**KENTUCKY DENTAL ASSOCIATION**
**EXECUTIVE BOARD MEETING**

Zoom Meeting
November 14, 2020
9:00 A.M.

1. **CALL TO ORDER. Dr. Joe McCarty** called the meeting to order at 9:05 a.m. The following members of the KDA Board were present:

Dr. Gerard Bradley (UL Dean)
Dr. Scott Bridges
Dr. Thomas Carroll
Dr. Andy Elliott
Dr. Ryan Estes
Dr. Darren Greenwell
Dr. Laura Hancock Jones
Dr. Don Heine
Dr. Fred Howard
Dr. Beverly Largent
Dr. Cliff Lowdenback
Dr. Joe McCarty
Dr. Julie McKee
Dr. BJ Millay
Dr. Mark Moats
Dr. Charles Montague
Dr. Jeff Okeson (UK Dean)
Dr. Jonathan Rich
Dr. Samantha Shaver
Dr. Kevin Wall

Guests included Dr. Garth Bobrowski, Jennifer Hancock of VOA, Friend Bechtel UKCD student, Jane Grover, DDS, MPH, Director, Council on Advocacy for Access and Prevention, ADA, 6th District rep Dr. Mike Medovic, and Kasey Strand UK student. Staff members present were Mr. Todd Edwards, Mrs. Melissa Nathanson, Mrs. Janet Glover, and Mr. Richard Whitehouse.

2. **INVOCATION. Dr. Garth Bobrowski** gave the invocation.

3. **APPROVAL OF MINUTES.** The minutes of the June 13, 2020 meeting of the Executive Board was approved.

**NOTE:** All reports are presented in the minutes as they were submitted by their authors. No editing in the form of spelling or grammar has been attempted.

4. **VOUNTEERS OF AMERICA**. **Jennifer Hancock**, President and CEO of Volunteers of America Mid-States discussed her vision of collaboration and how our organizations might work together to address oral health literacy and access to care.
5. **FRIEND BECHTEL UKCD**. **Mr. Friend Bechtel** presented an opportunity to sponsor a business curriculum for UK students.

6. **CONFLICT OF INTERST. Mr. Rick Whitehouse** discussed the conflicts that may interfere with duties of any board member. Each board member explained any conflict they may have.

**Dr. Darren Greenwell** **None**
**Dr. Mark Moats** **None**
**Dr. Fred Howard** **Consultant for Avesis and part time professor at UK**
**Dr. Jonathan Rich** **Independent Consultant for Avesis**
**Dr. Beverly Largent** **None**
**Dr. Laure Hancock Jones** **Board member of KY Youth Advocates**
**Dr. Charles Montague** **None**
**Dr. Andy Elliott** **Dental Consultant/Subcontractor for Avesis**
**Dr. Don Heine** **None**
**Dr. Ryan Estes** **UK Faculty**
**Dr. Cliff Lowdenback** **Chairman of the UK Alumni Association**
**Dr. Joe McCarty** **None**
**Dr. Thomas Carroll** **None**
**Dr. BJ Millay** **gratis faculty of UK and U of L**
**Dr. Samantha Shaver** **None**
**Dr. Kevin Wall** **None**
**Dr. Garth Bobrowski** **None**

**7. REPORT OF THE TREASURER. Dr. Kevin Wall** gave the following report**.**

KENTUCKY DENTAL ASSOCIATION
GENERAL FUND REVENUE & EXPENSE
BUDGET PERFORMANCE REPORT
For the Three Months Ending September 30, 2020

| | Year to Date Actual | Annual Budget |
|---|---|---|
| **REVENUES** | | |
| **Budgeted Revenues** | | |
| KDA dues | 408,423.10 | 460,000.00 |
| KDA Assessment | 68,249.60 | 90,000.00 |
| Annual Session net revenue | 2,210.33 | 80,000.00 |
| Interest Income | 624.74 | 2,500.00 |
| Rental Income- | 15,600.00 | 62,400.00 |
| Rental Income-LDS | 0.00 | 5,253.00 |
| ADABEI (ADA) | 4,737.08 | 26,000.00 |
| Association gloves | 3,500.00 | 0.00 |
| Officite | 0.00 | 2,500.00 |
| KDA Insurance Services | 4,366.01 | 17,500.00 |
| ADA Dues Rebates | 0.00 | 500.00 |
| Other Revenue | 16.74 | 1,500.00 |
| Total Budgeted Revenue | 507,727.60 | 748,153.00 |
| Non-Budgeted Revenues | | |
| Gain/Loss on Investments | 8,129.00 | 0.00 |
| Journal Fund Expenses | 0.00 | 17,577.00 |
| ADA Grants | 10,079.15 | 0.00 |
| Total Non-Budgeted Revenue | 18,208.15 | 17,577.00 |
| | **$** | **$** |
| **TOTAL REVENUE** | **525,935.75** | **765,730.00** |

| | Year to Date Actual | Annual Budget |
|---|---|---|
| **EXPENSES** | | |
| **Budgeted Expenses** | | |
| **A. Fixed disbursements over which the HOD has no control but must have approval** | | |
| Utilities & Maintenance: | | |
| | $ | $ |
| Telephone | 1,796.28 | 8,000.00 |
| Gas, Electric & Water | 7,338.56 | 25,000.00 |
| RENT | 23,226.45 | 84,630.00 |
| Maintenance Expense | 7,369.06 | 21,000.00 |
| Janitorial Expenses | 1,608.55 | 6,000.00 |
| Total Utilities & Maintenance | 41,338.90 | 144,630.00 |
| Audit & Accounting Services | 0.00 | 14,700.00 |
| Attorney Fees | 0.00 | 500.00 |
| Insurance | (36.00) | 13,000.00 |
| Printing and Postage | 810.07 | 2,300.00 |
| Miscellaneous | 145.00 | 1,500.00 |
| | **$** | **$** |
| **A. TOTAL** | **42,257.97** | **176,630.00** |
| **B. Items Controlled by the House Of Delegates** | | |
| General Administrative Expenses: | | |
| | $ | $ |
| Equipment Maint & Rent | 1,575.37 | 18,000.00 |
| Technological Support | 2,306.52 | 8,000.00 |
| Membership Dues & Subs | 333.00 | 900.00 |
| Support Staff Expense | 1,829.33 | 2,500.00 |
| Office Supplies | 846.69 | 2,800.00 |
| KOHC Membership | 0.00 | 300.00 |
| Presidents Expense | 0.00 | 5,000.00 |
| 1st Vice President's Expenses | 0.00 | 3,000.00 |
| Executive Board Expense | 758.76 | 2,500.00 |
| ADA Delegates Expense | 0.00 | 30,000.00 |
| Ex. Dir. Discretionary Expense | 169.13 | 750.00 |
| Auto Expense | 658.93 | 3,000.00 |
| **Total Administrative Exp.** | **8,477.73** | **76,750.00** |

| | Year to Date Actual | Annual Budget |
|---|---|---|
| **Council/Work Group Expenses:** | | |
| Council on Annual Session | 0.00 | 500.00 |
| Council on Ethics, Bylaws | | |
| Council on Governmental Affairs | | |
| Budget & Finance Committee | | |
| Long Range Planning Committee | | |
| New Dentists Committee | 400.00 | 2,000.00 |
| General Council Expense | 0.00 | 250.00 |
| UK-UL-KSDS Support | 4,515.83 | 3,000.00 |
| **Total Council/Committee/Work Group Steer** | **4,915.83** | **5,750.00** |
| | **$** | **$** |
| **B. TOTAL** | **13,393.56** | **82,500.00** |

| | Year to Date Actual | Annual Budget |
|---|---|---|
| **C. Disbursements Annually Approved and Controlled by the House of Delegates** | | |
| | $ | $ |
| Executive Directors Expense | 3,004.17 | 20,000.00 |
| Secretary - Treasurer Expenses | 0.00 | 4,000.00 |
| Salaries-Executive Staff | 98,247.58 | 395,000.00 |
| Executive Staff Benefits | 17,754.38 | 37,000.00 |
| Retirement Plan Contributions | 4,295.00 | 15,850.00 |
| Personal Payroll Taxes | 8,272.70 | 34,000.00 |
| | **$** | **$** |
| **C. TOTAL** | **131,573.83** | **505,850.00** |
| | **$** | **$** |
| **Total Budgeted Expenses** | **187,225.36** | **764,980.00** |
| **D. Fund Contributions** | | |
| | **$** | **$** |
| **D. TOTAL** | **0.00** | **0.00** |
| **E. Non-budgeted Expenses** | | |
| | $ | $ |
| ADA Grant Expenses | 10,079.15 | 0.00 |
| Investment Fees | 279.00 | 750.00 |
| | **$** | **$** |
| **E. TOTAL** | **10,358.15** | **750.00** |
| | **$** | **$** |
| **TOTAL EXPENSES** | **197,583.51** | **765,730.00** |

KENTUCKY DENTAL ASSOCIATION
INVESTMENT ACCOUNT BALANCES
September 30, 2020

| | | |
|---|---|---|
| GENERAL FUND | | |
| | $ | |
| General Cash Operations | 29,628.70 | |
| Stifel Nicolaus Money Market | 30,953.97 | |
| Stifel Managed Funds | 72,707.62 | |
| Total General Fund | | 133,290.29 |
| CAPITAL PROJECTS FUND | | |
| Stifel Managed Funds | 84,569.21 | |
| Total Capital Projects Fund | | 84,569.21 |
| JOURNAL FUND | | |
| Stifel Managed Funds | 118,700.45 | |
| Total Journal Fund | | 118,700.45 |
| LEGISLATIVE FUND | | |
| Stifel Managed Funds | (119,209.26) | |
| Total Legislative Fund | | (119,209.26) |
| RELIEF FUND | | |
| Stifel Managed Funds | 42,994.74 | |
| Total Relief Fund | | 42,994.74 |
| RESERVE FUND | | |
| Stifel Managed Funds | 272,070.76 | |
| Total Reserve Fund | | 272,070.76 |
| WILLIAM MARCUS RANDALL MEMORIAL FUND | | |
| Stifel Managed Funds | 54,460.67 | |
| Total William Marcus Randall Memorial Fund | | 54,460.67 |
| | | $ |
| Total Investments | | 586,876.86 |

**REPORT OF THE PRESIDENT. Dr. Darren Greenwell** submitted the following report
Executive Board of the Kentucky Dental Association

Presidential report to the Executive Board of the Kentucky Dental Society

The first comments that I would like to make would be to thanks so many people in the KDA and members on this board. I have received many comments of support and offers of help since my presidency has started.

As many know, I have a passion for organized dentistry and with that passion I feeling it is really important to advocate for our members. One of the big focuses is to present legislation in Kentucky to reverse the abuses of 3rd party payers. The ADA has a "Dental Care Bill of Rights." I plan to use this as a basis of our big push. Also, I plan to pursue a bill to address Assignment of Benefits and clean up the Uncovered benefits legislation. This will take money and time. It will be imperative that the Board members and leadership of the KDA and constituents participate fully. I would like to request all members of the Executive Board look hard at giving the maximum amounts to the KDPAC and donate to the Legislative fund. I have personally donated $2500.00 to the KDPAC and $2500.00 to the legislative fund. This can be given in installments for the PAC and Legislative fund. Our members have been complaining for years about 3rd party payers. Please help me, help our members.

Also, I have set up two presidential committees. The first committee will focus on the KDA building. I have asked them to look at several possibilities including, staying as is, selling, leasing, moving, the costs associated with maintaining the building, and any other aspects that they see fit to explore. The second committee will focus on Staff compensation including the Executive Director. We need to develop policy that is sustainable and fair to our great staff. I would like the committees to report to the board in the upcoming meetings.

During this unprecedented pandemic, I feel that the KDA can do something to help our members that have been struggling with there practices both fiscally and mentally. If possible, I would like to set up a support group. Just some dentists that can give advice and mentorship. Sometimes you just need to be told everything will be ok.

Thanks again for all your support. You are the leaders to make the KDA great.

Darren Greenwell, DMD, FACD, FICD, MAGD
President, Kentucky Dental Association

## 9. REPORT OF THE EXECUTIVE DIRECTOR. Mr. Richard Whitehouse submitted the following report:

**MEMORANDUM**

To: KDA Executive Board
From: Richard A. Whitehouse, Executive Director
Re: Executive Director's Report for November 14, 2020 meeting
Date: November 4, 2020

*PRESENTATION:* Jennifer Hancock, President & CEO of Volunteers of America Mid-States Ms. Hancock will discuss her vision of collaboration and how our organizations might work together to address oral health literacy and access to care.

The following is a summary of significant information and activity since my last report. It is broken down according to our strategic goals.

**ADVOCACY**

*- advocate for dentistry in the commonwealth -*

KDA Legislative Agenda

We are in the process of finalizing our 2021 KDA legislative agenda. One item that should be highlighted is insurance reform related to third-party payer issues. You may remember the Dental Care Bill of Rights that was posted at last year's legislative day. That document simplified these issues and reframed them in terms of reforms that would "establish clear, simple and transparent insurance processes."

Dr. Greenwell has expressed great interest in KDA-initiated legislation and agrees that this is what our members are looking for. We have begun to meet with component leadership to ask for financial support in this effort. Louisville Dental Society has already contributed $25,000.

We have also been awarded an ADA SPA grant through the end of the year in the amount of $32,000 and have applied for another for the first six months of 2021.

For over a year, we have been talking to the ADA about launching this initiative. The ADA has been working closely with the National Council of Insurance Legislators (NCOIL) to develop model language on key issues related to insurance reform. I am not including the model language in this report as it is not finalized.

Currently, NCOIL is lifting the issues of retroactive denial and medical loss ratio from this agenda and plans to deal with them separately, later. We are not bound by that decision. But, moving forward on them at this time would impact our ability to move a legislative package forward without finalized model language on those issues. In addition, Dr. Greenwell and our executive committee have directed us to include the issues of assignment of benefits as well as non-covered services on our legislative agenda.

This is an effort that will take both time and money to achieve. Frankly we are looking at 2-3 legislative sessions and potentially doubling our lobbyist fees. But, more importantly, it will require a high level of member engagement. Each of these items are essential to this effort and our success. Without any one of them, we cannot achieve our goal of reform in this area. For example:

• KDA Legislative Fund – The KDA Executive Board as well as the House of Delegates have taken steps to address a structural deficit to this line item in our budget to bolster and augment our lobbying effort. We are hoping that non-members will join and current

members will continue to support advocacy on their behalf as we take on this challenge. One of the largest expenses associated with this fund and our efforts to promote an aggressive legislative agenda is our contract lobbyist. And we have been told to expect that any effort to pursue this kind of legislative reform could easily double that expense. This is why we are also looking for support from our eleven component societies.

• KDA Legislative Key Contacts – We are in the process of updating our legislative key contacts. We need members who can establish a relationship with their state legislators to ensure that these and other policymakers in Frankfort get credible, scientific information on oral health issues. KDA needs to be the first best source legislators turn to when a question arises or legislation is promoted that would impact oral health in the Commonwealth. We'll know we're doing it right when a legislator calls one of our contacts before we even know there's an issue to address.

• KDPAC – Simply put, we need more members to contribute more money to KDPAC to support our legislative friends and ensure we are at the table on issues impacting organized dentistry. This is essential if we are going to be an influential part of the legislative process and pursue our aggressive public policy agenda. If each of members made only a modest contribution, it would make a huge difference.

Taking on the insurance lobby is a bold move. But, we would not be the first to try and we would benefit from the experience of others who have tried before. Many states have been successful in their reform efforts without litigation which is costlier and takes longer to do. In addition, we feel that we benefit from colleagues at the ADA who have worked closely with legislators across the country in developing model language in this area. Most importantly, members have told us this is exactly the type of thing they expect us to do. We may not be able to completely level the playing field. But, we believe it is time to take the fight to the insurance companies through an organized campaign that establishes better fairness, consistency and reliability in this process.

<u>KDA Legislative Day</u>

KDA Legislative Day will be different this year as a result of the pandemic. It may be virtual or possibly a hybrid event. The framework is still coming together and it will most likely take place over a period of weeks. Of course, February is National Dental Health Month. But, we don't have to wait that long to start. We plan to offer programming, training and continuing education regarding the legislative and lobbying process, member engagement and our legislative agenda. As this is a short session and we are not constrained by room assignments, we could start this event in mid-January.

<u>Fluoride</u>

On September 22nd, we were given an opportunity with short notice to provide testimony to the Interim Joint Committee on Local Government regarding a bill that would cede state authority over water fluoridation to local authorities. We appreciate the efforts of Dr.Greenwell and Dr. Largent and for their willingness to provide the committee with the science in opposition to this proposal and the importance of this public health initiative to Kentucky citizens.

ULSD Student Virtual Discussion on Advocacy and Organized Dentistry

We have been invited by ULSD students to meet virtually and discuss our legislative agenda, the advocacy process and the benefits of being part of organized dentistry. We will present an informal panel including Dr. Greenwell, Dr. Bobrowski, Libby Milligan and myself on the evening of November 19th.

**MEMBER SUPPORT**

*- serve and support the needs and success of members -*

Quarterly Membership Report

**For the third quarter of 2020, membership was 1,253 and our market share was 50.1% which is 0.9% below this time last year.** There was an increase of 9 licensed dentists in Kentucky

(2,501) and we ended this quarter with 17 less members (1,253) than at this time last year. Nonrenewing

members increased four points over this time last year to 11%.

Of all 2,501 licensed Kentucky dentists, **30% (749) paid full dues**. This is two points below last year. The percentage of dentists in Kentucky receiving discounted dues is up two points over last year to 21% and the percentage of non-member dentists remained at 49%.

The decreasing number of members paying full dues in the last few years remains the trend to watch. Since Q3-2016, full-dues paying members have *decreased* eight points. Members receiving discounts have *increased* seven points. The percentage of non-members remains the same. This trend speaks to both the need to attract new full active dues paying members as well as to seek new sources of non-dues revenue.

Just like politics, all membership is local. Here is the membership 5-year trend at the component level:

| | 09/30/2016 | 09/30/2020 | 2016-20 |
|---|---|---|---|
| **Local Society** | **#Mbrs (%MktShare)** | **#Mbrs (%MktShare)** | **+/- Mbrs (+/-MktShare)** |
| BLUE GRASS | 249 (42.3%) | 287 (42.6%) | +38 (+.3 points) |
| EASTERN | 38 (51.4%) | 31 (49.2%) | -7 (-2.2 points) |
| GREEN RIVER | 60 (71.4%) | 57 (64.8%) | -3 (-6.6 points) |
| KENTUCKY MOUNTAIN | 46 (41.4%) | 46 (47.9%) | 0 (+6.5 points) |
| LOUISVILLE | 399 (47.9%) | 479 (50.6%) | +80 (+2.7 points) |
| NORTHERN KENTUCKY | 122 (62.6%) | 129 (61.1%) | +7 (-1.5 points) |
| PENNYRILE | 63 (49.2%) | 48 (42.9%) | -15 (-6.3 points) |
| PURCHASE | 68 (72.3%) | 49 (57.0%) | -19 (-15.3 points) |
| SOUTH CENTRAL | 55 (59.8%) | 52 (57.1%) | -3 (-2.7 points) |
| SOUTHEASTERN | 38 (48.7%) | 34 (46.6%) | -4 (-2.1 points) |
| WEST CENTRAL | 48 (76.2%) | 41 (66.1%) | -7 (-10.1 points) |

*NOTE: One statistic not reflected here is the relative change in total licensed dentists per component.*

Finally, as you know, we did not solicit dues payment during the height of the COVID-19 crisis. We also did not send members who had pre-paid 2021 dues a request to pay the recent assessment set by the house of delegates out of concerns related to membership retention.

ADA Membership Award

We have been recognized by ADA for our membership efforts in 2019. Competing against other states our size, we won for *greatest net gain in membership* and *greatest net gain in new dentists*.

KDA Staffing

Jenna Scott resigned as Director of Membership Services to take the position of Executive Director of the Louisville Dental Society. We look forward to continuing efforts with her to recruit and retain membership within LDS. We congratulate her on the job, her recent marriage and her baby on the way!

We are not in a position to backfill her position at this time and must return the balance of the grant we received for this position. Todd has resumed most of these duties. This leaves us again functioning with one FTE below normal staff level.

KDA Annual Meeting

We were released from any liability from our contract with French Lick Resort arising out of our cancellation due to the pandemic. Our virtual meeting was a success in terms of conducting the necessary business of the association and providing an opportunity for discussion and voting on issues and candidates. Thanks to Dr. Moats for providing videos for our website on awards and the memorial portions of the program.

Virtual CE

We appreciate the efforts of Dr. Moorhead in developing a series of virtual continuing education on Wednesday evenings and Friday mornings. We have held 8 sessions so far with 5 remaining. They have ranged from 10 to 38 (median=14) in attendance and earned a total of $6,295 in revenue.

KDA Association Success Challenge Coin

Please tell your colleagues and everyone in your local societies about our new KDA Challenge Coins! There are three ways to earn a coin for 2021:

- *RECRUIT A MEMBER* - Attend our 2021 KDA Annual Meeting AND recruit a non-member to join KDA before July 30, 2021.
- *REFER A VENDOR* – Attend our 2021 KDA Annual Meeting AND refer a new vendor willing to become a patron or purchase a booth in our exhibit hall at the meeting no later than July 30, 2021.
- *ADVOCATE FOR KY DENTISTRY* – Attend our annual KDA Legislative Day in February and meet with your legislators on issues impacting Kentucky dentists.

We will recognize challenge coin recipients during the William Marcus Randall Luncheon at our annual meeting.

The Dentists Supply Company (tdsc.com)

TDSC has reached an agreement to join a new parent company: Henry Schein Inc. They will now be known as TDSC.com, Powered by Henry Schein. Product pricing is expected to remain the same for items not affected by shortage resulting from the pandemic. Selection is not expected to be changed significantly. But, you can expect to see Henry Schein branded products added and possibly replacing other offerings. We are promised that member value will only be enhanced and that financial remuneration anticipated through our relationship with TDSC will also be enhanced and realized sooner than previously anticipated. The direction of this new venture will be guided by an advisory council of key stakeholders and will include representatives from state dental associations.

ADAPT (ADA Practice Transitions)

We continue to work in collaboration with ADAPT to market and promote this program to our members. They report that 64 Kentucky dentists have signed up for the program. Of these, 38 have only submitted profiles and 26 are waiting to find a match. Currently, there are slightly more incoming dentists than owners enrolled.

## PUBLIC AWARENESS

*- promote oral health through community service and public relations –*

Spotlight on KY Dentistry During the Pandemic

During this pandemic, we have received many media inquiries regarding the safety of dental offices for staff and patients. Thanks to Dr. Greenwell, Dr. Moats, Dr. Bobrowski and others who stepped up to respond to the media and open themselves to tough questions as the profession itself was under heightened media scrutiny. This kind of "good" media attention eases people's minds about perceived risks to patients and highlights the importance and safety of oral health care and visits to the dental office. These stories are best told by working dentists.

NOTE: Fortunately, the ADA has reported that less than one-half of one percent of dentists (below the general population) actually contracted the virus and no instances of transmission have been attributed to dental practices.

Free CE for Dentists on Opioid Safety and Pain Management

HEALing Communities Study at UK is an NIH-funded research project whose stated goal is to reduce opioid overdose deaths in highly affected communities. They offer opioid safety and pain management education to prescribers and are launching an education program specifically designed for dentists. This free educational program includes a virtual live 20-minute educational session, resources for use in practice, and access to additional on-demand education modules.

We have agreed to assist in promoting the availability of this important program to our members. The education will meet Kentucky's requirements for HB1 CDE. The materials developed by our team were reviewed by Dr. Thamer Musbah at UK's College of Dentistry.

## ASSOCIATION EXCELLENCE

*- lead the profession through the ADA tri-partite structure -*

COVID-19 Guidance

We continue to provide members information related to the COVID-19. However, the practice we have followed since getting dentists back to work is that absent an urgent need to disseminate information relative to the health and well-being of Kentucky citizens, we would no longer provide pandemic related information or resources to non-member dentists.

Executive Director Travel

Due to the pandemic as well as concern regarding our budget, I have foregone any travel to ADA or other conferences in 2020. Fortunately, most of these have offered virtual content.

Component Meetings

We are in the process of scheduling annual component visits. These visits will be virtual

due to the pandemic.

Upcoming 2020 Meetings
November 18 Dental TAC
December 3-4 ADA Lobbyist Conference (virtual)

Current KDA Patrons
• Bowman Insurance – Platinum Patron/Partner
• Commonwealth Technology – Platinum Patron/Partner
Respectfully submitted,
Richard A. Whitehouse, Executive Director

## 10. REPORT OF UNIVERSITY OF KENTUCKY COLLEGE DENTISTRY.

**Interim Dean Jeff Okeson presented the UK report.**

**University of Kentucky College of Dentistry**
**Kentucky Dental Association Executive Report**
**November 2020**

**Alumni:**

**Dean Okeson's Virtual Outreach to Alumni**

• • Alumni of UK College of Dentistry enjoyed a college update and question sessions with Dean Okeson throughout the summer and into the fall. The Alumni Association offered several Alumni Social Hours where the dean shared how the college, and University of Kentucky overall, were handling COVID-19 and outlined his journey to his new role as the dean of the college.

• • The college's Black Alumni group (spearheaded by UKCD alum Dr. Carol Bolden, '89), also had an opportunity to speak with the dean at a dedicated Zoom meeting for their individual groups.

• • Additionally, Dean Okeson is presenting about the college to each of the KDA Component Societies across the state in the coming months. The first meeting occurred in October and there are others scheduled in November and December. We will continue scheduling these updates with the rest of the component societies across the state.

**UK College of Dentistry Alumni Association Golf Tournament**

• • In a time when many in-person events are being postponed, the college was able to welcome 76 players to its annual Alumni Association Golf Tournament. Twenty teams competed for best score while supporting student and alumni activities that are provided by UKCD Alumni Association through their participation.

**UK College of Dentistry Fall Symposium and Alumni Weekend**

• • While our in-person reunion planned for Fall 2020 had to be postponed until 2021, alumni who celebrated a class anniversary this year have had the opportunity to participate in Zoom Class Chats with their classmates and submit updates for a digital yearbook project.

• The UKCD Alumni Association selected two alums for the 2020 Distinguished Alumni Award. Both recipients have been invited to accept their award at the 2021 event. ○ D**r. Craig Miller ('82)** Following his post-doctoral programs, fellowships, and military service, Dr. Miller accepted a faculty

position at the UK College of Dentistry, where he has served for over 30 years. During his time with the college, he has assumed many teaching responsibilities, amassed a prolific research and publication history, provided mentorship to over 130 students in their pursuit of original research projects, pursued new approaches to patient care such as working to introduce the Diagnosis, Wellness, and Prevention Clinic at UKCD, and worked to serve both the dental community and our state via various volunteer roles.

- **Dr. Dennis Stuckey ('74)** Dr. Stuckey has served in numerous roles in the military, including as Command Dental Surgeon for the Air Education and Training Command at Randolph AFB in San Antonio, where he was responsible for 14 dental facilities. He also served as a liaison between government agencies, vendors, and manufacturers to bring digital radiology and digital dentistry to the Air Force and the Department of Defense. Dr Stuckey is a member of the Honorable Order of Kentucky Colonels and the Golden Wildcat Society, and a leader in numerous community charitable activities and organizations. In addition to providing dental care to military members and families, he has also volunteered for multiple humanitarian missions to provide emergency dental care.
- **Alyssa M. Domico** is from Plainfield, IL and completed her undergraduate education at Dominican University in River Forrest, IL. Alyssa is involved in numerous student organizations and volunteer groups and also participates in research activities in the college. After graduation Alyssa hopes to earn a position in an orthodontic residency program, which will allow for her continued development into a successful clinician who provides patient-centered care.
- **Sidney Fisher** is from London, KY and completed her undergraduate education at the University of Kentucky. Sidney is the ADSA Saturday Morning Clinic Coordinator and Lunch and Learn Coordinator and serves as her dental class Secretary. Having grown up in rural, Southeastern Kentucky, Sidney feels a special connection to those who experience barriers to dental care due to cultural, insurance, or geographic reasons. She feels called to serve this particular population of patients. She is currently pursuing a position in a general practice residency program in hopes of improving and expanding her skill set so she can better care for the oral healthcare needs of her patients.
- **Melika Shayegh** is from Glendora, CA and completed her undergraduate education at California State Polytechnic University in Pamona, CA. Melika is also involved in numerous student organizations, volunteer groups and research activities at UKCD. After graduation plans to specialize in pediatric dentistry believes developing healthy habits for the future is how to restore the oral health of the community.

- • The UKCD Alumni Association also awarded three $2000 scholarships to members of the UKCD Class of 2021.

**One Day for UK**

• • One Day for UK is a celebration of the University of Kentucky. On September 16, 2020, for 24 hours, alumni, friends, faculty, staff and fans were called on to support their favorite college, program or cause. More than $10,000 was contributed directly to the College of Dentistry.

**UKCD Alumni Association Board Elections**

• Officers and At-large board members were elected for a new two-year term on the alumni board.

○ Officers: President – Dr. Cliff Lowdenback (’03), Vice President – Dr. Tyler Bolin (’13), Secretary – Dr. Erica Higginbotham (’03), Treasurer – Dr. Michael Sexton (’09)

○ At-Large Members: Dr. Michael Day (’03), Dr. Don-Michael Hendricks (’08), Dr. Frank Kendrick (’90), Dr. Donna Klein (’01), Dr. Mark Lackey (’71), Dr. Ashley Betz Mencarelli (’13), Dr. Charles Rolph (’00), Dr. Shawn Stringer (’18), Dr. Adam Thompson (’04), Dr. Tom Thompson (’84), and Dr. Alex Mayes Young (’09)

**New membership model approved for the UKCD Alumni Association**

• The UKCD Alumni Board has taken steps to update our membership model for the Alumni Association. Both the university Alumni Association and most of the colleges at UK have gone away from dues-based membership in order to encourage more participation from the members. Now, the College of Dentistry will have **no annual dues**. Persons who attended and graduated from the University of Kentucky College of Dentistry (“UKCD”), as well as current students, are members of the UKCD Alumni Association. ○ Alumni that donate $100 per year to any UKCD fund will be classified as **active members**. He/she will receive perks and discounts to events hosted by the Alumni Association.

• Alumni that contribute a one-time $1000 donation to the UKCD Alumni Association will be considered **lifetime members**. He/she will receive greater perks and discounts to events hosted by the Alumni Association. Please note that anyone who is already a lifetime member of the UKCD Alumni Association will remain at that level.

**Awards and Publications**

• • **Dr. Luciana Shaddox** is serving as a mentor in an NIH-funded initiative by the American Association for Dental Research: AADR MIND the Future. The effort is expected to build

- a vibrant and inclusive community of investigators whose participation is vital to advancing dental, oral and craniofacial research and improving the oral health of our nation.

- • **Moreno-Hay, I**., Hernandez, I., Mulet, M., Villalon, E.A., Alonso, A., Lockerman, L., & Bailey, D.R. (2020). Sleep medicine education in US and Canadian orofacial pain residency programs: Survey outcomes: *Journal of the American Dental Association* (1939).

- • Samer A Faraj, **Ahmad Kutkut**, **Robert Taylor**, Alejandro Villasante-Tezanos, Sarandeep Huja, **Dolphus Dawson**, **Nehal Almehmadi**, **Mohanad Al Sabbagh**; Comparison of Dehydrated Human Amnion-Chorion and Type I Bovine Collagen Membranes in Alveolar Ridge Preservation: A Clinical and Histological Study. *J Oral Implantol*

- • **Dr. Ashley Clark** was recently inducted, as a Fellow, into the American College of Dentistry during their annual meeting. Congratulations on earning the FACD designation.

- • **Dr. Octavio Gonzalez** was awarded an NIH R56 grant (Title: Ontogenic Programming of Gingival Tissues and Risk of Periodontitis). The study will use the non-human primate model to determine the effect of the early acquired oral microbiome transmitted maternally in gingival immune responses of young individuals that could make them more susceptible or resistant to develop periodontal disease. This works involves a collaboration of several institutions including the University of Nevada Las Vegas, Forsyth Institute (Boston), University of Puerto Rico/Caribbean Primate Research Center, and the University of Kentucky. Additional Investigators from UKCD include **Drs. Dolph Dawson** and **Sreenatha Kirakodu**

- • **Dr. Ted Raybould** will once again serve as the Principal Investigator on the Ryan White Grant for unreimbursed care for HIV positive patients. The college has received this grant, under Dr. Raybould's leadership, for an impressive 28 consecutive years.

- • In August, **Dr. Zindell Richardson** was awarded the Air Force **Legion of Merit-**the 7th highest of 90 awards and decorations offered by the Air Force. Dr. Richardson was honored for his outstanding performance from July 2017 through August 2020 as Commander of the 59th Dental Training Squadron. From the accompanying citation: *"The leadership, dedication, and ceaseless efforts consistently demonstrated by Colonel Richardson resulted in significant contributions to the effectiveness and success of the Air Force's largest dental squadron and its only post graduate dental school…"*

- • **Dr. Lorri Morford** was a plenary virtual speaker for a session (Genetic Insights Into Diagnostics and Therapeutics in the 21st Century) that was released as part of an on

- demand content effort by the International Association for Dental Research (IADR), in place of their in-person event that was canceled earlier this year.

- • **Dr. Jeff Okeson** was a virtual keynote speaker at the first Arab Society of Orofacial Pain and Dysfunction (ASOPD) to 12 Arab countries; a virtual keynote speaker at the two-day meeting for the Arequipa Society and the Arequipa School of Odontology in Arequipa, Peru; and a plenary virtual speaker at the 2020 Annual American Academy of Orofacial Pain Scientific Session. Dr. Okeson also presented at the virtual LSU Alumni meeting honoring Dean Henry Gremillion.

- • **Jussara Fernandes**: Dysregulation of genes and microRNAs in Localized Aggressive Periodontitis. Journal of Clinical Periodontology

- • Hawkins J, Heir G, **Okeson, J**, Shaefer J: Entrustable Professional Activities in Postgraduate Orofacial Pain Programs. J of Oral and Facial & Headache, Vol 34, No. 3, 2020, pp 255-264

- • **Luciana Shaddox**: Grade C Molar-Incisor Pattern Periodontitis Subgingival Microbial Profile Before and After Treatment. Journal of Oral Microbiology.

**Student Updates**
- • None

**Faculty in the Department of Oral Health Practice:**
**New Full Time Faculty**
- • None

**New Part Time Faculty**
- • None

**Retirements**
- • Dr. Sam Jasper – Periodontics 39 years of service
- • Congratulations to Melissa O'Sullivan

**Resignations**
- • None

**Administrative**
- • None
- • Promotions
- • None

**Faculty in the Department of Oral Health Science:**

**New Full Time Faculty**

- • **Dr. Brandyn Herman joined the Division of Oral and Maxillofacial Surgery. He recently completed is oral surgery residency program at the University of Cincinnati.**

**New Part Time Faculty**

- • The Division of Orofacial Pain welcomes, **Dr. Fernanda Yanez Regonesi**, part-time assistant professor

**Retirements**

- • Best wishes to Dr. Rob Kovarik, who retired earlier this month after serving at the college since 1991

**Resignations**

- • None

**Administrative**

- • None

**Promotions**

- • None

**Philanthropy:**

- • As with most dental clinics, UK College of Dentistry clinics needed PPE to open its door and bring students back to campus. A donation of face shields provide by Toyota Motor Manufacturing were instrumental in allowing operations to resume in June. Toyota gave 7,050 face shields to the College to be used in its clinics. In September, 22,000 KN95 masks were provided by ADEA with support from Henry Schein. Both the face shields and masks are being used throughout the College by faculty, students and staff.
- • As reported earlier in the year, the College was closed to creating an endowment for the College of Dentistry Scholarship. The College of Dentistry Scholarship(s) is possible only through the gifts provided by Dentistry alumni and friends. An endowment will ensure that a consistent number of scholarships can be awarded. Additional gifts received in August helped the College reach the minimum amount of $100,000 needed to create an endowment. Donors will now have the ability to give either to the annual fund for the yearly award or the endowment to provide funds for many years to come.
- • A long-time supporter of the Orthodontic Program made a $25,000 gift to an endowment which provides discretionary funds for the Division of Orthodontics.
- • Mortenson Dental Partners continue to provide funds to award 13 scholarships to dental students who demonstrate excellent clinical skills and patient interactions, along with a professional demeanor and behavior. Eleven of the scholarships are for Kentucky residents and the other two will be from the following states: Indiana, Iowa, Georgia, Nebraska, New York, North Carolina, Ohio, South Carolina, Tennessee, Texas or Utah.
- • UKCD held its second Taskforce on Innovative Dentistry by Zoom on September 24, 2020. The participants discussed the impact that COVID-19 had made on their business and dentistry as a whole. Representatives from the following organizations were

- invited to attend, along with a small group of UKCD faculty: Bien Air USA; Dentsply Sirona; Henry Schein, Inc.; Straumann; United Health Foundation; and Whip Mix.
- • Dean Okeson held a Zoom meeting with Emeritus Faculty to update them on the College and how COVID-19 had impacted everything from patient scheduling to class location to graduation.
- • University of Kentucky Philanthropy is changing databases for its Alumni and Philanthropy records.

**THE REPORT OF THE TECHNICAL ADVISORY TO KMAP. Dr Garth Bobrowski** presented the following report.

**CABINET FOR HEALTH AND FAMILY SERVICES**
**ADVISORY COUNCIL FOR MEDICAL ASSISTANCE**
_____
September 24, 2020
10:20 A.M.
(All Participants Appeared via Zoom or Telephonically)
_____
**SPECIAL-CALLED MEETING**
**APPEARANCES**
Elizabeth Partin
CHAIR
Nina Eisner
Steven Compton
Susan Stewart
Jerry Roberts
Catherine Hanna
Ashima Gupta
Ann-Tyler Morgan
Garth Bobrowski
John Muller
John Dadds
COUNCIL MEMBERS PRESENT
_____

CAPITAL CITY COURT REPORTING
TERRI H. PELOSI, COURT REPORTER
900 CHESTNUT DRIVE
FRANKFORT, KENTUCKY 40601
(502) 223-1118
_____

AGENDA

AGENDA
(Continued)

DR. PARTIN: I'm so sorry I'm late. I had my times mixed up. I thought I had an hour and I didn't. Somebody just texted me.

MS. HUGHES: You can go ahead and get started. We do need all the MAC members to unmute your video or start video, click on your start video button. And, Beth, I had gone ahead and told them that for the MAC members, they can either just interrupt or there's a way you can - I'm sorry. You can raise your hand under Reactions; but probably for the MAC members, they can just go ahead and speak up anytime but just go ahead and go through your agenda. I know you've got a lot on the agenda. So, we can go ahead and get started.

DR. PARTIN: Okay. Thank you, Sharley. We'll call the meeting to order, and I'd like to welcome the new members. Dr. John Muller will be replacing Jay Trumbo from the Kentucky Association of

Health Care Facilities. Nina Eisner will be replacing Chris Carle from the Hospital Association. Dr. Catherine Hanna will replace Julie Spivey from the Kentucky Pharmacy Association, and Dr. Garth Bobrowski will be replacing Dr. Susie Riley from the Dental Association.

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So, welcome to you all and I thank the others for their service. Some of them had a long service to the MAC, and, so, we're much appreciative of that.

MS. EISNER: My name is pronounced Nina instead of Nina.

DR. PARTIN: Thank you. So, let's go ahead to the roll call, then.

MS. HUGHES: I don't think Teresa is on here. Do you want me to do a roll call for you?

DR. PARTIN: Sure.

(ROLL CALL)

DR. PARTIN: Do we have a quorum?

MS. HUGHES: I'm pretty sure you do.

DR. PARTIN: Thank you. Sharley, could you send us an updated list of all of the MAC members to each of the MAC members with our contact information?

MS. HUGHES: Yes, ma'am.

DR. PARTIN: Thank you.

Approval of minutes from January, 2020. Would somebody like to make a motion to approve those

-5-

minutes?

DR. COMPTON: Madam Chairman, Steve Compton. I so move.

DR. PARTIN: Thank you. Second?

DR. GUPTA: I second the motion.

DR. PARTIN: Thank you. Any discussion? All in favor, say aye. Any opposed? Okay. So moved.

Then, let's move on to Old Business, and I think our Old Business, well, mostly run into the Commissioner's report.

So, first on the agenda under Old Business is the MCO contracts, if we have any update on those.

COMMISSIONER LEE: Good morning. Welcome to our very first virtual MAC meeting. This is very exciting. I know we haven't seen each other since January. So, it's good to see all of the faces and some new faces.

Regarding the MCO contracts, as you know, we awarded contracts earlier this year. We have two new players in the MCO arena which is United Healthcare and Molina Healthcare. There was a protest. That was resolved but we still have some current litigation



going on related to the contracts. The current five MCOs have all had their contracts extended to December 31st, 2020, and the new contracts are set to begin 1/1/2021.

And during the course of events, I'm sure you've read and heard that Molina bought Passport and all of its assets effective September 1. So, Molina is now operating Passport by Molina Healthcare I believe is the name that they're going by.

So, again, the current five contracts have been extended to December 31st of this

year and new contracts will begin 1/1/2021. We have a couple of new players and current litigation.

DR. PARTIN: Thank you. Is there anything in particular different about these contracts from previous contracts?

COMMISSIONER LEE: There are some slight differences; and I think as we get into the agenda, we'll talk about some of those. For example, the single Pharmacy Drug List will be effective 1/1/21. So, there are a few slight differences, and I think Stephanie Bates is on the line and she could give you a quick overview of some of the major changes going forward on 1/1/21.



Stephanie.

MS. BATES: Hello. So, I actually have a document that has been shared before. I believe we even shared it with the MAC, but I'll be happy to share it. It lays out all of the changes, if that would be helpful.

DR. PARTIN: That would be very helpful. Thank you.

MS. BATES: Okay.

DR. PARTIN: Next is an update on the Formulary consistent with Senate Bill 50 that was just passed.

COMMISSIONER LEE: I'm not sure if any of you watched the Medicaid Oversight Advisory Committee meeting yesterday. We did present on Senate Bill 50. We are on target to have a contract January 1st, 2021. However, as you know, having the signed contract at full implementation or execution

of that contract will take a little bit of time due to system changes, communications and approvals with CMS, that sort of thing. But we do have beginning January 1st, 2021, all five MCOs will be using the fee-for-service Pharmacy Drug List. So, we will have a single PDL in place by January 1st of 2021.

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DR. PARTIN: I was reading a summary of that meeting from yesterday, and is it correct that if any new drugs come on the market once the Formulary is established, then, it will be up to the MCOs to decide if they're going to include that new drug?

COMMISSIONER LEE: Dr. Joseph can address that question.

DR. JOSEPH: Sure. Hi, everyone. So, as new drugs come to the market, we do have a process to evaluate them. The Preferred Drug List itself is made up of drug classes. And, so, if a product is coming out and it pertains to a drug class that is already within the Preferred Drug List, then, we will establish, you know, if we need to set quick prior authorization criteria or specific clinical criteria, that's depending really on the product itself. For drugs that come out and are new to market and are not on a drug class that's already within the Preferred Drug List, then, the MCOs will have the ability to determine the clinical criteria coverage around it.

24 DR. PARTIN: Will it be just for
25 that year or will that be in perpetuity?
-9-
1 DR. JOSEPH: It would be just
2 until we get the drug up to our P&T Committee. So,
3 once the P&T Committee comes around and had the
4 chance to review the product, at that point in time,
5 we would have done our research into the product, the
6 FDA label. Any specific clinical criteria that we
7 would like to establish, the P&T Committee would make
8 the recommendation to the Commissioner.
9 DR. PARTIN: Okay, great. This
10 is something that we have been wanting and waiting
11 for for a long time. So, we're really appreciative
12 of this.
13 Anybody have any comments or
14 questions about this?
15 Then, we will move on to the
16 next item which is CPT code for no shows. And we
17 discussed in previous meetings that the dentists have
18 a code that they can use for no shows but other
19 providers don't have that ability.
20 And, so, the question was will
21 there be a CPT code developed for other health care
22 providers to use a no show code or could we possibly
23 use the dental code?
24 COMMISSIONER LEE: I have some
25 good news around this front. We pulled together our
-10-
1 technology team consisting of the Office of
2 Administrative and Technology Services and they
3 pulled in their partners DXC. We talked about the
4 issue.

And what DXC has come up with I think is probably better than a code for no shows. We can change the KYHealth-Net channel and it be a channel specifically for providers to go in and document a no show. This would negate the need for submitting a claim. A little bit of an administrative action would be needed, but we could create that screen if you think it would be beneficial for you to go in for all providers. Even dental providers could stop submitting the claims. We did an analysis and we found that there are a few dentists submitting claims for the no show but it's less than 1% of the total claims that are being submitted. So, this would actually be a panel on KYHealth-Net that providers could go in and document. So, if the MAC wants us to pursue that, we will have to do some system changes and, then, we could do some training out on the web to show providers how to insert documentation related to the no show. It would also allow providers to do



some analysis based on your no-show rate, for example, to the providers that are similar to you.

DR. PARTIN: Would this allow DMS as well as the provider to track the no shows?

COMMISSIONER LEE: Yes, it would, and I think it would be a good use of our resources to kind of identify those individuals and

8 see if there are specific areas in the state where
9 people have a high rate of no show, some of the other
10 factors so that we could actually cut down on the
11 number of no shows and make sure that individuals are
12 actually receiving the care that they need.
13 DR. ROBERTS: Beth, that was my
14 question. It's great to be able to track something,
15 but if there's not an intervention, then, the
16 tracking itself is kind of worthless. And, again,
17 tracking is only useful if the majority of people use
18 it.
19 Do you envision a program by
20 DMS directly - this is Jerry Roberts, by the way - do
21 you envision a program by DMS directly or facilitated
22 through the MCOs for that?
23 COMMISSIONER LEE: This would be
24 strictly through the Department. It would be
25 KYHealth-Net. Providers would go in and enter the
-12-
1 information, and the providers as well as DMS could
2 monitor that information to see what interventions we
3 may be able to implement to ensure individuals are
4 receiving access to care and actually getting to the
5 services.
6 DR. PARTIN: Excellent. Will
7 you send out or will DMS send out something to the
8 providers to instruct us how to log on and how to
9 enter that information?
10 COMMISSIONER LEE: Yes. We'll
11 have to circle back with our technology team and see

how long it will take to implement this. Before we moved forward, we wanted to discuss it with the MAC to see if it was something that you were agreeable with and wanted us to move forward with the changes in the system.
Once we do the changes, we will reach out to all the providers. We'll have some training sessions. Based on what I have seen, it seems to be very simple. Like I said, it will just be another panel in KYHealth-Net for the providers.
DR. BOBROWSKI: Garth Bobrowski. Dentists have used these codes for a while and it is kind of a tracking method, but sometimes for our staff handling that, it's almost like it's one more



thing we've got to do. We try to document it in their chart where they didn't show up. We don't try - we do - but I just worry about the one more thing our staff has got to do, especially when you're busy answering the phone and getting patients in and out and taking temperatures and all that other stuff.
That's my two cents' worth.
DR. GUPTA: This is Dr. Gupta. Do other states have something like this that they use?
COMMISSIONER LEE: As far as I am aware, other states use the dental no-show code but I don't think that there are any states that I

know of that are tracking no shows with this method.
DR. GUPTA: I think it's a great start. We need to do something. So, I think it's a great start.
DR. PARTIN: Yes, I agree. I think it will be helpful. And as we go along, we can tweak things if they're not working out or if we're having trouble accessing the site or inserting the information, but I think, as Dr. Gupta said, it's going to be a good start for us, something we've needed.
So, we're moving ahead and I'm



appreciative of that. Does anybody else have any comments related to this?
Then, let's move on to the next item that we have discussed for years actually - problems related to MCOs not requiring participants to see the assigned providers and inappropriate assignments; for instance, pediatricians assigned to adults or physicians who see just hospital patients being assigned to primary care doctors.
And, also, the problem related to it is that when our patients who are - when I say our patients, the patients that are in our practices - go to other providers, it's not possible for the provider who is on the patient's card to sometimes match the requirements for monitoring or meeting the standards.
So, I think it's a pretty big

issue, especially when you receive letters from the MCOs telling you you're not meeting the metrics and you haven't seen the patient in years, it makes it kind of difficult. So, where are we on that?
COMMISSIONER LEE: I do remember us discussing this at the January meeting. I know Medicaid members have a freedom of choice. And I would like to say that I



understand adults being assigned to pediatricians. It seems like that's something that should be simple to solve looking at the age of an individual and making sure adults are not assigned to a pediatrician. So, I'm curious. It seems to me, Dr. Partin, that the bigger issue is when the MCOs send you or any provider a letter saying you're not meeting the metrics when you haven't seen those individuals. And I think if we could get some examples of those letters and give them to the MCOs to try to figure out what we can do going forward with this because I don't think that it's fair if you're going to be holding our providers to certain metrics when the members are not going to their offices. So we need to figure out is it up to the MCO to force that member to go to a provider or is it up to the providers to do outreach to those members and make sure that they come in or remove them from that panel.

23 So, I think this is going to
24 have to be a conversation that we continue to have.
25 So, I would request that I have some specific
-16-
1 examples, maybe the letters that the MCOs send, and
2 if you have anybody who is mis-assigned, to let us
3 know so that we can continue to look into those
4 issues.
5 DR. PARTIN: As far as the
6 providers notifying, we don't know who is assigned to
7 us. So, that makes it difficult.
8 And, then, the letters we
9 receive, they're not specific. They don't say Janie
10 Smith is not meeting the metrics. They just give you
11 a score. So, we don't know who isn't showing up
12 because we don't know who is assigned to us other
13 than the people who show up.
14 Passport is the only one that
15 has their members see the providers who they are
16 assigned to, and, to me, that makes it much easier.
17 And if a patient wants to change providers, it's
18 pretty easy to do.
19 When they come to our clinic,
20 if they're assigned to another provider and they have
21 been coming to my clinic for years, it's a simple
22 phone call. Our front office calls up and hands the
23 phone to the patient and the patient changes
24 providers on their card.
25 It takes a little bit of time
-17-
1 but it's not horrible as far as time-consuming, but

it allows you to, then, know who your patients are.
So, when we get the letters, we can share them but it won't be anything specific.
So, we don't know why we're not meeting the metrics,
but we know that there are patients coming to our offices who are not assigned to us.
COMMISSIONER LEE: I think these are conversations that we'll continue to have. And I guess the overarching message from the Department is our members do have choice as to where they go. So, we need to kind of figure out, Dr. Partin, especially I guess for your clinic what the overarching issue is and that's the metrics that the MCOs have.
And I think later on the agenda, we have MCO reports to be scheduled and maybe that's something that we need the MCOs to speak to when we start scheduling them to come before the MAC.
DR. PARTIN: Okay. So, I will leave that on the agenda for upcoming meetings. You know me. I'll just move it forward.
MS. EISNER: This is Nina. I had a little Zoom emergency and I lost the screen when we were talking about the CPT codes for no shows. So, I'm sorry for going back to that issue,

but I was wondering if DMS will be paying providers for no-show appointments?
COMMISSIONER LEE: Not at this time, no, we will not. We'll be trying to maybe

identify some areas for intervention to ensure that the members get to their services but we don't have a plan to pay for no shows.
MS. EISNER: Thank you.
DR. PARTIN: Anything else?
Then, let's move on. This is followup on discussion regarding how people can sign up for Medicaid without putting family members who are not legal residents at risk. So, has there been any discussion on that at DMS?
COMMISSIONER LEE: Earlier this year, we did with the help of some of our advocate community put together a letter regarding the Public Charge Rule and we have posted that on line. I believe that may alleviate some issues and make it more clear who is subject to the Public Charge Rule and how they can sign up.
We haven't had much discussion related to individuals signing up for Medicaid without putting their family members at risk, but I think the Public Charge letter is a step in that



direction and will help individuals know when and what benefits they can apply for.
DR. PARTIN: Okay. Thank you.
Any other discussion on that?
At the last meeting, it was reported that there would be a stakeholder meeting to discuss the Medicare rule to allow care in schools was to take place. What was the outcome of that meeting?
COMMISSIONER LEE: The program

11 was called Free Care for a while but it's called
12 Expanded Care in Schools. As you know, prior to this
13 legislation going into effect, schools could only
14 bill for services provided to children who had an
15 Individualized Education Plan.
16 So, what the Extended Care in
17 Schools will allow now is it will allow schools to
18 bill for services to children who do not have an IEP.
19 We have modified our system. The Department of
20 Education has been doing some webinars with their
21 provider groups and schools can now bill for services
22 outside of a child's IEP for Medicaid eligible
23 children.
24 DR. PARTIN: And how is that
25 being operationalized? Are clinics actually going in
-20-
1 to the schools?
2 COMMISSIONER LEE: So, it
3 depends. Some schools have contracts with clinics.
4 In that case, nothing changes. But in the event that
5 a school wants to bill for services let's say maybe
6 for counseling services, the schools actually bill
7 for that service that is providing the service to
8 that child in the school.
9 If schools have current
10 contracts with clinics, maybe some have contracts
11 with public health departments or with FQHCs, RHCs,
12 those contracts and the billing practices will not
13 change. It's only when the school chooses to bill

14 for a service provided to a child in school that they
15 are eligible to bill for.
16 DR. PARTIN: So, the school
17 would be the employer of whichever provider they were
18 using and, then, the school would bill.
19 COMMISSIONER LEE: Yes.
20 DR. PARTIN: Okay. Any
21 questions on that?
22 Then, we move into your report,
23 Commissioner.
24 DR. BOBROWSKI: When I was
25 looking over the agenda, I may have misunderstood
-21-
1 part of that. We had an area school district around
2 us here that last year kind of during all the flu
3 stuff, they sent out letters to all the students and
4 the parents that if your child is sick - I'm looking
5 at this as a public health standpoint - they sent
6 letters to all the parents if your child is sick, put
7 them on the bus, send them to school, we have a nurse
8 here.
9 It took about a week of that or
10 two weeks and they sent out another letter - don't
11 send your sick kids to school.
12 And, like I said, I may have
13 misread the point of that on the agenda, but what are
14 your all's feelings on the use of school nurses?
15 Some of those children were being sent to school and
16 they did not need to be at school. Then, the school
17 could not get a hold of the parents to come back and

get them, but any thoughts on that aspect of the
public health part of the school nurse?
COMMISSIONER LEE: Well, the
Expanded Care in Schools actually allows the schools
to bill for services for a child when they don't have
an Individualized Education Plan, and the services
would include behavioral health services, for
examples, those types of things.
-22-
I don't think that the
relationship with the school nurse and how those
types of things are handled are going to be any
different.
DR. PARTIN: Garth, the way it
works in Adair County is there is a clinic who is
contracted with the schools and they actually have a
clinic in place, but people don't send their kids to
school sick and they're not asked or encouraged to do
that.
It's just if the child becomes
sick at school, then, there's a nurse practitioner
there at the school to see them if the parents have
signed permission for that to happen, but the parents
can still come and pick up their child and take them
to their primary care provider if they choose to do
so.
DR. BOBROWSKI: This was a
different school district and I think it didn't take
them long to reverse their policy. Thank you.
DR. PARTIN: You're right. That
would be not a good thing to send sick kids to
school.

Commissioner, we are ready for your report.

-23-

COMMISSIONER LEE: I would like to welcome the new members to the MAC. This is our first meeting since January. I'm glad to see everybody's faces. I know that COVID has really changed the way we're all doing business right now, and I think it's probably a really dark time for us, but I think that it also provides opportunities for us to look at how we deliver services to make sure that we are meeting the needs of the Medicaid members.

And what I have continued to share in this forum and in public forums is that the Medicaid Program was created for the Medicaid member. We can't take care of our Medicaid members if we don't take care of our providers and listen to them and try to build a better health care delivery system.

And I think that COVID has turned our world upside down, but, again, it may provide some opportunities for us to build back a health care system that was better than what it was before.

So, I appreciate all of you and the dedication that you devote to the Medicaid Program, your service to our members and helping us

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keep us updated with information and events that are going on in the communities that impact our members and our services.

So, I have a couple of updates related to events that have been happening that are non-COVID related but COVID has necessitated the need for Medicaid. We are now right at 1.6 million members in the Medicaid Program. We have a $14 billion budget and that's $14 billion that's being funneled out into the provider community. So, we are somewhat of an economic engine in the state right now, but 1.6 million members. Quite a few individuals need our services right now during COVID due to loss of jobs or employment, health insurance, those sorts of things. So, our enrollment numbers are definitely up.

We created, as you may have seen through the Governor's press conferences, we have created a Presumptive Eligibility Enrollment Forum that is online during the state of emergency. The Cabinet has been designated as the entity eligible to grant presumptive eligibility. That's helping some individuals get into the program quicker until they can complete the full application.



Individuals on presumptive eligibility, of course, get temporary eligibility for Medicaid. They do receive all of the services that traditional Medicaid enrollees receive but it is temporary until they can get their full application get into the system. We have suspended copays during the COVID emergency, and we have also looked at suspending copayments moving forward.

So, we drafted a regulation with no copays for Medicaid members. There were some discussion with LRC because we have a statute, a KRS, that states that Medicaid shall collect copayments and they have three primary areas of copayments which was non-emergency use of an ambulance, non-emergency use of an ER and prescription drugs. So, what we have done is modified our copay regulation to allow $1 for each of those services. The copay will be $1 for those three services. Once an individual pays that first $1 copay, they will be exempt from future copays. So, our hope again was to have a zero copay but that is what we ended up settling on and that was approved. That regulation did pass the Reg Review Committee and we are hoping that we may be able to go back during Session and amend that reg to



eliminate copays because we do know that copayments are burdensome for the providers and that their reimbursement is reduced by the amount of that copay whether or not you collect it. So, we believe that eliminating those copayments would benefit both the member and the provider.

We talked about Senate Bill 50, of course, but there was some other legislation during the Session that required the Department to develop an 1115 Waiver for the treatment of substance use disorder for incarcerated individuals.

So, we have been working diligently on that waiver, and Leslie Hoffman has been leading up that effort, and I can have Leslie give you an update on that SUD waiver.

MS. HOFFMAN: Good morning. So, we submitted a draft to CMS and had them to review it for completion. It looks like we're doing really well. They only had one comment for us. We're very excited about it.

This will provide services behind the walls to incarcerated members. We did define the population for incarceration to include day one which would catch the pretrial members that sat for so long in the jail system without any



services. So, we have included those members. And we've also included a care coordination piece for the last thirty days to connect with their MCO of choice that also included a small piece of care coordination related to residential which is a big issue not only in our state but all the other states as well.

We look to have that out for public comment. I've got my fingers crossed for the 30th of this month, the last day or maybe even a day or two prior to that.

Once it is out for public comment, it will be thirty days and, then, we'll get those comments back and we would have to resubmit it to CMS.

The only thing I do want to mention from CMS is they are developing their own

guidance for State Medicaid Directors and what best practice will be and what their stakeholders are suggesting. So, those comments are kind of waiting for our waiver.

We're kind of, for lack of better words, the guinea pig and we will be the only state in the nation to get this approved if we do.

So, it's very exciting and it's a very much needed



service that we've talked about for years in Medicaid.

So, again, we'll go out for public comment around 9/30 and, then, back to CMS around 10/30. I do expect it to take a while, though, for CMS to make a decision or approval but they have been very good for us to work with and it seems like they are hoping that we can push this through. Are there any questions?

DR. PARTIN: Thank you.

MS. HOFFMAN: Thank you. And you can reach out to me if anybody has any questions.

DR. PARTIN: Thank you.

COMMISSIONER LEE: And we have several other things going on. I have a list here, but I think in the interest of time, I will highlight just a few things right now.

For example, we are moving forward with a program of all-inclusive care for the elderly, PACE. That is in the works and I think Lee Guice is on the phone and she can give you an update

22 on what we have been doing for the PACE Program and
23 where we stand with implementation.
24 MS. GUICE: Good morning to
25 everyone. The PACE Program is a central location for
-29-
1 a provider who covers all services all the way
2 through nutrition and meals, if needed,
3 transportation, if needed, plus all health care, and
4 that includes both physical and behavioral health,
5 one place, one group of services.
6 We have two applicants that are
7 going to apply to CMS, in fact, tomorrow. They've
8 got to expect to be able to make it through that
9 process. They will be covering several counties, one
10 located in Jefferson County, one located in Fayette
11 County and they will cover surrounding counties.
12 We anticipate one to open in
13 Lexington in July of 2021 and, then, one to begin
14 serving the Louisville area in January of 2022.
15 We're very excited about this
16 program. We think it will be a great - I'm sorry, I
17 lost my word - alternative, a great alternative to
18 nursing facility care. Individuals would have to
19 meet nursing facility level-of-care in order to apply
20 for the program and that's what we're hoping will be
21 another great alternative to nursing facility care.
22 If you have any questions about
23 that, please reach out and we'll be happy to answer
24 them.

25 DR. PARTIN: So, will this
-30-
1 program, since you say they'll have to meet nursing
2 home requirements in order to be admitted to the
3 program, so, this program includes home health care?
4 Like, if a person needs an assistant in their home,
5 it will cover that?
6 MS. GUICE: Yes, ma'am.
7 MS. EISNER: So, Lee, everything
8 except the residential component?
9 MS. GUICE: I'm sorry.
10 Residential as in?
11 MS. EISNER: Everything that a
12 nursing facility would do except for the residential
13 component.
14 MS. GUICE: Oh, yes, ma'am. All
15 of the individuals will remain in their home.
16 MS. EISNER: Okay. Thank you.
17 DR. PARTIN: This is new to me.
18 So, I'm trying to visualize what it would be. So,
19 there will be somebody who comes in to the home and
20 helps clean the home and fix food and provide bathing
21 and whatever else the person needs? All those things
22 will be provided?
23 MS. GUICE: So, if that's
24 necessary, yes. If you want some general information
25 about PACE services, the National PACE organization
-31-
1 has a good brief overview on their website and you
2 can Google P-A-C-E and it will come up. This is a
3 brand new service to Kentucky but it's not a brand
4 new service. So, there's information out there to

give you some pretty general overviews on what the services are.
DR. PARTIN: Okay. And, then, how does a person get accepted? Does their primary care provider have to refer them?
MS. GUICE: No. There will be an enrollment process. There will be some outreach. There will be an enrollment process. We'll do some education on the availability of the services. So, it's an assessment process but you won't have to be referred by a primary care doctor.
DR. PARTIN: So, a person's family or a participant could ask to be evaluated to participate?
MS. GUICE: Yes, absolutely.
DR. PARTIN: Okay. Thank you.
Any other questions? Thanks, Lee.
COMMISSIONER LEE: Daniel Essek has his hand up. Do you have a question, Daniel?
MR. ESSEK: Yes, I do. Is there

an age limit for this or is it just for seniors? And it's to keep them in the community rather than in a facility, right?
MS. GUICE: Right. It is to keep them in the community rather than in a facility, and I should have mentioned the age limit, Daniel. Thank you for asking. You have to be fifty-five or older.
COMMISSIONER LEE: Any other questions or shall we move on? Some of the other things that we're working on right now, as you know, we issued an

13 RFP for a credentialing verification organization, a
14 CVO, which would allow all of our providers to be
15 credentialed through one organization and, then, the
16 MCOs would accept that credentialing.
17 We did award that RFP but it is
18 currently under protest. So, there's not a lot we
19 can say about that right now.
20 The other major initiative that
21 we're doing that is required by CMS is our electronic
22 visit verification. That is specific to the Home-
23 and Community-Based Waiver Program and we have Pam
24 Smith available to just give you a little bit of a
25 brief overview on the electronic visit verification,
-33-
1 EVV, process. Pam.
2 MS. SMITH: Thank you,
3 Commissioner. So, we are in the full process of
4 finishing testing with EVV. Registration for
5 providers will open at the end of October.
6 Training actually begins at the
7 beginning of October and there are training specific
8 to the employees that will be using it, as well as
9 administrators from the provider agencies that will
10 be using it.
11 We actually have the soft go-
12 live scheduled for November 17th. That will allow
13 providers to go in and start scheduling visits using
14 the system. They can choose to pick a few of their
15 participants and use it for their employees and their
16 visits ahead of the hard go-live which is January 1

17 of 2021 where they will be required to use it for all
18 personal care type services.
19 And on our EVV website, there
20 is a nice table that goes through each of the waivers
21 and what services are required and, then, the claims
22 also will be billed from Tellus to the MMIS beginning
23 in January.
24 If anybody has any questions,
25 they can reach out to me and I'd be glad to answer
-34-
1 those.
2 COMMISSIONER LEE: Thank you,
3 Pam, and I think that's all we have for our update
4 right now and I encourage any of you to reach out to
5 me or any of the Division Directors if you have
6 questions or you can funnel that through Sharley.
7 You can send through Sharley any questions that you
8 have related to Medicaid that you would like for us
9 to address at the next MAC meeting.
10 DR. PARTIN: Thank you,
11 Commissioner. Under Old Business, I skipped over MCO
12 reports to be scheduled. So, we just need to take a
13 few minutes to talk about that.
14 Usually what we do or for those
15 of you who haven't been present when we've done this
16 before is we schedule two of the MCOs to come and
17 give us an update on what they're doing, and we have
18 a specific panel of questions that we ask for them to
19 meet in order to give their presentation.
20 So, Sharley usually takes care

of scheduling that. Do we have any people who would prefer to see any MCO in any particular order?

MS. HUGHES: Dr. Partin, I don't know if you all recall because I know it's been a long time since we met, we did have the MCOs

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scheduled, I think, for March and May. And they did provide the presentations and I sent those out to you all with the material that they normally present and it is all out on the website. So, do you all still want the MCOs to come and present that information?

DR. PARTIN: I would in particular like to hear from Passport, Molina and United Healthcare in the coming year and even before that. If they would want to come at the November meeting so that we could get to meet them and get an idea of what their plans are.

COMMISSIONER LEE: That would be a good idea, Dr. Partin. We'll reach out to both of them and request that they come and present at the November meeting.

DR. PARTIN: Thank you. So, next up are our TAC reports, and this time, it's time for Behavioral Health to go first.

DR. SCHUSTER: Good morning, everyone. It's Sheila Schuster on behalf of the Behavioral Health TAC. I actually submitted two reports in your packet. One were the minutes from the March 11th meeting. I think we were probably the

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last TAC to meet before everything in Frankfort got shut down with COVID. We were very grateful to have Commissioner Lee and Dr. Allen Brenzel who is the Medical Director from the Department for Behavioral Health, Developmental and Intellectual Disabilities, and we had an extremely robust discussion I would say about targeted case management. This is a service for people with severe mental illness, substance use disorder or co-occurring mental health and substance use or with chronic health conditions or children with severe emotional disturbances. It's kind of the guiding light. It's holding your hand to make sure that you get to the services that you need, and we were running into a significant problem with some of the MCOs requiring extensive prior authorization and then denying the service. And, so, we had, as I say, a very robust discussion. We probably had sixty or sixty-five people in the room. We had a lot of community providers who were very concerned about this, family members and consumers, and we were very grateful that the Commissioner stated that she wanted



to get some data, that she would like for Medicaid to make its decisions based on data. And at that time or shortly

thereafter, she suspended all prior authorizations for behavioral health services during the pandemic period. And, so, we were extremely grateful for both of those.

We had some other issues. We got some updates from the SUD waiver for people that are incarcerated which you just heard from Leslie Hoffman about and we had no recommendations from that meeting.

You also have the minutes from our September 9th meeting and we continued that discussion on targeted case management with Commissioner Lee and Dr. Brenzel. And we were appreciative that Commissioner Lee presented some data on targeted case management, the claims for targeted case management for the last two years, July of 2018 through June of 2020, for both children and for adults and for both of the fee-for-service program and, then, the MCO program.

We also heard again from some community providers that it's been very positive for their clients to be able to get targeted case



management, particularly during the time of this pandemic. The hold on prior authorizations for behavioral health continues to be in place which, again, we're very grateful for.

We got an update on open enrollment. And, then, we got, again, an update from Leslie Hoffman on the SUD waiver, and I think Leslie didn't blow her own horn enough. Kentucky will be

the first in the nation to have this program if we are able to get it approved by CMS, and I think it really puts us out front. We know that so many people end up incarcerated because they have an addiction and they commit crimes related to that addiction. So, to be able to provide substance use disorder treatment for them while they are incarcerated is just a huge step forward and it catches them, as Leslie said, right at the point that they are first held during the pretrial period and, then, has a thirty-day kind of easing them into the community with, again, that warm handoff maybe even to a residential program. We also had extensive discussion about the copay reg, and we do have one recommendation for the MAC related to that.



The Behavioral Health TAC wishes to express its deep appreciation to Commissioner Lee and the DMS staff for its intent to remove all copays for Medicaid services. Those of you who have been on the MAC for a while have heard me how many times whale against copays, particularly for behavioral health. So, we are all celebrating this.

We recommend that upon final approval of the new copay regulation, that DMS communicate this change to its Medicaid members. There’s been so much confusion out there among the

members and we think members are not coming in for the services that they need because they think they're going to be asked to pay a copay that they don't have the money to pay. So, we think it's extremely important that DMS get some kind of communication out to the members, and that is our recommendation.
We will be meeting again on November 4th via Zoom. I'm happy to answer any questions. Thank you very much. Did you have a question?
DR. PARTIN: No, I didn't have a question.

DR. SCHUSTER: Okay. Thank you.
DR. PARTIN: Next up, Children's Health.
MS. HUGHES: They didn't meet, Dr. Partin.
DR. PARTIN: Okay. Consumer Rights and Client Needs.
MS. BEAUREGARD: Good morning. Emily Beauregard, the TAC Chair and the Director of Kentucky Voices for Health. It's nice to see everyone this morning. Our Consumer TAC convened a special meeting just this past Tuesday on September 22nd and it was our first meeting since the pandemic began. We met via Zoom. We really appreciated the State facilitating that for us and I think that it was a platform that actually worked really well. So, all of our members appreciated having that option. We had a quorum present and we discussed a number of issues since we hadn't met in a number of months. I won't go into all of them but I

**1099.** 22 wanted to highlight two.
**1100.** 23 The first was open enrollment
**1101.** 24 which we know is coming up in November, and there had
**1102.** 25 been a message that went out maybe a week or two ago
**1103.** -41-
**1104.** 1 now to some Application Assisters saying that open
**1105.** 2 enrollment was on hold or on cause, something to that
**1106.** 3 effect, and that, of course, caused some confusion.
**1107.** 4 So, we were able to clarify
**1108.** 5 during the meeting that because of the lawsuit, there
**1109.** 6 was a decision, I guess, made by the Judge's
**1110.** 7 injunction, and for the time being, the materials
**1111.** 8 that were being sent out to beneficiaries couldn't be
**1112.** 9 sent out.
**1113.** 10 So, it was helpful to know that
**1114.** 11 that was the reason behind the pause and that open
**1115.** 12 enrollment is still going to continue as scheduled.
**1116.** 13 One other thing that we really
**1117.** 14 wanted to clarify was the fact that in this
**1118.** 15 particular open enrollment package, the materials
**1119.** 16 that are being sent to beneficiaries, there's no
**1120.** 17 side-by-side comparison of MCOs like there has been
**1121.** 18 in years past.
**1122.** 19 And we understood from
**1123.** 20 Stephanie Bates that that was possibly because there
**1124.** 21 were, I guess, some maybe perceptions that there was
**1125.** 22 some MCOs that had more of an advantage because of
**1126.** 23 the incentives or the value-added services that they
**1127.** 24 were providing.
**1128.** 25 And, so, we thought that

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perhaps there was maybe a compromise that there could
be less information provided but still some
comparison of plans, in particular around services
really to dental or vision since those are so
important to adults. Eyeglasses for adults in
particular are something that people really want to
know about before they select a plan.
And sports physicals, that's
been a conversation that we've had at various MAC
meetings. That's something that adults also
typically look at for their children.
So, if there could be certain
information that could be provided in a one-place
format. Whether that's on paper or electronically,
we think that that would be really valuable for
consumers and help them to make an informed decision
about which MCO they want to enroll in.
So, that was one area of
discussion. And even as an alternative, we thought
if that information could just be shared with members
of the TAC and MAC if there's not time to create that
document now, we could at least get that information
out to our networks and we could help to educate
people during open enrollment.
The other topic that we
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discussed, we wanted to really acknowledge the
Cabinet's help in getting out information about the
Public Charge Rule because that has been an area of
concern for immigrant communities.
And we also talked about some

6 potential options to expand coverage for immigrant
7 communities. One in particular is just one of
8 expanding it. It would be helping people to
9 understand more about time-limited emergency Medicaid
10 which is a relatively small program that most people
11 aren't aware of.
12 And, so, for people who may not
13 be otherwise eligible for Medicaid that need access
14 to emergency treatment, or, in the case of this
15 pandemic, COVID-19-related testing, treatment or
16 vaccination, time-limited emergency Medicaid should
17 be there to provide that assistance.
18 But because a lot of people
19 aren't aware that it exists, they don't even know
20 that it's a possibility for coverage or how t
21 initiate that application.
22 So, we talked about those
23 options and whether, in certain circumstances,
24 outpatient services could be included in what
25 services are available to the individual. Currently
-44-
1 it's limited to inpatient services, but you can
2 imagine with COVID-19-related services, in particular
3 testing and vaccination, that you don't always need
4 to be inpatient for that, but we know that CMS is
5 allowing all COVID-19 services to be provided under
6 time-limited emergency Medicaid. So, we want to make
7 sure that that's available to people for when they
8 need it.
9 So, those are the two topics
10 that I just wanted to share a little bit more
11 information about.

I will share now our recommendations that we approved at our meeting on Tuesday. The first was a recommendation for DMS to create a side-by-side handout which I just described for the upcoming open enrollment period comparing certain MCOs value-added services or incentives. At a minimum, this should include information about vision, dental, sports physicals and copays. This could be hard copy or electronic.

And as an alternative to designing an official side-by-side handout, it would be to share that information with all TAC and MAC members so that we can use that information to



educate our networks.

The second recommendation would be that DMS adopt the option to remove the five-year bar for legally-residing pregnant immigrants through a State Plan Amendment.

Now, DMS back in I believe 2014 did remove the five-year bar from legally-residing children. We also have the option to do that for pregnant women and I think that this is a good opportunity.

The third recommendation would be for DMS to include outpatient services when necessary and provide public education to Kentuckians on how to initiate an application for time-limited emergency Medicaid. This is especially important, as I mentioned, during the pandemic.

The fourth recommendation would be that DMS waive all fee-for-service copays, if possible, under current law. And I would also just recommend to MCOs who may be on this call that waiving these copays would be absolutely helpful to consumers. I think it would cut down on a lot of confusion, especially since we know that they're likely going to be temporary.

So, any information the MCOs



can get out about their decision to either enforce the copays or waive them and as soon as possible before open enrollment and certainly during open enrollment would be really helpful so that people know that information as they're making a selection, but we certainly hope that every MCO will choose to waive them.

The fifth recommendation is that DMS select Option K-2-i on the Appendix K application which reads as follows: Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

This is an issue for people

21 with disabilities who may need an interpreter or
22 other personal assistance that they won't get in the
23 hospital. And as our waivers currently stand, those
24 services can't be provided under the waiver when
25 someone is admitted into a facility.
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1 So, Arthur Campbell, who is one
2 of our TAC members, shared a personal story about how
3 this has affected him. And during the pandemic, of
4 course, we know that people are more at risk with
5 disabilities and may need these additional services
6 if they're hospitalized, but we really also wanted to
7 stress that this is something that should happen even
8 beyond the pandemic.
9 So, we made a second
10 recommendation and really appreciated that Pam Smith,
11 who was at our meeting, talked about her interest in
12 adding this to the HCB waiver as a permanent service.
13 So, we recommended that DMS
14 increase services outlined in Appendix K under that
15 K-2-i section - I won't read it again - for waiver
16 participants as part of the HCB renewal application
17 which we understand is going to be renewed soon.
18 And, then, our final
19 recommendation is one that we've brought to the MAC
20 numerous times. We have had ongoing conversation
21 with DMS about the yea in compliance with making

accommodations for people with disabilities to meaningfully participate. While we thought that we had come to an agreement on what was needed, at our last

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meeting, we were just asked to make the recommendation one more time and we think that we now are on the same page and that we'll be able to get a policy in writing which is what our request has been. So, I will go ahead and read the recommendation - that DMS develop a written policy that addresses how it complies with the ADA by paying for or providing appropriate accommodations for people with disabilities to allow them to fully participate in meetings as a person serving in an advisory capacity, specifically addressing the need for personal assistants, transportation assistance, interpretive services and other accommodations as necessary. So, those are our recommendations. We intend to schedule two special meetings for the remainder of 2020 and tentatively those are going to be planned for October 20th and December 15th, and I'll be happy to answer any questions.

DR. PARTIN: Any questions for Emily?

MS. EISNER: This is Nina. I have a question. When you were talking about the option on Appendix K, your reference to acute care

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hospitals, do you also include in your description of acute care behavioral health hospitals?

MS. BEAUREGARD: That is an excellent question, Nina. I was reading the language that came specifically out of that Appendix K. And, so, I would have to do a little research as to whether it would include that, but our recommendation for the HCB waiver could potentially - I mean, Kentucky, I think, should probably determine whether or not to include specifically behavioral health hospitals and that may be something we need to explore.

MS. EISNER: Thank you.

DR. PARTIN: Anything else?

MR. ESSEK: Emily, this is Daniel Essek. The time-limited Medicaid that you spoke about, that's the Hill-Burton Act, right, replacing that?

MS. BEAUREGARD: Say that again, the last part of that.

MR. ESSEK: What you talked about with the time-limited Medicaid, that's the same thing as the Hill-Burton Act. That's what that is addressing?

MS. BEAUREGARD: I'm not



familiar with that act and if that's what time-limited Medicaid is. I know that it is a program that provides limited Medicaid services to people with emergency health conditions. And it may be that somebody from DMS could answer your question better.

MR. ESSEK: What that is, that's for indigent people, people that don't have insurance.

MS. BEAUREGARD: People who are

not otherwise Medicaid eligible is my understanding
but I'm not the expert.
MS. CECIL: This is Veronica
Cecil with Medicaid. I'm not an expert either, but
as Emily mentioned is that it's time-limited and this
is to be for when somebody has an acute emergency,
and I think that's why it generally only has covered
inpatient there.
I would like to note that under
the current public health emergency, the temporary
presumptive eligibility that we currently have
available to individuals, to Kentuckians is very
robust coverage and anybody can apply for that.
So, that is available right now
during the public health emergency for the very
reason that individuals get access to coverage,

particularly related to COVID-19.
MS. EISNER: This is Nina again.
I'm sorry. I have another question. So, individuals
who are accessing time-limited Medicaid or otherwise
being approved for PE, are they still being assigned
to the traditional Medicaid bucket and are they
staying there or are they then being assigned out to
an MCO?
MS. CECIL: Currently,
individuals have two temporary periods, so, two
three-month periods. It is currently all fee-for-
service. We are doing outreach to try to encourage

people that are eligible for traditional Medicaid to enroll and that at that point, they would be assigned to an MCO; but right now under both periods of temporary PE, it is fee-for-service.

MS. EISNER: And one of my concerns about that is, as several of you Medicaid colleagues know, is that for adults between the ages of twenty-one and sixty-four, the IMD exclusion is still formally in place on traditional Medicaid. But because of the CMS action in 2016, the MCOs can elect to waive that restriction, and that's created some issues with regards to access to care and also to payment.



So, I just want to keep that out there because it is a problem. I understand why they're being assigned but that is a difference in terms of benefit eligible. Thank you.

DR. PARTIN: Any other questions? Before we move on to the next TAC, I just wanted to say welcome back, Veronica. I'm happy to see you and I look forward to working with you.

MS. CECIL: Thank you, Dr. Partin. I'm excited to be back. I didn't realize how much I missed it. So, it's great to see everybody and be a part of this again. Thank you.

DR. PARTIN: Thank you. Okay. Moving along, Dental TAC.

DR. BOBROWSKI: This is Dr. Garth Bobrowski. In the last few months, we've had a lot of issues coming up with access to care. And, of

course, the Governor allowed dental offices to remain
open mostly to see dental emergencies, trauma situations, infections, swelling.
So, the dental community, I think, stepped up and helped in that manner, but,
still, there's a lot of issues out there that pertain to access to care. And I know it's been brought up already this morning these little - I don't know if

you can see it or not - but those little orange envelopes with the MCOs bringing down more and more prior authorizations. This is just one of them. There's too many issues to go into right now today, and we want to thank Commissioner Lee and Ms. Cecil and Stephanie Bates, Charles Douglass. A lot of folks up there are listening and helping the TAC and other dentists go through these issues, but it's becoming an access to care.
And the main recommendation that we had for the - we had a TAC meeting last Friday and the main recommendation that we had was for maybe the MAC to work with Dental on looking at these issues.
And I know DMS is already working on a lot of these; but even this last week, Ms. Partin, I sent you a copy of a letter - I'm sorry - it was just this morning and, then, DMS has got a letter that we received from an oral surgeon's office that even access to care is very difficult to find

even with oral surgery for a lot of patients. And another issue that's coming up is I got another call this morning from another oral surgery group that with the electronic



prescription requirement coming up in January - they've already looked into it - it's going to cost their office - they've got two offices - it's going to cost them right at $60,000 to be prepared for just the electronic prescribing part of it. I know in our office here, we had to update our computers last December and it was $37,000 just for that part of it. They keep adding all these monthly bills to us, but the motion that we want to consider or recommend was to review the letter that was sent from Dr. Will Allen. And DMS has a copy of that letter and I've sent that to you this morning, Ms. Partin. So, we'll have it. I'm sorry I didn't get it out to the whole MAC because I didn't have access to everybody's emails and contact information, but there's issues out there that we need to look at to help people get care. And another point is if somebody needs that code number for the no show appointments, it's D9986, and this is on the State's website if you need further information on that, but that's all I have to report for right now. Thank you. Any questions?

DR. PARTIN: Thank you. Nursing

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Home Care.
DR. MULLER: This is John Muller. It's nice to see you all. This is interesting to participate in this. We did not have a meeting. So, there's nothing to report, but I'd just like to make a comment or two, if that's okay. As you can imagine, COVID - I'm empathetic to every area that you all serve and I'm sure you are to the nursing facilities. We're good at change and good at things like that but this has really been something else for the congregate care for the nursing facilities.
I would like to thank the Department of Medicaid. Specifically the presumptive coverage is a really nice benefit for our patients and obviously their families to not have to go to the Medicaid office. To not have to do that, to be able to be presumptively covered is a very large benefit for them.
I'd also like to thank the State for the testing. We've got mandated surveillance testing. There are some facilities, acute care centers, other centers don't, but we do have mandated testing and the State has paid for
-56-
that. So, Kentucky has paid for all of that testing and that's been a big benefit for us. Federally, CMS and HHS have given us grants; and without those, I think many

nursing facilities across the Commonwealth would be in difficult shape, as you all know, with the cost of PPE. And, then, for us, we've increased the rate. Almost every nursing facility increased their rate for their staffing. So, the thing I really have to ask, Commissioner Lee, if you would continue to give us the opportunity to converse with you about an actual Medicaid provider relief grant for a Medicaid rate. We would appreciate getting together and talking about that in the near future, and that's really all I have to report, if anybody has got any questions.

DR. PARTIN: Any questions?

Thanks, John. Hospital.

MR. RANALLO: This is Russ Ranallo, the Chair of the Hospital TAC. We have not met. We plan to meet in October by way of Zoom.

Thank you.

DR. PARTIN: Intellectual and Developmental Disabilities.



MS. HUGHES: They met in August but they haven't met in September and I guess there's no one here to present for that.

DR. PARTIN: Okay. Thank you.

The Nursing TAC has not met. Optometry.

DR. COMPTON: Yes. This is Steve Compton. We have not met since February. We had a recommendation at that time but it would have applied before the new MCO contracts were let. So, it's no longer appropriate.

We are curious as to who the vision providers will be for Molina and United Healthcare. Does anyone have that answer, Commissioner?
COMMISSIONER LEE: Veronica, do you know?
MS. CECIL: I don't know. I'm not sure if Stephanie knows or not but we can definitely, when they come to the November meeting, we can definitely ask them to speak to that.
MS. BATES: And I'll get that information to you all.
DR. COMPTON: Okay. Thank you. We need to get our providers credentialed and signed up and that sort of thing. That's all I have. Thank



you so much.
DR. PARTIN: Thank you.
Pharmacy TAC.
MS. HUGHES: The Pharmacy TAC hasn't met but I don't know if you all are aware that in Senate Bill 50, the Pharmacy TAC has been revamped, and we're currently in the process of getting the new members lined up and hopefully they'll have a meeting the first part of October.
DR. HANNA: This is Cathy Hanna. I don't have anything else to report. Thank you for doing that. Again, this is on the sideline, but I'd like to thank the State and the Department of Medicaid Services for giving us the ability to take care of these Medicaid patients as far as COVID testing goes and finding a way to seek reimbursement for that service. So, thank you.
DR. PARTIN: Thank you.
Physician Services.
MS. GUPTA: This is Ashima

Gupta. We have not met. We are planning to meet in November via Zoom.
DR. PARTIN: Thank you.
Podiatry.
DR. ROBERTS: As we've reviewed,
-59-
there's no formal Podiatry TAC in place, but I think this is probably the most appropriate venue to voice my personal concern.
I've had several pediatric patients over the last probably three months that required a prior authorization on a short-term narcotics medication.
When I finish surgery at five or six o'clock in the evening and give the patient a narcotic prescription and it's two days before they can get the medication, that's a problem.
I know there are acute pain qualifications on Cover My Meds and different things but the system is not moving fast enough.
I would suggest that there be an acute pain or a surgery override that would be available on the pharmacist's side for these situations.
DR. HANNA: I'm curious just from the standpoint of that, so, can you elaborate in particular as to what is the holdup? Is it prior authorization? Is it----
DR. ROBERTS: It's coming back as medication requires a prior authorization.
DR. HANNA: Okay. Understood,
-60-
then. And, yes, I agree that it can be very frustrating, yes.
DR. ROBERTS: I'm happy to do that for my patient; but when I've got a fourteen-

5 year-old that had an ankle fracture, when that block
6 wears off, he's not going to be real happy about
7 waiting on a prior authorization.
8 DR. JOSEPH: Dr. Roberts, this
9 is Jessin. What I can do is I will send you our
10 criteria around short-acting narcotics.
11 Let's see if we can figure out
12 if this is specific to a patient and we can see what
13 actually happened there because, for the most part,
14 if it is a short-acting agent, we wouldn't have a PA
15 unless there's something in the system in regards to
16 the patient seeing multiple doctors or having a
17 prescription already on hand, but I'll send that over
18 to you and I think we can see what a solution is.
19 DR. ROBERTS: Sure. Thank you.
20 DR. PARTIN: Thank you. Good
21 question. Anything else?
22 Okay. Let's move on to Primary
23 Care.
24 MR. CAUDILL: Good morning. I'm
25 Mike Caudill. I'm the CEO of Mountain Comprehensive
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1 Health Corporation in Southeastern Kentucky and I'm
2 also the Chairperson for the Primary Care Technical
3 Advisory Committee.
4 To start with, I also would
5 like to welcome the new members on board, Dr. Muller,
6 Nina Eisner, Dr. Hanna and Dr. Bobrowski.
7 We have had a fairly active
8 meeting schedule. We met in person in March. We've
9 met by Zoom in July and two weeks ago on September

the 10th. Our next meeting is November 5th, 2020.
During that interim, we've also
been able to correspond with Medicaid and the people
there. Lisa Lee and her staff have worked with us
very closely and helped to update us on status on
issues that were there before the COVID period
happened and we certainly thank them for that.
Let me just give you a few of
the issues that we've been working on. One of the
issues is a wrap/crossover claim which is final
reconciliation of claims from July 1st of 2014 to the
present. And in our role, we help facilitate and work
with both DMS and KPCA and have encouraged both
parties to work for a final resolution of that issue.
Also, we discussed the use of
UB modifiers and G codes for crossovers. DMS has



indicated our needs to each of the MCOs; and at this
time, all requests have been configured in their
systems. We believe this will be a great benefit to
FQHCs and RHCs as the G codes have been to Medicare
and need to be recognized by Medicaid.
We are still pending a final
decision on G Code G20205 which is the Medicare
telehealth code that was put in place during the
onset of the COVID-19. We do believe a response will
be coming soon to that.
There is an issue about the
limitation of thirty sites for NPI's on the Medicaid

provider file. We have discussed this and DMS reported this is an issue within the Provider Partner Portal and they are working to address that now. We do not believe there should be a limitation as there is no limitation by MPPES or any other agency we're aware of as to how many NPI's a facility may have. The Primary Care TAC has no formal recommendations for the MAC Committee. And, again, we'd just like to thank our partners in Medicaid for their efforts to continue to address and resolve the concerns of the Primary Care TAC and look forward to working with them and with this committee to address future concerns of Kentucky's FQHCs and



RHCs. Thank you, Madam Chairman. That's my report.

DR. PARTIN: Thank you. Anybody have any questions? Okay. Thanks a lot. I may have skipped Home Health. I thought I called Home Health; but if I didn't, please forgive me, and if there is somebody from the Home Health TAC to give a report.

MS. STEWART: I'm here. This is Susan Stewart, Assistant Director of ARH Home Services. We have met several times by Zoom and we will continue to meet by Zoom. I was not at the last meeting but I think we have another one scheduled up this fall. We keep our lines of communication open with the Department and are thankful for our relationship. Thank you.

DR. PARTIN: Thank you. Sorry

that I skipped you.
MS. STEWART: It's okay. I was
confused when you called it Nursing Home. So, I
didn't know if that was me or not.
DR. PARTIN: Okay. All right.
Last but not least, Therapy Services. Nobody from
Therapy Services?
Okay. Then, we will move along
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on our agenda to New Business. And first up on that
is a request from the Certified Professional Midwives
to be added to the regulations as providers of
services under Medicaid.
COMMISSIONER LEE: I believe
there was some additional documentation that was sent
to the Department related to some studies that were
conducted in other states.
So, we're going to have to go
back and look at this, do some evaluation and, then,
we will look into that consideration.
DR. PARTIN: Okay. Thank you.
I'll put that on the agenda for next meeting.
And, then, the rural health
clinic regulation, 907 KAR 1:082, Section 9 says that
providers must sign the participant's chart within
one day. And I was wondering if that could be
changed to three days and be more consistent with
other Medicaid and other insurers' rules.
COMMISSIONER LEE: We do
understand the request here. And in order to do
that, we would have to, of course, open up the
Medicaid regulation related to rural health clinics.
And at this time, it is not a
big priority for us. As you know, we've talked about

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some of the things that Medicaid is working on right
now with Senate Bill 50, the SUD waiver, the EVV.
So, we understand the request
but it's not a high priority right now for us but we
will keep that on our radar and would like to be kept
informed of any major issues that that's causing
within the rural health clinic arena.
DR. PARTIN: Okay. I can tell
you that it is a problem to be able to complete all
the charts. Unless you want to be charting until
midnight every day, it's pretty tough to accomplish
that.
So, I guess I'll keep that on
the agenda, too, as a reminder and we'll talk about
it again.
An update on the copay
regulation. I believe you've already done that,
Commissioner, unless anybody has any questions about
that. Did you have anything else you wanted to say
about it?
COMMISSIONER LEE: Again, just
our hope was to eliminate the copayment. We think
the regulation is a good compromise, but I think
there's still going to be a little bit of confusion
out there. So, again, we hope to address this in the
-66-
next General Assembly.
And, then, next is how will
open enrollment work with the two new MCOs in

4 January? And I think you kind of covered that, but I
5 guess as far as participants go, my understanding is
6 that from what you said that Passport people will
7 just automatically roll over into Passport Molina,
8 and, then, other people will have to sign up for
9 United Healthcare. Is that right?
10 COMMISSIONER LEE: The MCO
11 contracts outline the process for open enrollment
12 going forward. And as we discussed a little bit
13 earlier, there's some litigation going on right now.
14 So, we have had to pause our open enrollment
15 activities.
16 So, all members will have a
17 choice of who they want to stay with. Those that do
18 not have a choice will be auto-assigned based on the
19 requirements or the process outlined in the contract.
20 We can send that language, too, if you would like to
21 see the process for auto assignment.
22 DR. PARTIN: Yes, I think that
23 would be helpful. And along that line, how will
24 participants who are signed up with Anthem now know
25 that they have to choose another MCO?
-67-
1 COMMISSIONER LEE: The packet
2 they receive in their open enrollment materials will
3 alert them to that fact.
4 DR. PARTIN: Okay. And can you
5 tell us what the objection is to the open enrollment?
6 COMMISSIONER LEE: Pending the
7 litigation, I'm not sure how much I can say about

8 that right now.
9 DR. PARTIN: Could you tell us
10 who is objecting?
11 COMMISSIONER LEE: I think I
12 might defer to Veronica for her input on this.
13 MS. CECIL: Sure. So, it's
14 public record. Anthem has filed a lawsuit
15 challenging the procurement and that's about all we
16 can say about it right now.
17 DR. PARTIN: Okay. Thank you.
18 So, I guess at our next meeting, maybe we can get an
19 update on how the open enrollment is progressing.
20 We'll be into November by then, so, it will be
21 ongoing at that point, right?
22 COMMISSIONER LEE: We're
23 hopeful, yes.
24 DR. PARTIN: Okay. And I think
25 you had just answered the next question about
-68-
1 participants being informed.
2 And, then, the next thing is
3 what is the State Plan Amendment as far as DMS
4 planning to submit to CMS to incorporate some of the
5 changes made during the emergency to make them
6 permanent? And, also, is there a way for the MAC or
7 even members of the TAC through the MAC to offer
8 suggestions in that process?
9 COMMISSIONER LEE: Oh,
10 absolutely, Dr. Partin. The one service that we have
11 had the most input on, of course, is telehealth. So,
12 that's some of the possibilities that we want to try
13 to make permanent. We think that that has assisted
14 in cutting down on some of the no-show visits. We
15 know it's not perfect for everyone. You can't, for

example, give an immunization through telehealth, but we are definitely looking at telehealth flexibilities. We also believe that the presumptive eligibility process that we have in place that allows the Cabinet to be the entity to grant presumptive eligibility is something that we also want to explore. But I think that this committee is probably the best one to give us some suggestions



and recommendations on what they would like to see, what flexibilities have been granted during this state of emergency and what you would like to see as permanent as we go forward because our goal, of course, is to start drafting and submitting some of those State Plan Amendments right now so that when the state of emergency is lifted, our provider community and our members won't see a big drastic change in the services.

DR. PARTIN: One of the things along those lines that I've been thinking about, or two things - one, that RHCs and FQHCs continue to be included in that. I knew there had to be a special rule to include those entities in the telehealth and, then, also the platforms that can be used. In my area of the state, and I understand it's typical in other areas, but particularly in rural areas, we don't have good Internet access, and, also, people can't access

things on the Internet easily.
At my clinic, we've been using
Facebook Messenger and Facetime and people are pretty
familiar with those who do have a Smartphone. I have
a lot of patients who don't have Smartphones or who
don't have Internet that we've been doing the phone

visits with, and I would hope that that would also be
taken into consideration to be able to at least
intermittently use the telephone as a reimbursable
visit but also to be able to use those other
platforms that people are familiar with rather than
having to sign in and join an app and all that kind
of thing to do the telehealth.
COMMISSIONER LEE: Those are the
types of things that we are definitely considering.
Again, we have no idea how long we will be under the
state of emergency; but even after we emerge from it,
again, our goal is to look at the health care
delivery service for our members pre-COVID, what
happened during COVID and how can we build the health
care system back better after we emerge.
And I think that this committee
is one that should definitely have a voice in that,
and it's the committee that has, you know, you have
your eyes and ears on the ground out in the
communities.
And, so, we definitely look
forward to working with you and the new members to
move the needle on our health care.
I think when I first came back

on board, I talked a little bit about how I want to
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use data and information to start guiding our health
care policy in the state, and I would look to this
committee to request some reports, what you would
like to see.
I know that we could definitely
give you information on expenditures by category of
service. We could give you top diagnosis codes, top
procedure codes that we see with the Medicaid
population and all of our data and we could look at
that in aggregate and maybe start looking at regional
differences and try to see what we can do to, like I
said, move the health care needle forward.
So, again, we'll look to this
committee to help draft some of that information and
data requests that we need to look at to see how we
can do that and what areas do we want to focus on.
Is it going to be different for children and adults,
those sorts of things.
So, I think if we put our
thinking caps on and if we had a wish list, what do
we want to change in Kentucky. We know we have a
high prevalence of diabetes, asthma, heart disease.
How do we start moving that needle and what
information do we need to look at to help us with
those decisions.
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So, I look forward to working

with you and sharing data and information and ideas
as we move forward.
DR. PARTIN: Thank you. So, to members of the MAC and also members of the TACs, if you have any suggestions, be thinking about those and we will discuss those at the next meeting. I'll put this on the agenda for the next meeting so that we'll have an opportunity to bring any suggestions we have forward to the Commissioner.
Anybody have any other comments on that? Okay. Thank you, everybody. Because we're doing this by Zoom meeting, we can't add new things to the agenda. So, at this point, if you have anything else that to would like to add on items that we have had on the agenda today, please speak up. Otherwise, I'll entertain a motion to adjourn.
MS. HUGHES: Dr. Partin, before you adjourn, just one thing. The November meeting is not the fourth Thursday as normal. It is the third which will be November 19th because the fourth Thursday is Thanksgiving.
And also, typically, in July, the MAC does have nominations and vote for new Chair,



Vice-Chair and Secretary. So, we'll try to do that at the next meeting. If anybody is interested in volunteering to be in any of those positions, you can let myself and Beth know and we'll put together a little poll of some sort to allow you all to vote for

your Chair and Vice-Chair and Secretary.
DR. PARTIN: Thank you, Sharley.
Yes, that's right. That had been on my mind because
we didn't do it this year. So, we'll put that on the
agenda for next time.
Anything else? Would somebody
like to make a motion to adjourn?
DR. ROBERTS: This is Roberts.
Motion to adjourn.
DR. HANNA: Cathy Hanna.
Second.
DR. PARTIN: All in favor.
Thank you.
MEETING ADJOURNED

**10. MEMBERSHIP COMMITTEE.** Due to the Covid-19 pandemic, both UKCD and ULSD transitioned to online learning and/or limited in-person classes for the fall semester. The student clinics and schedules have also been modified to comply with OSHA and CDC recommendations. As of now, no presentations from outside groups or organizations are allowed at the dental schools.

Currently there are no planned in-person New Dentist Committee activities this year. ADA Success programs are available virtually for students and new dentists. In the coming days, students will receive information on how to access these informative programs.

The New Dentist Committee co-chair, Dr. Rachel Gold, has stepped down from her role. She graduated dental school over 10 years ago and is no longer categorized as an ADA New Dentist. Dr. Gold is passionate about organized dentistry and will continue to be involved whenever possible. Her dedication will be greatly missed.

On this note, a replacement is needed to fill Dr. Gold's position. If any member knows an enthusiastic new dentist who would be interested in this position, please reach out to Dr. Olivia Estes or the KDA staff.

Respectfully submitted,
Olivia Estes, DMD

**11. COMPONENT REPORTS.**

The report for Eastern Kentucky Dental Society is as follows: The Eastern Dental Society has not had a meeting since February 19, 2020. Zoom meetings have been discussed via email, but none are officially scheduled yet.

Report of Green River Dental Society. The GRDS last met on January 16, 2020. It was at the Kentucky Briarpatch and was our usual KDA Update from Dr. Moats and his crew from the KDA Office in Louisville. We have not met since then due to the Covid 19 pandemic. Respectfully Submitted, Joe McCarty, D.M.D.

LOUISVILLE DENTAL SOCIETY

4 November 2020

The Louisville Dental Society surveyed its members in August about on-line vs in-person CE courses. The majority of respondents were in favor of continuing with on-line options at this time (59.3%). However, over half (51.4%) were ready for in-person sessions with appropriate safety precautions. Since scheduling in-person meetings is a logistical challenge still, LDS has decided to continue with on-line offerings at this time.

The Louisville Dental Society held a virtual CE course 9/17/2020 featuring Dr. Ruth Carrico from U of L Division of Infectious Diseases.

They also offered “Financial Planning, PPP Loan Forgiveness, &the CARES Act” on Thursday, October 22nd at 6:30pm via Zoom Meeting. The course was taught by Jeremy Davis, CFP, CExP; Robert E. Thieman, JD, CPA; and Charles K. Thieman, JD, CHBC of ARGI.

Upcoming CE – The Deans of both of our in-state dental schools will be joining us for a 1.5 hour LIVE CE course on Thursday, November 12th at 6:30pm on Zoom. They will be giving us an update on the state of the schools, the effects of the past year, students, and new graduates. After their presentations conclude, we will also have a quick visit from the Kentucky Board of Dentistry as well.

LDS contributed $25,000 to the KDA Advocacy fund to support the legislative agenda for the coming year.

Water Step has reached out to do their annual “Teeth to Toes” campaign, as they usually do this time of year.

Jenna sent an email to members regarding the campaign and included their flyer in our newsletter.

The new pictorial roster is being finalized and will be available to members after payment of dues. Our new roster will include the 30 **NEW** members that have joined this year.

Our monthly newsletter features a link for donations to KDPAC and reminds members to support our patrons.

Arrangements have been made to have our Executive Director, Jenna Scott-Dye to work from starting 11/16/2020 through her maternity leave.

LDS has updated their logo design and is incorporating the new design as needed.

**Southeastern Kentucky Dental Society**

Report to the KDA Executive Board

The Southeastern Kentucky Dental Society has gone to all virtual meetings via Zoom for the foreseeable future. On October 22, 2020, we met via Zoom with a presentation by the University of Kentucky, College of Dentistry Dean, Dr. Jeff Okeson. He gave an update on the re-opening of the dental college following the COVID-19 shutdown. Dean Okeson reported that all of the classes were caught up after dismissing early in the spring. He also reported on the implementation of Digital Dentistry at the college. The meeting was very informative but we all miss our in-person meetings and CE classes.

Respectfully submitted,

H. Fred Howard, DMD

**11.KDPAC. Dr Mike Johnson** presented the following written report.

KDPAC Board Report

The KDPAC Board has been busy since the virtual annual meeting. Since the KDA meeting was virtual, we did not have the opportunity to solicit contributions one on one both at the meeting and in the House of Delegates.

Since this was the case, the KDPAC Board decided to send an email to all KDA members soliciting contributions. The results were extremely disappointing. We received less than $100.00. Last year at our annual meeting, we received $9000.00.

The KDPAC Board had a virtual meeting to decide who and what level of contribution should be allocated to this election cycle of Kentucky legislative elections. Due to the two-year election cycle, we had approximately $19,000 available for contributions. The Board decided to support both parties, Senate and House Caucuses, and to members of the Senate and House Committees on Banking and Insurance and Health and Welfare and Family Matters. We supported only candidates who had contested races. Total for all contributions was $18,250. A complete list of all allocations is available at the KDA Office.

My final part of this report deals with contributions to the KDPAC. We have no funds available. I am ASKING for a contribution from each member of the KDA Board of $250.00. You are the leaders of the KDA, and you realize that legislative advocacy is a cornerstone of our association. We need your support. You may go to the KDA website and go to the KDPAC section to make your contribution, Thanks in advance for your support.

Mike Johnson

**12.NEW BUSINESS.**

**MOTION: Dr. Fred Howard** moved to authorize **Mr. Rick. Whitehouse** to sign mortgage papers with Stock Yards bank to refinance the mortgage on the KDA Building. The terms are 3.75% interest with a term of 10 years. **Dr. Jonathan Rich** seconded the motion.

**ACTION: APPROVED.**

**MOTION: Dr. Samantha Shaver** moved accept the KDA Policy Manual as presented. **Dr. Thomas Carroll** seconded the motion.

**ACTION: APPROVED.**

**13. FUTURE KDA BOARD MEETINGS.** The next KDA Board meeting will be February 20, 2021. May 15, 2021 and July 24, 2021 are also scheduled.

**19. ADJOURNMENT.** The meeting was adjourned at 11:45 PM.

Respectfully submitted

**Dr. Kevin Wall**
**Secretary/Treasurer**