think that
19 even as we consider some of the reward
20 programs that have been highlighted, and
21 I've said this in individual meetings with
22 lots of payers, that the practicality of,
23 you know, that reward being meaningful to a
24 patient when they're in the office with
25 their provider, is not relevant.

1 So if we've now narrowed down really
2 the measures that we're trying to improve
3 on, you know, engaging us in a conversation
4 early on about ways that we can, you know,
5 engage patients in achieving what they need
6 to do to improve their health towards those
7 measures makes way more sense than saying,
8 oh, here's our new plan. All that has to
9 happen is your member needs to call when
10 they leave. That's not going to be
11 something that incentivizes something. They
12 need it in real-time when we're able to
13 deliver the care to them.
14 MR. IRBY: Yeah, I think that makes a
15 lot of sense.
16 MR. MARTIN: Okay. Anything else
17 with United?
18 (No response.)
19 MR. MARTIN: Okay, WellCare?
20 MR. AKERS: Barry, can you hear me?
21 MR. MARTIN: I can hear you, Johnie.
22 MR. AKERS: All right. Thank you so
23 much. My friend and colleague, Stuart Owen,
24 wants to share some information about ER
25 diversion. So, Stuart, I'll mute myself and

1 let you share that information. Thank you
2 so much.
3 MR. OWEN: Yeah, thank you, Johnie.
4 And first of all, I want to thank Greg with
5 United. We're a partner -- we support Dare
6 to Care, as well. You did an excellent job,
7 Greg, of explaining all the stuff that Dare
8 to Care does, and we totally support them.
9 I suspect we're probably not the only two
10 MCOs that do. I mean, they are awesome, and
11 I think we were on-site within the past
12 month or so doing something similar, I
13 think.
14 MR. IRBY: They're great, right?
15 MR. OWEN: Yes, yes, yes. Definitely
16 appreciate you bringing that up.
17 I was going to -- if I can share
18 screen. I actually have one slide.
19 MS. SHEETS: Okay, Stuart. Just give
20 me a second so I can --
21 MR. OWEN: Okay, sorry. I could talk
22 through it, but I thought, you know -- all
23 right.
24 MS. SHEETS: You should be able to
25 share now.

1 MR. OWEN: All right. Thank you. We
2 have -- can you all see the screen? Care
3 management -- emergency room diversion.
4 MR. AKERS: Yes.
5 MR. OWEN: Oh, okay. Thank you. So
6 we launched this year -- earlier this year.
7 It's our care management team trying to,
8 obviously, get members to ER -- away from ER
9 to primary care settings when they've truly
10 -- it's not something that's emergent. And
11 we get information -- it's an initiative
12 that we're doing this year that we launched
13 1/1/23.
14 So we get information from the
15 Kentucky health information exchange, and
16 it's real-time information about these types
17 of -- essentially, it's an ER visit when it
18 really shouldn't have been. And we also
19 look at claims data, and we've got other
20 internal sources to identify these visits.
21 Then what happens is we get three
22 members from our care management team that
23 will then outreach those members that show
24 up on that report. And the whole point is,
25 first of all, you know, getting their

1 primary care -- do you have a PCP? Have you
2 chosen a PCP? And so help them with that,
3 assist them with that. You know, also
4 medication adherence, you know, reinforcing
5 the importance of that because that's, you
6 know, that can trigger an ER visit,
7 obviously.
8 And then also, we will go with the
9 member to the PCP, you know, especially,
10 like, if it's the first time or whatever.
11 So anything -- you know, basically, the
12 whole point is get them to the PCP and help
13 facilitate that, and eliminate those
14 barriers instead of them just using the ER
15 all the time.
16 So that's something that we launched
17 this year, and I just wanted to touch on
18 that. And I will stop sharing.
19 MR. MARTIN: Okay. Johnie?
20 MR. OWEN: Yes.
21 MR. AKERS: Yeah, that's all we had,
22 Barry. Thank you so much.
23 MR. MARTIN: Oh, okay. We appreciate
24 it. Any questions for WellCare?
25 (No response.)

1 MR. MARTIN: Okay. That's all of the
2 reports for the MCOs. TAC members, do we
3 have any recommendations to the MAC?
4 (No response.)
5 MR. MARTIN: We are definitely a
6 quiet group today.
7 MS. MOORE: Barry, it seems relevant
8 that we should make recommendations related
9 to the collaboration that we discussed
10 previously.
11 MR. MARTIN: Okay, definitely. We
12 want to put it on record that we want to
13 make a recommendation, and we will write
14 that up as a recommendation and submit it to
15 our Primary Care TAC on behalf -- for the
16 MAC.
17 MS. SHEETS: I believe that needs to
18 be in the form of a motion and voted on.
19 MR. MARTIN: Okay. Do we have a
20 motion to make a recommendation to the MAC
21 to request for collaboration and have more
22 input into the establishment and the
23 adoption of the standards of care and the
24 value-based care models?
25 MS. MOORE: I'll make that motion.

1 MR. MARTIN: Do I have a second?
2 MR. FOUCH: And I'll second.
3 MR. HILL: I'll second.
4 MR. MARTIN: Okay, which one?
5 Dennis, or --
6 MR. FOUCH: That's fine.
7 MR. MARTIN: Okay. Okay. All in
8 favor, say aye.
9 (Aye.)
10 MR. MARTIN: Opposed, likewise.
11 (No response.)
12 MR. MARTIN: So moved. What about
13 the peer-to-peer? It kind of concerns me.
14 You know, we have one MCO that's wanting to
15 extend it. I'd like to see if anything, the
16 peer-to-peer -- I mean, that's one of our
17 last resorts if something gets denied. That
18 shouldn't be something that we put off.
19 Would we like to make a recommendation to
20 reconsider and keep it at two days?
21 MS. HALL: Can I speak? This is Dr.
22 Hall from Kentucky Passport.
23 MR. MARTIN: Yes.
24 MS. HALL: The peer-to-peer we
25 extended the timeframe for which the

1 provider can call in to request a
2 peer-to-peer.
3 MR. MARTIN: Okay.
4 MS. HALL: Not extend the time we
5 have to respond.
6 MR. MARTIN: Your turnaround time.
7 MS. HALL: Yeah.
8 MR. MARTIN: Okay. Thank you for
9 clarifying that, okay?
10 MS. MOORE: Yeah.
11 MS. HALL: Yeah.
12 MS. MOORE: That's a very different
13 thing, so yes, thank you for clarifying
14 that.
15 MR. MARTIN: Yeah.
16 MR. BRUNNER: Yeah, you might've
17 understood. This is Dr. Brunner from
18 Anthem. We have a seven-day window to allow
19 the provider to call us and request the
20 peer-to-peer.
21 MR. MARTIN: Okay.
22 MR. BRUNNER: We feel we want a good
23 window, a wide window, to allow that to
24 happen.
25 MR. MARTIN: Okay.

1 MS. HALL: Yeah, same here.
2 MR. MARTIN: That was my
3 misunderstanding; I apologize.
4 MR. BRUNNER: Okay. No worries.
5 MR. MARTIN: I'm glad we cleared it
6 up. Okay. Any other recommendations to the
7 MAC from the TAC? Stephanie, Dennis,
8 Michael, Dr. Houghland?
9 (No response.)
10 MR. MARTIN: Okay. We'll make that
11 one recommendation to the MAC. Our next
12 meeting is September 7th at 10 a.m. So if
13 there's no other business, I'll take a
14 motion to adjourn.
15 MR. FOUCH: I'll make that motion,
16 Barry.
17 MR. MARTIN: Okay. Dennis makes the
18 motion.
19 MS. MOORE: I'll second it.
20 MR. MARTIN: Okay, then. All in
21 favor say, aye.
22 (Aye.)
23 MR. MARTIN: Okay, so moved. Thank
24 you, all. Thanks for all the participation,
25 and all the MCOs, and Medicaid; thank you

1 very much.
2 (Meeting adjourned at 11:57 a.m.)
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3 CERTIFICATE

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5 I, Tiffany Felts, CVR, Certified Verbatim

6 Reporter and Registered Professional Reporter, do

7 hereby certify that the foregoing typewritten pages

8 are a true and accurate transcript of the

9 proceedings to the best of my ability.

10

11 I further certify that I am not employed

12 by, related to, nor of counsel for any of the

13 parties herein, nor otherwise interested in the

14 outcome of this action.

15

16 Dated this 17th day of July, 2023.

17

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19 Tiffany Felts, CVR

20 Tiffany Felts, CVR

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