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

****

Via Videoconference
May 4, 2023
Commencing at 10:00 a.m.

Tiffany Felts, CVR
Court Reporter

APPEARANCES

BOARD MEMBERS:

Patrick Merritt, TAC Chair

Michael Hill

Dennis Fouch

Barry Martin

Dr. Raynor Mullins (Not present.)

Stephanie Moore

1 MR. MERRITT: All right. Let's see
2 here.
3 MS. BICKERS: And Patrick, I do want
4 to give the new members just a quick update.
5 Make sure, so we can comply with the open
6 records laws, that when you do vote that
7 your camera is on.
8 MR. MERRITT: Okay.
9 MS. BICKERS: And I will hand it over
10 to you. It is 10:00.
11 MR. MERRITT: Beautiful. Hold on one
12 second. Let me get the video on here. All
13 right. Good morning, everybody. Thank you
14 so much for today's meeting. My name is
15 Patrick Merritt. I am the new TAC Chair.
16 So it's a great opportunity to be able to
17 serve on this committee and to be a part of
18 this. Did you want me to go ahead and have
19 my new members do introductions before or
20 after quorum?
21 MS. BICKERS: If you want to do it as
22 you establish quorum, I just -- that way, it
23 helps me get familiar with our new members.
24 Thank you.
25 MR. MERRITT: Absolutely. Yep. So

1 yeah, we'll do roll call to establish
2 quorum. Let's see, who all is on here? Do
3 we have Stephanie Moore? Is she available?
4 (No response.)
5 MR. MERRITT: Stephanie is not
6 present. Michael Hill?
7 MR. HILL: Hi, Patrick. I'm present.
8 MR. MERRITT: Good deal. Michael,
9 would you care to give a brief introduction
10 about yourself?
11 MR. HILL: Sure. I'd be happy to.
12 I'm Michael Hill. I'm the vice president of
13 operations for Kentucky Care, located in
14 western Kentucky. My home base is Murray,
15 Kentucky.
16 MR. MERRITT: Good deal. Thank you,
17 Michael. Dennis Fouch?
18 MR. FOUCH: Present. Good morning.
19 Dennis Fouch with Mt. Sterling Pediatrics
20 and Morehead Pediatrics. COO for both, and
21 we're rural health clinics and happy to
22 serve. Thank you.
23 MR. MERRITT: Thank you, Dennis.
24 Mr. Barry Martin?
25 MR. MARTIN: I'm here. I think

1 everybody kind of knows who I am. I've been
2 around since dirt.
3 [Laughter]
4 MR. MERRITT: Thank you, Barry.
5 MR. MARTIN: You're welcome.
6 MR. MERRITT: And then --
7 MR. MARTIN: Is my video working?
8 MR. MERRITT: Yep. You're good to
9 go, Barry.
10 MR. MARTIN: Okay. Thanks.
11 MR. MERRITT: All right. And then,
12 let's see here --
13 MS. BICKERS: Patrick, it looks like
14 Stephanie has joined.
15 MR. MERRITT: Good deal. And
16 Ms. Stephanie, are you available?
17 MS. MOORE: I am. Good morning,
18 Patrick.
19 MR. MERRITT: Good morning. I know
20 most people know who you are, Stephanie, but
21 would you care to give a brief introduction?
22 MS. MOORE: Sure. I'm Stephanie
23 Moore. I am the CEO of White House Clinics.
24 We have clinics in Jackson, Madison, Estill,
25 Rockcastle, and Garrard County. I am also

1 currently the board president for the KPCA.
2 MR. MERRITT: Good deal. Thank you
3 so much, Stephanie.
4 MS. MOORE: Sure.
5 MR. MERRITT: And then, like I said,
6 my name is Patrick Merritt. I'm the CEO of
7 A Plus Family Healthcare. We are an FQHC.
8 We've been an FQHC since 2019. We do
9 primary care, behavioral, school-based
10 healthcare, as well. And yeah, so it's --
11 we're members of KPCA and love being a part
12 of this community and throughout the state
13 of Kentucky as we try to better serve our
14 rural areas and our underserved population.
15 So it looks like we have a quorum.
16 Can I get everyone to review the minutes,
17 and if you have any questions, please
18 discuss.
19 (No response.)
20 MR. MERRITT: And if there are no
21 questions, I'll need a first and a second to
22 approve the meeting minutes.
23 MR. MARTIN: I make a motion that we
24 approve the minutes. This is Barry.
25 MR. MERRITT: Thank you, Barry.

1 MR. FOUCH: I'll second. This is
2 Dennis.
3 MR. MERRITT: Thank you, Dennis. All
4 right, old business. So I guess that we'll
5 turn this over now to get an update on the
6 wind-down process.
7 MS. CECIL: Good morning. This is
8 Veronica Judy Cecil, senior deputy
9 commissioner for Medicaid, and I just would
10 like to welcome you, Patrick, and the other
11 new members to the Primary Care TAC. We are
12 very much looking forward to working with
13 you all. We are here to support you, so
14 anything that you need for your work as
15 chair or for any of the members, don't ever
16 hesitate to reach out. We're happy to
17 provide that support, so thank you.
18 I've got a presentation because I
19 just -- this information is easier shared
20 that way. So I am -- if Erin can make me --
21 or Kelli can make me a host, I will share my
22 screen.
23 MS. BICKERS: I just made you a
24 cohost --
25 MS. CECIL: Thank you.

1 MS. BICKERS: -- and I have stopped
2 sharing. You should be good to go.
3 MS. CECIL: Thank you. Okay. Here
4 we go. Can you see my screen?
5 MR. MERRITT: Yes, ma'am.
6 MS. CECIL: Great. Okay. So for
7 unwinding, just a reminder that we do have
8 860,000 cases that will go through a
9 redetermination. In Kentucky Medicaid, we
10 do our enrollment and redeterminations at
11 the case level. Generally, that's a head of
12 household and household members. So if the
13 household is generally eligible, then the
14 members of the household are eligible. So
15 we do cases. We do have over 1.7 million
16 members in Kentucky Medicaid as of this
17 month, but 860 cases that we're distributing
18 over 12 months. So our first individuals
19 that were up for renewal are those with a
20 May 31st, 2023 end date. By end date, I
21 mean if they do not complete redetermination
22 by May 31st, then they are subject to
23 disenrollment and will lose coverage
24 starting June 1.
25 So here's the baseline -- this is the

1 baseline report we filed with CMS. They
2 have a couple of metrics that they are
3 requiring all states to file this report.
4 It just gives CMS -- uh oh. We've got some
5 background noise.
6 MR. MERRITT: We do. Yes, sorry.
7 Who is that?
8 MS. CECIL: If you all could mute,
9 please. So the baseline we filed with CMS
10 on April 8th indicated our current
11 enrollment, which, as I mentioned, is a
12 little over 1.7 million. Another metric
13 they're going to be tracking is how many
14 pending applications we have. As of the end
15 of March, we had 2,438 pending applications.
16 Obviously, the majority of that is new
17 applications. And then, how many hearings
18 are pending over 90 days, and as of the end
19 of March, we had 575 hearings pending.
20 On the eighth of every month, so in
21 four days, we will file a new report. So
22 every month during the unwinding, by the
23 eighth, we're supposed to submit to CMS an
24 updated report. That report will again
25 track the state's progress with the

1 redeterminations. How many we had in May?
2 How many were we able to renew? How many
3 are being discontinued? How many are being
4 transferred over to the marketplace exchange
5 so that someone who's no longer eligible for
6 Medicaid due to over income, could pick a
7 plan on the marketplace? Kynect is
8 Kentucky's state-based marketplace, so
9 individuals who lose Medicaid eligibility
10 could continue coverage through that
11 qualified health plan.
12 So for May, and I mentioned, we have
13 cases. So in May, the number of cases that
14 we had subject to renewal was 72,200 --
15 excuse me, 429, so almost 72,500 cases. Of
16 those, we then kind of split the cases into
17 what we call passive and active. A passive
18 case is a case where we can go out and ping
19 the federal hub, which has a bunch of
20 databases in it. So it has IRS income
21 information. It has immigration
22 information. So lots of databases out there
23 where we can go out and try to verify
24 somebody's eligibility, what we call
25 passively. So we did have a little under

1 50,000 cases that we could classify as
2 passive because we can -- they do qualify
3 for the cases that can go out and ping the
4 federal hub.
5 If they're not a passive case, we
6 call them an active case, and we call it
7 active because we know from the beginning
8 that we're going to have to send something
9 to them, and they're going to have to take
10 action on it. Those are generally
11 individuals where their eligibility has some
12 type of income or resource test. Long-term
13 care is a good example of that. So to
14 qualify for long-term care, we generally
15 look at their assets to ensure that they
16 meet eligibility. So those are active
17 cases. We had a little under 23,000 active
18 cases.
19 So when I talked about we go out to
20 the federal hub on the passive cases, if we
21 can verify everything, then the person's
22 done. We complete their redetermination.
23 They don't have to send us anything. We are
24 able to what we call renew or redetermine
25 them, and they will get then their coverage

1 extended for another 12 months. So, for
2 example, May 31st, 2023 individuals, if we
3 were able to go out and passively renew
4 them, their coverage will be extended to May
5 31st, 2024. We were able to passively renew
6 60 percent of those cases. I will say this
7 is a little lower than what Kentucky
8 generally experiences, but not completely
9 unexpected. And the fact that, you know,
10 we're restarting, it's been three years for
11 most of these individuals, and we likely do
12 need some updated verification or
13 information.
14 So then, for the active renewals, so
15 individuals that we sent a renewal packet or
16 request for information to, we have, as of
17 April 30th, completed 1,754 of those active
18 renewals. Of those, a little over 1,200 we
19 were able to determine eligible for
20 Medicaid. So again, they've been renewed,
21 and their coverage will be extended for
22 another 12 months. We determined 160 of
23 them are over the Medicaid federal poverty
24 level based on income, but they qualify to
25 move over to the exchange and for advance

1 premium tax credits. APTC is a tax credit
2 that helps pay that premium and sometimes
3 makes that plan premium either zero or low
4 cost.
5 So we did transition 160 cases over
6 to the marketplace exchange so those
7 individuals could choose a health plan.
8 We're really doing a lot of outreach to
9 these folks because we don't want a break in
10 coverage. If they lose their Medicaid
11 eligibility on May 31st, what we want to
12 make sure is their health plan -- their
13 qualified health plan coverage starts
14 June 1st. So they don't lose access to
15 services, and certainly, providers don't
16 lose reimbursement for those covered
17 services.
18 And then, as part of that, we did
19 have to determine 547 ineligible. So these
20 are individuals that are not showing as
21 having the income to qualify for our QHP
22 APTC. So it doesn't mean these individuals
23 won't have coverage. Some of them may
24 already have access to employer coverage.
25 Some of these individuals are in the bucket

1 of being 65 years or older and meaning they
2 need to go out and apply for Medicare. If
3 that's the case, we are providing support to
4 these individuals to understand and ensure
5 that they have coverage after May 31st, so
6 again, there's no gap.
7 I mentioned we're doing lots of
8 outreach to individuals, so we mailed those
9 notices to the active renewals. We also
10 sent out just under 20,000 requests for
11 information for the passive renewals. We
12 decided to do that instead of immediately
13 terminating them because we couldn't verify
14 something. Again, restarting this for
15 everybody we just didn't want -- we wanted
16 to give people that opportunity to provide
17 information before we just disenrolled them.
18 So we did send out more requests for
19 information than we would normally do. When
20 we started the process for the
21 redeterminations for the May renewals, we
22 did send out almost 50,000 e-mail messages
23 to everyone that has a May renewal. This is
24 something we're doing for every month of
25 renewals. So, for example, anyone who has a

1 June renewal, we've already sent out an
2 e-mail to them to say, "Hey. Your renewal
3 date is June 30th." And the same thing for
4 July and August as we go through the
5 unwinding period through April. They'll get
6 this e-mail about 90 days prior to their end
7 date. And the reason we're doing this is
8 just because they don't know what their
9 renewal date is. We haven't had to have a
10 renewal date for three years, so we're just
11 making sure people understand we're
12 restarting this. You've got a renewal date;
13 this is your renewal date.
14 We also -- our contact center, we
15 brought on a bunch of folks to help
16 us/support us, but our contact center is
17 calling every single household that has an
18 active renewal. So every household that's
19 gotten a renewal packet or request for
20 information is getting a call from us. And
21 that's what those alert calls you see on
22 this slide are. We made 800 -- excuse me,
23 8,800 alert calls. Those are calls that we
24 made and were actually able to reach
25 somebody. And then, about the similar

1 number of calls that we made for those
2 active renewals, we left a message. You see
3 on here, we also have what we call nudges.
4 So a nudge is where we go in, just recontact
5 somebody if we haven't received anything, or
6 if they did respond and sent us something,
7 but we still need something else, we also
8 called them back and nudged them to provide
9 that information. So as part of that
10 process, a little over 4,400 calls we made
11 to individuals that sent us information, but
12 we still needed something else, and we were
13 able to complete that and update the
14 information so we can make that
15 redetermination. And then, almost 14,000
16 calls were made and left with people we
17 haven't heard from.
18 We're a little concerned about the
19 fact that we have a large number of active
20 renewals that have not responded. But
21 they've only had the notice for about two
22 weeks, so now is the time we'll probably
23 start seeing a lot of those come in. And as
24 their end of the month approaches for the
25 May renewals, we will continue to outreach

1 to those folks again on the 15th of the
2 month just to make sure they understand that
3 there was action they needed to take. Now,
4 it's very possible they're no longer
5 eligible, and they know it, and that's why
6 they've not taken action. But we just want
7 to -- we're going to keep reminding them
8 that that date's approaching and to please
9 take action if you are eligible.
10 The other thing I wanted to mention
11 is that if somebody loses coverage --
12 Medicaid coverage because they didn't
13 respond to one of our notices, they have 90
14 days after their end date to submit the
15 information or provide the verification, and
16 if determined eligible, we will reinstate
17 them back to their end date so that there is
18 no gap in coverage. This is important for
19 providers to understand, and I'm going to go
20 through how you all might be able to help
21 us, but one of the big reasons is that if
22 somebody comes into your office and they
23 were just disenrolled from Medicaid due to
24 not responding to a notice, you all could
25 maybe help them understand that because

1 right now we can't reimburse for their
2 services, but if they can get that into us
3 we could reinstate them for 90 days. This
4 is permitted during the unwinding, so you'll
5 see this across the 12 months.
6 So I was talking about -- how can
7 providers help us, and this is where we're
8 really out there trying to talk to as many
9 provider associations and present at
10 conferences as much as possible. And I
11 appreciated the opportunity to speak to the
12 Kentucky Primary Care Association at their
13 conference last month.
14 So we added a redetermination date to
15 Kentucky HealthNet. So as providers, when
16 you go in to verify somebody's eligibility,
17 that redetermination date is in red now on
18 that member panel. That date should be a
19 future date, and so, for example, if
20 somebody had a May renewal, their date would
21 have been May 31st, 2023. But if they were
22 able to be passively renewed or if we've
23 been able to renew their active renewal by
24 now and you went in and checked, that date
25 will now show May 31st, 2024. That's how

1 you know somebody has gone through a
2 redetermination and their coverage has been
3 extended, is when you see that additional 12
4 months added to their redetermination date.
5 Kentucky HealthNet's not perfect. If
6 you see an old date or no date, those are
7 individuals that have what we call
8 categorically -- or are categorically
9 eligible. So the reason they have Medicaid
10 coverage is because of some category they
11 fall into. For example, we extended 12
12 months postpartum coverage to pregnant
13 women. If they're outside of that -- or
14 while they're in that 12-month postpartum
15 period, you probably are not going to see a
16 redetermination date for them, or you may
17 see an old date in there. Same for foster
18 kids/former foster children up to age 26.
19 So these are all categories of eligibility
20 where somebody is able to be in Medicaid
21 because of that category.
22 So again, as you all are treating
23 Medicaid members, I know we're asking a lot
24 of you, but it's a good opportunity to stop
25 and check that date for them and let them

1 know about it. You know, it's been three
2 years. Some of them have never -- we have
3 new members that have never gone through a
4 redetermination, so being able to try to
5 help with that and get as much information
6 out there and support for those members
7 going through that is, I think, the best way
8 to make sure that we don't see gaps in
9 coverage. And this is about members who are
10 still eligible.
11 So check Kentucky HealthNet, and then
12 connect those patients to either our kynect
13 hotline, or DCBS hotline, to a kynector, or
14 an insurance agent, they're across the state
15 who can help that member file that necessary
16 information to provide for us to make that
17 redetermination. So that's what we're
18 asking of providers.
19 We want to note and remind everyone
20 that the public health emergency is ending
21 on May 11th, so that means several
22 flexibilities are ending. Some we've been
23 able to extend, and others we've put
24 permanently into place, like our telehealth
25 regulation. During the public health

1 emergency, we were able to expand
2 telehealth, and now that is incorporated
3 into our regulation, so it goes beyond the
4 public health emergency.
5 One thing I really want to note for
6 providers and we do have a flexibility
7 tracker on our website -- on our unwinding
8 website. It's several pages long. It talks
9 about every flexibility that Kentucky
10 Medicaid put into place, and whether or not
11 we're able to extend it or we're going to
12 have to end it, or we've been able to put
13 it permanently into place.
14 Two things I want to note. One is
15 the Office of Civil Rights just recently
16 announced that the use of HIPAA-compliant
17 platforms for telehealth is going away on
18 August 9th. So if you're using -- as a
19 provider, if you're using a non-HIPAA
20 compliant platform to perform telehealth,
21 after that date, they will start enforcing
22 the requirement of a HIPAA compliant
23 platform. My understanding is that a lot of
24 the platforms, like Facetime, they're trying
25 to find a way to get into compliance because

1 they know it's a tool that has been used
2 throughout the public health emergency. But
3 just as you're evaluating the end of the
4 public health emergency, make sure you're
5 checking to see if you are utilizing
6 HIPAA-compliant platforms.
7 The other thing I want to mention is
8 during the public health emergency, we
9 suspended provider revalidations. Some
10 providers continued to do their
11 revalidation, but if your due date was
12 during the public health emergency, on
13 May 11th, we are going to take all of those
14 providers that had a revalidation date
15 during those three years, and we're going to
16 reallocate them over the next 18 months.
17 CMS has given states 18 months to complete
18 those revalidations, which means that
19 providers have 18 months to get into
20 compliance. So on May 12th -- so you could
21 go in and check when your revalidation date
22 is right now. If it did fall within that
23 PHE period from March of 2020 to March 2023,
24 after May 11th, so on May 12th, you could go
25 in and see what your new revalidation date

1 is. Let me say that you could do your
2 revalidation today. You don't have to wait
3 for that date to be redistributed. And in
4 fact, we're encouraging providers to go
5 ahead and do that. We do know that there
6 are some providers with a lot of
7 revalidations to complete, so we're trying
8 to work with providers. If you're in that
9 situation, reach out to provider enrollment.
10 We're happy to work with you on spreading
11 those out across the 18-month period. But
12 in the end, we all have to be done and
13 current as of 18 months from now.
14 And then, just a reminder, our
15 website is pretty robust. Lots of
16 information, all of our stakeholder
17 presentations have been recorded and added
18 to that. We've got provider resources on
19 there. We've got one and two-pagers for
20 providers to understand what's going on with
21 redeterminations and how can you support
22 patients. FAQs, frequently asked questions
23 from our different forums. So, you know,
24 certainly check it out if it's helpful to
25 you. We've got communication material on

1 there for members, so if you want to post
2 something in your office about the
3 redeterminations restarting, you can pull a
4 flyer down and post that or hand it out to
5 members so that they understand what's
6 happening.
7 So I believe, one more, yep. So
8 MedicaidUnwinding.KY.gov is our website.
9 For providers, I do recommend you follow one
10 of our social platforms. You don't have to
11 do all three. So Facebook, Twitter, or
12 Instagram, if you could like us or follow
13 us. It is the way that we are trying to get
14 information out as quickly as possible and
15 current on what's going on with unwinding.
16 For example, we recently were made aware of
17 a scam, and so we posted information about
18 the scam on our social media. So it's a
19 good way to stay informed about what's going
20 on.
21 And then, we are having annual --
22 excuse me, monthly stakeholder meetings the
23 third Thursday of every month during the
24 unwinding period at 11 a.m. Eastern time.
25 If you can't attend that, we will record it

1 and post it, including any questions and
2 responses, so that at your convenience,
3 you're able to go back and watch it. You
4 can register for that on our Facebook page.
5 So that is what I have for unwinding.
6 MR. MERRITT: Thank you so much,
7 Veronica.
8 MS. CECIL: You're welcome.
9 MR. MERRITT: All right. So moving
10 on, are there any questions about the
11 unwinding process?
12 (No response.)
13 MR. MERRITT: Okay. Good deal. So
14 moving on to establishment of core quality
15 indicators uniform between all MCOs:
16 Division of Quality and Population Health by
17 Angie Parker.
18 MS. CECIL: Yes. And Patrick, we had
19 mentioned that Angie is out today.
20 MR. MERRITT: Sure.
21 MS. CECIL: So if we could table that
22 until next meeting, we will make sure there
23 is a very robust presentation on this.
24 MR. MERRITT: Sure. Not a problem.
25 MS. CECIL: Thank you.

1 MR. MERRITT: Okay. Moving on to
2 update on mobile crisis response units. Do
3 we know who will be covering that?
4 MS. CECIL: Let me see if -- my
5 apologies -- if we have somebody on.
6 Anybody from our behavioral health team --
7 if I can't find you -- okay. Well, so I'm
8 happy to provide an update on that. We did
9 -- so we have -- we are looking to implement
10 a very comprehensive mobile crisis response
11 model.
12 The first step in that process is we
13 released a request for proposals for an
14 administrative services organization to
15 provide statewide coverage of mobile crisis.
16 That is currently under review, and so I
17 can't really talk about it, but once we
18 procure that vendor, then we will be able to
19 start talking a lot more about what that
20 model looks like. But it really is about no
21 wrong door for any individual who might have
22 a behavioral health crisis need.
23 So as you know, we have 988, similar
24 to 911. 988 is the behavioral health crisis
25 line. We will connect 988 to our model. So

1 we will send out a team that is able to
2 address whatever crisis is happening, and
3 then we're also looking at being able to
4 transport somebody to an appropriate
5 setting. That does not mean the hospital.
6 It may mean to an FQHC or RHC, or to a
7 community health center, based on what the
8 needs are. That team might be able to
9 triage the situation and then connect the
10 individual to an appointment -- a follow-up
11 appointment, you know, the crisis team will
12 be able to assess the situation and
13 determine what's the best course of
14 treatment for the person.
15 So we are continuing to move that
16 down the road. It requires a state plan
17 amendment. It does require a lot of
18 interaction with CMS on approvals, so we're
19 doing all that now. The proposed
20 implementation date is October 1st of this
21 year, so we'll continue to keep you all
22 updated on how that's going.
23 MR. MERRITT: That's fantastic.
24 That's a great opportunity, and I'm sure
25 most RHCs and FQHCs are going to really be

1 on board with being able to help that
2 population.
3 MS. CECIL: Yeah. And along with
4 that, this is a good opportunity for me to
5 mention we are looking also at a treat,
6 triage, and transport model. Where if an
7 ambulance arrives on the scene and they also
8 could potentially just triage the situation,
9 they could transport them to a nonhospital,
10 like an FQHC or RHC. So we're working on
11 that right now. I don't have an anticipated
12 timeline on it yet, but it is something
13 we're looking at that's sort of
14 complementary to what we're doing with
15 mobile crisis.
16 MR. MERRITT: Okay. Fantastic.
17 Thank you so much.
18 MS. CECIL: You're welcome.
19 MR. MERRITT: So it looks like the
20 next item on the agenda is update on
21 community health worker reimbursement.
22 MS. CECIL: Yes. So -- got another
23 presentation. I like presentations.
24 (Laughter.)
25 MS. CECIL: Sorry. I just think it's

1 a better way to share information, so here
2 we are. So as you all may know, House Bill
3 525 passed last year during the general
4 assembly legislative session. It did
5 require the department to start covering
6 community health workers and also had a lot
7 of, you know, prescribed requirements for
8 the benefit that we're going to roll out,
9 including that the community health worker
10 has to be certified through the program that
11 the department for public health
12 administers. So they do have to have proper
13 certification and meet those requirements.
14 So we do reference -- the qualification for
15 a CHW will reference the department for
16 public health's requirements.
17 Lots of activities since that
18 legislation. We had a work group that
19 included folks outside of the department,
20 including behavioral health, public health.
21 It also included advocacy organizations and
22 people representing members and providers,
23 so lots of stakeholder engagement on that.
24 We submitted the state plan to CMS, and it
25 has been approved, so we're happy about

1 that. The implementation date is July 1st,
2 so services can start to be covered and
3 reimbursed starting July 1st. We are
4 finalizing the state regulations. Hope to
5 have them filed by the end of this month,
6 but they're working their way through the
7 process.
8 We also plan a provider letter that
9 we're working to get out sometime in the
10 middle of this month, and that will describe
11 in more detail about the services that are
12 covered, what's required to be reimbursed
13 for that service. So be on the lookout for
14 that sometime later this month.
15 The covered services: So they have
16 to be ordered by a physician, physician
17 assistant, nurse practitioner, certified
18 nurse midwife, and a dentist. So these are,
19 you know, the typical providers that
20 generally have to order services. And they
21 must be delivered according to a plan of
22 care and can include health system
23 navigation, health promotion and coaching,
24 and health education and training.
25 These are the codes that will be

1 utilized for reimbursement of the services.
2 That first one, 98960, is for just treating
3 one patient. The next code, six one, is for
4 treating two to four patients. Six two is
5 for treating five to eight patients. And
6 this is just recognizing that a community
7 health worker, generally when they're doing
8 coaching, can sometimes do that in a
9 class-type setting, so it allows you all to
10 be reimbursed for all the individuals that
11 are participating. As a result of that, the
12 reimbursement does reduce based on the
13 number. So for 60, the proposed rate is
14 22.53 for that one service. That's a
15 15-minute code. If there are more
16 individuals, then it does reduce down to
17 10.88, and then, of course, you know, five
18 to eight patients is 8.03. These will be
19 included in the letter that goes out. For
20 FQHCs and RHCs, this is not eligible for the
21 wrap, so you'll get paid based on the rate
22 as like a fee-for-service reimbursement.
23 And that is what I have for -- and of
24 course, I'm going to share these slides with
25 Erin and Kelli, and they'll post them on the

1 Primary Care TAC website and send it out to
2 the Primary Care TAC members.
3 MR. MERRITT: Thank you so much,
4 Veronica.
5 MS. CECIL: Yep.
6 MS. MOORE: Patrick, this is
7 Stephanie. I have a question if I could,
8 please?
9 MR. MERRITT: Sure, go ahead.
10 MS. MOORE: Veronica, one question I
11 have in terms of making sure that any claims
12 the FQHCs or RHCs submit for community
13 health worker reimbursement, will we use the
14 modifier similarly to the nurse visits? Is
15 that part of the plan?
16 MS. CECIL: I believe that is the
17 guidance that will be sent out for
18 FQHCs/RHCs, yes.
19 MS. MOORE: Okay, thank you.
20 MS. CECIL: Yes.
21 MR. MERRITT: Yeah, good question.
22 MR. MARTIN: That's what we've talked
23 -- I'm sorry, Patrick. That's what we've
24 talked about before is using that same
25 modifier.

1 MS. CECIL: Yeah.
2 MR. MERRITT: Good deal. All right.
3 If there's no further questions, we'll move
4 on to new business. We've got new business
5 from DMS. So once again, Veronica.
6 MS. CECIL: Yes. No slides for this,
7 I'm sorry to say. Wanted to make you all
8 aware of a couple of things. First of all,
9 you may have noticed that we refiled
10 regulations for dental, vision, and hearing,
11 adding services for adults. We did this
12 once already. The regulations were found
13 deficient by the administrative review --
14 regulation review committee and then were
15 incorporated into Senate Bill 65 to prevent
16 the department from moving forward with
17 these regulations, both the emergency and
18 the ordinary. Senate Bill 65 did allow us
19 to refile with changes to the regulations,
20 and so that's what we did. We made some
21 changes to the regulation and then refiled
22 them. So just want to make sure providers
23 know that those services are still
24 coverable. There was no gap in the services
25 that could be delivered and reimbursed, and

1 so you all can continue to provide, and
2 providers can continue to provide those
3 dental, vision, and hearing services for
4 adults.
5 There is a hearing or a meeting of
6 the administrative regulation review
7 committee on Tuesday next week. It's at
8 1:00. Our emergency regulations are on the
9 agenda, ordinary or not because they are
10 still proceeding through the required public
11 comment process, but they do have our
12 emergency regs. So if you're interested in
13 the outcome of that, you know, you might
14 want to pay attention to it. We are asking
15 if providers are supportive of what we're
16 doing, if they could certainly express that,
17 attend the meeting, you're allowed to
18 comment on those regulations but just wanted
19 to make you aware of that. And we will keep
20 providers updated on the progress of those
21 regulations.
22 Another regulation we recently filed
23 is what's called continuous coverage for
24 children. We're really excited about this.
25 A federal law passed in December is

1 mandating states to implement continuous
2 coverage for children effective January 1,
3 2024. But Kentucky has decided to go ahead
4 and implement it so that we can treat all
5 children the same regardless of when their
6 redetermination date is during the unwinding
7 period. If we waited until January, then
8 only the kids going through redetermination
9 from January to April would have access to
10 that coverage. We decided it was important
11 to grant --
12 (Frozen.)
13 MR. MERRITT: Is everyone able to
14 hear Veronica?
15 MR. BRUNNER: No, not at this time.
16 MS. BICKERS: I believe she's frozen.
17 MR. MARTIN: Yeah, I can't hear her.
18 MR. MERRITT: Yeah, same here.
19 MS. HOFFMANN: This is Leslie. I've
20 sent her a message. I'll send her a text,
21 too. While we're waiting for her, since I'm
22 late getting on, do you want me to just give
23 an update on the mobile crisis, which was
24 4C?
25 MR. MERRITT: Yes, that would be

1 fantastic.
2 MS. HOFFMANN: Sorry, my doggies are
3 very happy with this weather, so -- rolling
4 around back behind me.
5 So with mobile crisis, for those of
6 you that have heard me say this in the MCO
7 meetings maybe, or in health and welfare, or
8 in any of the TACs, we currently are
9 developing an all-inclusive model for crisis
10 services here in Kentucky to divert from
11 jails and hospitals and emergency rooms.
12 And to ensure whatever the crisis is, that
13 we're providing it with an appropriate
14 response and an appropriate placement of
15 that person. So for a long time, especially
16 in rural areas -- not just rural areas, but
17 especially rural areas, we've had trouble
18 with, you know, police being called or EMS.
19 Not their fault. It's oftentimes been
20 because there hasn't been other options
21 available or limited options, so we're
22 working on that.
23 We've partnered with our sister
24 agencies to develop this one all-inclusive
25 model. And I can't remember -- I'll go back

1 just a tad if that's okay. I can't remember
2 the last time I spoke or that you all might
3 have heard me speak. In December of 2022,
4 we finished developing the models and how
5 this would look. We're trying to fill all
6 the gaps in Kentucky. Of course, it won't
7 be perfect, but we are trying to fill all
8 the gaps that we can. We've got some rural
9 areas that we are concerned about. So in
10 November, we applied for a HRSA grant, and
11 it was a rural health network application
12 grant to help with co-response in the rural
13 areas.
14 January to March, we met with all the
15 stakeholders related to co-response, and
16 then in March of 2023, very proudly, the
17 governor announced our proposal online,
18 which was very exciting for us. We
19 currently right now have a proposal that we
20 will be proceeding with after the fifth,
21 which is tomorrow, and very exciting times.
22 And I can come back and talk to you all
23 later if you want more information about
24 mobile. Are there any questions that I can
25 answer right now?

1 MR. MERRITT: No. I think you're
2 good, Leslie.
3 MS. HOFFMANN: Okay. I see
4 Veronica's back on, too.
5 MS. CECIL: Yes.
6 MS. HOFFMANN: Veronica, I stole your
7 time while you were away.
8 MS. CECIL: No, that's okay. I am so
9 sorry. I don't know what happened. I had
10 to join on my phone, so I'm not going to
11 turn my video on. I apologize. My computer
12 -- I'm in the office, but my computer is
13 just not wanting to work, so I apologize for
14 that.
15 MS. HOFFMANN: Veronica, so I --
16 MS. CECIL: Yeah?
17 MS. HOFFMANN: -- completed 4C, so
18 that's complete.
19 MS. CECIL: Okay, thank you. So back
20 to continuous coverage for children. Just
21 very quickly, it is 12 months of coverage
22 from when they're determined eligible and/or
23 redetermined eligible. So any new
24 enrollments into Medicaid for a child up to
25 the age of 19 will be granted 12 months

1 coverage. During the 12-month coverage
2 period, the only reasons why they could lose
3 coverage, or we could end their coverage
4 before the 12-month period is over is if
5 they reach the age of 19, if they move out
6 of state, if they request that we end their
7 coverage, and sometimes that happens if
8 their parent qualifies for other coverage
9 and they want to move the child over to that
10 coverage, or of course, if the child passes
11 away. So only under those four situations
12 are we allowed to end coverage prior to the
13 12-month period.
14 So again, you will see that we do
15 have turn around, and by turn, I mean we
16 have kids drop off and come back on Medicaid
17 because of, you know, maybe losing
18 eligibility in one category, but then coming
19 back on in another. This will help with
20 that turn. The kid then will be covered the
21 entire 12 months, and then upon that end of
22 the 12-month period, if they're determined
23 no longer eligible, is when they would lose
24 coverage. I think this is great for kids.
25 It will maintain services. Very helpful, I

1 think, to providers because you all can
2 continue to be reimbursed for those
3 services, so we are happy to extend this
4 coverage to kids.
5 The last thing I want to mention is
6 we do have and are monitoring a new rule,
7 R-U-L-E, that CMS issued on Friday last
8 week. It's a -- probably one of the largest
9 proposed federal rules I've seen in a long
10 time, and there are two parts to it. One is
11 access to services that falls under sort of
12 fee-for-service, and then there is a managed
13 care access rule. This rule -- these two
14 proposed rules are -- there's just --
15 there's so much in it, but I think a couple
16 of things I want to mention to you all. One
17 is that it does propose changes to the
18 Medicaid Advisory Council, and how states
19 administer that council, and the
20 participants -- the required participants on
21 that council. So that's something we'll be
22 monitoring. This is very, very early in the
23 proposed rule process, so we're talking
24 about something that's probably not going to
25 happen until next year or longer, depending

1 on what the requirement and the rule is.
2 But we're going to keep you guys
3 posted. Again, we're sort of still absorbing
4 it. It's very large, and we'll continue to
5 provide information to providers as how it
6 may impact the Medicaid program because
7 there are lots of changes.
8 And those are just a couple of things
9 I wanted to highlight from Kentucky
10 Medicaid.
11 MR. MERRITT: Thank you, Veronica.
12 Are there any questions for Veronica
13 pertaining to the new business?
14 (No response.)
15 MR. MERRITT: All right. So we're
16 going to move on to reports from the MCOs.
17 United, are you present?
18 MS. CANTOR: Good morning. Yes, I'm
19 Dr. Cantor. Thank you so much for that
20 presentation, and learned a lot there,
21 Veronica. Thank you.
22 Two things for us: I would like to
23 -- our care manager team reaches out to
24 providers trying to find member contact
25 information, and I found it interesting that

1 the e-mails are being sent. It's just
2 something that we struggle with connecting
3 with members. So it really is okay for the
4 providers to be able to give member contact
5 information. Some providers are just not
6 willing to share that, and I would encourage
7 that relaying that information, if possible.
8 And then the other point that I
9 wanted to bring out is that we have a doula
10 pilot that we've been doing here in
11 Kentucky. And for those that don't know, a
12 doula is a nonclinical support person that
13 provides emotional, informational, physical
14 support for women during and after labor.
15 We found that it can reduce preterm birth,
16 reduce the risk of c-section, improves
17 lactation/breastfeeding, higher Apgar
18 scores.
19 And if you have a member who would be
20 interested in that, I'll put my e-mail in
21 the chat. Connect with me, or there are the
22 other usual channels within our company,
23 whether it's through nurse line or our care
24 management team. There are many ways, but
25 if you do have a member who would be

1 interested, please let us know.
2 We're primarily targeting the
3 Louisville/Lexington area because that's
4 where the doulas tend to be right now, but
5 there is virtual support. So even outside
6 of that, the technology with phone and video
7 chat is available, so I would love to see
8 more members take advantage of that
9 opportunity. It's not just for high-risk
10 women. It's for anybody if they're so
11 interested.
12 That's it for me. Any questions?
13 MR. MERRITT: Good.
14 MR. MARTIN: Dr. Cantor, this is
15 Barry.
16 MS. CANTOR: Yes?
17 MR. MARTIN: Did you say that some of
18 the providers are not willing to assist the
19 MCOs with trying to reach out to the
20 patients --
21 MS. CANTOR: Yes.
22 MR. MARTIN: -- and give them the
23 information?
24 MS. CANTOR: Yes.
25 MR. MARTIN: Okay.

1 MS. CANTOR: Okay?
2 MR. MERRITT: Dr. Cantor --
3 MR. MARTIN: I would --
4 MS. CANTOR: Yes, sir?
5 MR. MERRITT: -- to kind of piggyback
6 on Barry, what is the opposition you're
7 seeing?
8 MS. CANTOR: Not sure that they're
9 allowed to share that information.
10 MR. MERRITT: Okay.
11 MR. MARTIN: So we wouldn't be
12 allowed to share our information about our
13 common patients with your MCO?
14 MS. CANTOR: Correct. So when we are
15 --
16 MR. MARTIN: Veronica, is there any
17 reason that we can't? I mean, it seems like
18 the MCO, DMS, and the provider are partners.
19 What's stopping us from having that
20 communication?
21 MS. MOORE: Barry, it seems to me
22 that even when we try to exchange
23 information with other offices, people get,
24 I don't know, it's like they make their own
25 rules up. So maybe we need to just send a

1 communication out to everyone clarifying
2 that part of the contract.
3 MS. THERIOT: I think it's a
4 misunderstanding of the HIPAA rules.
5 MR. MARTIN: I mean, I could
6 understand, you know, if there's not a
7 release of information swapping information
8 from one provider to the other, but the
9 swapping of information to DMS or the MCOs
10 is all contractually covered. So we
11 shouldn't have any HIPAA issues or any
12 contractual issues there. So I really don't
13 understand it.
14 MS. MCFALL: This is Paula McFall
15 with WellCare.
16 MR. MARTIN: I'm not --
17 MS. MCFALL: Yeah. We are also
18 running into that situation. We're trying
19 to outreach members who have multiple ED
20 visits, and when we contact the EDs, some of
21 them were having difficulty to getting any
22 kind of demographics to try to connect with
23 the member.
24 MR. OWEN: And this is Stuart Owen
25 with WellCare, and I was going to add our

1 care manager -- we don't -- we're currently
2 pursuing doula services as a value-added
3 benefit. And our care managers have told us
4 that there are some providers that are
5 absolutely resistant to doulas. You know, I
6 guess -- they're not clinicians, and I guess
7 they just consider them as interfering or
8 maybe stay in your lane, you don't belong
9 here, but we have -- absolutely are hearing
10 that some providers resist doulas -- a doula
11 being present and participating in the whole
12 experience.
13 MS. CECIL: Well, this is Veronica.
14 We're happy to take that back and see what
15 we can do to improve the situation.
16 MR. MERRITT: Thank you, Veronica.
17 So WellCare, do we have any updates from
18 WellCare?
19 MR. AKERS: Hi, Patrick. This is
20 John Akers with WellCare. One update: Our
21 2023 provider summits are this month, and
22 we're going to be in Louisville at the U of
23 L, Shelby Campus. We'll be in Owensboro at
24 the Owensboro Convention Center, in
25 Lexington at Embassy Suites, and in

1 Prestonsburg at beautiful Jenny Wiley State
2 Park. So more details, the agenda,
3 registration information is out on our
4 public website. There is a WellCare of
5 Kentucky 2023 provider summit link. It's
6 got a flyer, it's got the agenda, and it's
7 got registration information there, so I'd
8 love to see anybody and everybody at these
9 summits. Thank you so much.
10 MR. MERRITT: Thank you, John. Okay.
11 We're moving on to Humana. Are there any
12 updates?
13 MS. MOYER: Yeah, Sarah Moyer here.
14 I have just a couple of slides if I could
15 share. If not, I will talk through and send
16 it to you guys later. It looks like I don't
17 have sharing, but just first, just great
18 presentation today. Thank you, Veronica.
19 MS. BICKERS: Sarah?
20 MS. MOYER: Yeah?
21 MS. BICKERS: I just made you a
22 cohost. You should be able to share now.
23 MS. MOYER: Oh, thank you.
24 MS. BICKERS: You're welcome.
25 MS. MOYER: But just want to

1 emphasize that we are also working really
2 hard on public health emergency unwinding,
3 outreaching to our members, making sure that
4 they stay connected to their insurance and
5 access to care, really important. So thank
6 you for working with us on that, both the
7 state and our primary care physicians. All
8 of our utilization management, care
9 management, all working on trying to make
10 sure everyone stays access to care.
11 Transportation has consistently come
12 up in our member meetings, and so just want
13 to highlight a few things that we are doing
14 with transportation. Using that NEMT, like
15 everyone, just trying to get members
16 connected to their visits, and I think meet
17 that need for transportation. Also, our
18 SCOH coordinators work with members who have
19 transportation concerns, helping them find
20 local resources. So please make sure you're
21 using us as an asset for your members if
22 you're having -- if they're having trouble
23 accessing any sort of appointments, call us.
24 We can help them get connected. We'll work
25 with them on ways. We've got our Go 365

1 incentive cards, so they're getting gift
2 cards for going to the visits. Working with
3 them to try to use that for gas or anything
4 else they might need to get there.
5 We also have a workforce development
6 program. So those members that are engaged
7 in that get transportation access to be able
8 to have transportation to get to that
9 program. And then, we've got a pilot going
10 with Seven Counties in Jefferson County
11 where they get TARC card, as well. And so
12 it's just something on the forefront of our
13 minds because we know that's an issue for
14 you all and our members.
15 We also, just a reminder that we have
16 our provider relations. Any claims issues,
17 this is the e-mail. Our provider relations
18 inbox. That is there, as well, and then a
19 link to all of our resources for you.
20 And then finally, this is being slow
21 to switch screens, but links to all of our
22 provider manuals and any sort of link you
23 need for the website. So just putting that
24 reminder out there, as well. And that was
25 it for what I wanted to present, but happy

1 to answer any questions that you guys are
2 having.
3 We also have a doula pilot -- I just
4 wanted to add to what others are saying, but
5 not a pilot. We reimburse doulas directly.
6 We had been doing it through claims. We
7 know that was a barrier for some of the
8 doulas across the state, and so we're
9 switching to an invoicing program, so
10 hopefully that will help get their doulas
11 reimbursed and more members using them. But
12 every member can find their own doula,
13 whoever it is, and then we reimburse the
14 doula directly. So if you have someone
15 interested, just tell them they can -- if
16 they need help finding one, our care
17 management program for maternity can help
18 them with that, as well.
19 MR. MERRITT: Thank you, Sarah.
20 Okay. We're going to move on to Passport by
21 Molina. Are there any updates?
22 MS. MURPHY: Yes, this is Becky
23 Murphy covering, I think, for Yolanda, who
24 normally attends. Just a few updates this
25 month. We did transition to a new dental

1 care administrator May 1st, so now we are
2 using DentaQuest. They are working still on
3 transitioning all the contracts. Any
4 providers that are nonparticipating
5 providers will be covered still for 90 days,
6 and then after that, they would either need
7 to join the network or, you know, the claims
8 will be denied, but we are working on the
9 transition. Now it seems to be going rather
10 smooth for the first week, which, you know,
11 there's always some bumps in the road, but
12 so far, we have not had, you know, too many
13 problems with it.
14 So let's move on to the next update.
15 I'm reading my notes here -- we are working
16 for the Passport Advantage providers. We
17 are working on our model of care training.
18 It's now available on our website. And all
19 providers are required by CMS to complete
20 the model of care training for each of the
21 MCOs they participate with. So for hours,
22 if you will go on to the website, and there
23 is a link there to do the training, and then
24 complete the attestation and send it into
25 us. We will be able to track that and

1 report it out.
2 We do have new HEDIS tip sheets for
3 2023. They're available on our availity
4 portal. They do reflect the changes for
5 2023. There are some new HEDIS measures for
6 -- it's about six different categories. So
7 if you all want access to those so you'll
8 know what the new HEDIS changes are, those
9 are available.
10 We are encouraging providers to
11 attend the DMS forms. We have two this week
12 and one next week, and so if you have not
13 attended any of those, please try to make an
14 effort to. They're very good.
15 The availity essentials training is
16 available. We're having two trainings in
17 May and two in June, on May 9th and
18 May 25th, and then again on June 7th and
19 June 23rd. And if you want -- interested in
20 any of those, we are encouraging providers
21 -- we are reaching out to providers who you
22 can contact your rep, and we'll get you the
23 information. I can also share this slide
24 deck with anybody that wants it afterward.
25 It's the one that we always share with the

1 providers in our monthly JOC meetings or any
2 of the meetings that we have.
3 We also are partnering with our
4 members for the redetermination right now.
5 Our growth and community engagement team is
6 outreaching to members and community-based
7 organizations. We're hosting monthly
8 community-based meetings at our one-stop
9 help center. We're doing e-mails. We're
10 doing phone calls. So we're also trying to
11 help support the redetermination for the
12 members. So any questions?
13 (No response.)
14 MS. MURPHY: All right. Thank you.
15 MR. MERRITT: Thank you, Becky. All
16 right. We're going to move on to Anthem for
17 any updates.
18 MR. RICHARDSON: Thanks, Patrick.
19 Brian Richardson with Anthem. Good morning,
20 everybody. Thank you all for having us.
21 Had a couple links that I wanted to share
22 with everyone if I could share my screen and
23 do that. It says I'm disabled right now.
24 MS. BICKERS: You should now be a
25 cohost.

1 MR. RICHARDSON: Okay, thanks. I've
2 lost my transcript -- or my share button.
3 I'm sorry for that. I've lost my share
4 button. Here it is. It came back. It
5 literally popped up.
6 Is it coming up, guys?
7 MR. MERRITT: Yes, sir.
8 MR. RICHARDSON: Great. Well, now I
9 can't see it on my end. Which one is it,
10 Patrick? I'm sorry. I have two of them.
11 MR. MERRITT: No, you're good. It's
12 the provider education webinars.
13 MR. RICHARDSON: Okay. Thank you.
14 This is different webinars that we're
15 offering through the month of -- well, we've
16 had a few already, but through April and May
17 and June. So I wanted to share that with
18 everybody; it's coming up. Anybody that
19 would like to log on, and what I'll do, I'll
20 take this link and the other one that I
21 have, and I'll put it in the chat so that
22 anybody can log on to those if they'd like.
23 And the second one we wanted to bring
24 up -- can you see the resources and support,
25 the first patient panel?

1 MR. MERRITT: No. It's not coming
2 through.
3 MR. RICHARDSON: Let's do a new
4 share, then. There we go. There it is.
5 MR. MERRITT: Yep.
6 MR. RICHARDSON: And this is a
7 patient panel that we have. It's another
8 link that I'm going to share with you guys.
9 And looking through it, it's some
10 information for different diverse areas that
11 we offer. And one part that I actually
12 noticed in there is living with a registered
13 nurse. It has some free MCES that are on
14 there yearly, so that's a nice offer that we
15 have.
16 But like I said, I'll share this with
17 the guys in the link. And also, we have one
18 more person, Stuart Cox, my colleague, that
19 would like to jump on and share something
20 else with you all. Thanks for having me.
21 MR. COX: Hi there. This is Stuart
22 Cox, if I can have share permission, please?
23 MS. BICKERS: Give me just a second.
24 MR. COX: Sure.
25 MS. BICKERS: Can you do me a quick

1 favor and turn your camera off? For some
2 reason, when the camera's on, I can't find
3 the options for each person. Thank you.
4 MR. COX: No problem. I'm Stuart
5 Cox, by the way, the director of clinical
6 quality programs for the Anthem Medicaid
7 Kentucky plan. And what we'll be sharing
8 here is we have a new update to our member
9 healthy rewards incentives, and the provider
10 will be -- I'm sorry, the provider bulletin
11 flyer will be posted on our portable very
12 shortly, but I wanted to just show that and
13 hit a couple of highlights of some things
14 that are new there that we might be able to
15 use your help with in promoting with
16 patients for awareness on healthy rewards
17 incentives.
18 MS. BICKERS: There you go. That
19 should have worked now. Sorry about the
20 delay on that.
21 MR. COX: Oh, okay. No problem. If
22 you can, let me know as soon as you can see
23 my display.
24 MR. MERRITT: Yes, sir. You're good
25 to go.

1 MR. COX: Okay. So obviously,
2 healthy rewards are important for members.
3 We've seen this year, actually, and last
4 year, increases in the enrollment and
5 utilization of the healthy rewards. And two
6 areas that we really tried to -- all the
7 MCOs, we all have an opportunity to get
8 members in -- patients into the providers,
9 particularly to help work on -- for wellness
10 visits, particularly to help work on
11 screening for cancer prevention --
12 preventive-related measure gap closure, but
13 also for immunizations with children,
14 particularly. And then, like the weight
15 assessments, and the nutrition and physical
16 counseling -- physical activity counseling.
17 And those are going to be more important
18 even coming up in the next year or so.
19 But what we've done on our healthy
20 rewards is we've actually -- we've got
21 grouped here together, first our adult
22 well-visits and our child and adolescent
23 well-visits. And we've done some
24 optimization on some of our rates, but
25 importantly, we tried to also -- we've heard

1 some feedback from the dental providers, a
2 lot of concern about what they're seeing
3 with children coming in either probably
4 between the COVID period, and with parents'
5 hesitancy to come in and bring kids in, but
6 a lot of issues with dental requiring
7 escalating care beyond just the basic
8 screening elements. And of course, we do
9 have a couple -- a new measure there around
10 the OED, which is the oral exam for dental
11 that replaces the old ADV measure for HEDIS,
12 but particularly, there's a new topical
13 fluoride treatment measure there. So we
14 just thought we would ask, where possible,
15 for physicians to help refer members to get
16 their kids in.
17 In addition to a dental incentive we
18 provide, we've also added an adult dental
19 incentive. There's no HEDIS measure for
20 that, but we feel it's important overall for
21 the combination of dental care with good
22 preventative and screening care, as well.
23 So we wanted to point that out first,
24 that that's an area that we're focusing on
25 and we think could be helpful. Obviously,

1 our cancer screening measures next down are
2 listed here. The HPV vaccination for kids,
3 along with flu. The flu, of course, helps
4 with that CIS combo 10 measure and the HPV
5 vaccination for the IMA combo 2 for
6 adolescents. So again, screening
7 prevention, vaccinations are critical areas
8 that can use some referral.
9 And then, in addition, on the second
10 page here, just other chronic conditions
11 listed there. We've added actually a
12 suicide prevention quiz. We wanted to make
13 sure that we tie in as members enroll in
14 healthy rewards that we have some screening
15 there and an opportunity to get some --
16 capture some data and get them referred
17 appropriately.
18 So this will be posted. We have the
19 reference information, how to refer members,
20 where to go if they need help with
21 enrollment or to getting connected. There's
22 a QR code on here, as well, so they can just
23 -- you can easily snap that and make the
24 referral that way. Any questions?
25 MS. THERIOT: Does the member have to

1 have a smartphone? Oh, I'm sorry.
2 MR. COX: Actually, a member can
3 enroll on the computer going to a web
4 address. If they can go -- so you can
5 technically do it from multiple locations.
6 It doesn't have to be from a smartphone. If
7 somebody does have a challenge, though,
8 calling the actual either the healthy reward
9 number or calling into our Anthem care
10 customer service. They can be -- someone
11 could help them do that. Or actually, as we
12 go out and do community events or we do
13 clinic day events or anything like that,
14 we've actually got our folks that are
15 helping manually enroll members -- patients
16 at those locations on-site there. So we've
17 got some alternates to help with that.
18 MS. THERIOT: Is there a reason why
19 they have to enroll, and it's not just done
20 automatically, or --
21 MR. COX: That's something we're
22 looking at for the future, but that's how
23 the process has been set up and established,
24 and we're looking at that opportunity.
25 There are some things and complications

1 around that we've learned about, but for the
2 future, that is something we're trying to
3 look at a possibility. Could we offer that
4 automatic enrollment support?
5 However, there are some things
6 through the enrollment process. It does
7 make sure that HRAs, that's an option there
8 to complete that, you know -- with our new
9 member orientation sessions, that's a whole
10 discussion point that we have with members
11 at that point, as well, the importance of
12 enrolling, and some of the things that they
13 can do. Of course, with healthy rewards,
14 with any of these member incentives, if
15 members start to think about it, they could
16 stack these, and you can combine, so there's
17 quite a bit of incentive opportunity
18 available there as you can combine these.
19 So it's helpful when there can be some
20 counseling and discussion with them as they
21 start to go through the enrollment process.
22 MS. THERIOT: Great, thank you.
23 MR. COX: Thank you very much.
24 MR. MERRITT: Thank you so much, sir.
25 All right. We're going to move on to Aetna.

1 MS. RISNER: Good morning. This is
2 Krystal with Aetna Better Health of
3 Kentucky. Over the last month, our PR
4 department has been traveling across the
5 state, attending the DMS forums and provider
6 conferences, as well as getting out into the
7 field more. So we've been very pleased with
8 the turnout at these events and have enjoyed
9 getting to meet and connect with our
10 providers. We've also been actively working
11 with our providers making outreach to
12 provide education about the redetermination
13 and importance of making sure members are
14 verifying/updating their contact
15 information.
16 We will continue to travel the state
17 throughout the year, and we'll be attending
18 all remaining forums. And also, throughout
19 the year, we will be visiting more
20 providers, so you may get a, you know,
21 receive a phone call from one of our team
22 members trying to schedule a date to come
23 out and just drop in and give some
24 information or provide training, anything
25 that we can do to assist.

1 We're also encouraging all providers
2 to attend the upcoming forums in their area
3 in hopes that they will stop by our table to
4 at least meet their PR rep, grab some
5 educational materials, or just say hi.
6 And that's all I have. Thank you.
7 MR. MERRITT: Thank you, guys, so
8 much for all of the updates. All right.
9 Let's see here. If there are no further
10 questions from the reports from the MCOs,
11 we'll continue to move to -- if there are
12 any recommendations to the MAC, and it looks
13 like we do have some info -- Dr. Stephen
14 Houghland did comment in the chat section.
15 I apologize here. So I don't believe there
16 are any recommendations at the moment unless
17 someone else has anything they would like to
18 discuss.
19 (No response.)
20 MR. MERRITT: Okay. And then,
21 Dr. Stephen Houghland said, "We would reach
22 out to get further details about the
23 resistance to provide information pertaining
24 to the doulas so that we can address
25 accordingly." Dr. Steven Houghland, did you

1 have anything else you would like to discuss
2 about that?
3 MR. HOUGHLAND: No. We'll follow up
4 with each of the MCOs individually to get a
5 little more detail there.
6 MR. MERRITT: Thank you,
7 Dr. Houghland. And then, it looks like
8 we're going to be moving on to scheduling
9 the next meeting, which is set for July 6th,
10 2024, at -- is that 2024 or 2023? I'm
11 assuming 2023.
12 MR. HOUGHLAND: Yeah, it should be
13 2023. And I guess one of the things, that
14 is the week of the fourth of July, so you
15 probably need to talk with Senior Deputy
16 Commissioner Cecil and with the members to
17 see if that date still will work, or if we
18 need to -- if it's allowable to have an
19 alternative.
20 MS. BICKERS: This is Erin Bickers.
21 I can send you some alternative dates in
22 July -- or yes, in July, and we can work on
23 moving that if you'd like.
24 MR. HOUGHLAND: Well, I think it's
25 really up to the members, obviously, but it

1 just kind of as I was -- it didn't hit me
2 until just a little bit ago that that's
3 actually the week of the fourth.
4 MR. MERRITT: Yeah. If you want to
5 shoot those alternative dates out, we can
6 look at those and talk as a committee and
7 then get back to you.
8 MS. BICKERS: Absolutely.
9 MR. MERRITT: Fantastic. So is there
10 any more topics for discussion for today's
11 meeting?
12 MR. MARTIN: Hey, Patrick. I want to
13 piggyback on Dr. Houghland's comments. I
14 also think that the MCOs should reach out to
15 KPCA if they're having problems with our
16 members sharing information and working
17 together to help our patients out. Because
18 we expect the MCOs to help us when we have
19 problems, but we can't reach the patients.
20 Like people that don't show up, that's on
21 our rolls, that we can't find, that's never
22 been to our facilities. I mean, we look for
23 the MCOs to help us out with those, so I
24 think it should be a mutually beneficial
25 relationship.

1 MR. OWEN: I greatly appreciate you
2 saying that. Thank you.
3 MR. MARTIN: Sure.
4 MR. MERRITT: Yeah. No, absolutely,
5 Barry. That's a great point, and I would
6 agree with you 100 percent, Barry. So
7 anyway, we can help the MCOs, we'd love to
8 be able to be a part of that.
9 All right. So yup, we'll look for
10 the alternative dates. If there is a
11 change, we'll send an update out
12 accordingly. And if there's no further
13 questions, I'll need a first and second to
14 adjourn the meeting.
15 MS. MOORE: This is Stephanie. I'll
16 move.
17 MR. MERRITT: And I need a second.
18 MR. HILL: This is Michael. I'll
19 second.
20 MR. MERRITT: Michael, thank you so
21 much. All in favor, say aye.
22 (Aye.)
23 MR. MERRITT: All right. And there's
24 no objections?
25 (No response.)

1 MR. MERRITT: All right. Thank you
2 so much for today's meeting. Thank you for
3 the first meeting that I've had the
4 privilege to chair. I think things will get
5 a little smoother. I'm very anxious to be a
6 part of this, and I appreciate all the
7 information, and we look forward to the
8 meeting in July.
9 MS. BICKERS: Thank you, Patrick.
10 And just so --
11 MR. MARTIN: You did a fine job,
12 Patrick.
13 MR. OWEN: Yes.
14 MS. BICKERS: You did.
15 MR. MERRITT: Thank you all.
16 MS. BICKERS: And just so all the new
17 members know, after each meeting, I will --
18 Kelli or I will e-mail you out all the
19 presentations that were shown today. And
20 with this being your alls' first meeting,
21 I'll go ahead and also send you a link to
22 the TAC website, our YouTube channel, where
23 we record and upload all of our meetings and
24 just all the fun things that you guys can
25 utilize as members.

1 MR. MERRITT: Fantastic. Thank you
2 so much, and I hope everyone has a blessed
3 day.
4
5 (Meeting adjourned at 11:15 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 10th day of May, 2023.

17

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19 Tiffany Felts, CVR

20 Tiffany Felts, CVR

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