By Ben Keeton

In late June, Senator Lamar Alexander introduced a broad bill focused on lowering healthcare costs across the U.S. This legislation passed the Senate Health, Education, Labor and Pensions committee and if passed, will have implications across the healthcare sector in Kentucky.

The wide-ranging bill aims to tackle many issues including: surprise medical bills, healthcare transparency, competition in the drug industry, public health and advance the exchange of health information.

One notable provision is that it would raise the nationwide tobacco purchasing age to 21, an initiative put forth by Senate Majority Leader Mitch McConnell.

The proposed legislation still has a long way to go, and many expect significant changes to occur. Over the next month, the Senate Finance Committee and Senate Judiciary Committee will markup a similar legislative package. Senate leadership hopes to merge the bills and have them on the Senate floor before the August recess.

Surprise Medical Billing

The bill addresses surprise medical billing by establishing a federal benchmark as the payment mechanism. The federal benchmark approach was chosen because the Congressional Budget Office said this method would be “the most effective at lowering healthcare costs.”

In the benchmark approach, health plans would pay providers the local median contracted commercial amount that insurers have negotiated with other providers and agreed upon in that geographic area.

Other legislators led by Senator Bill Cassidy are pushing hard for the baseball style-arbitration solution. Several Senators and many providers believe that the proposed fix is entirely in the interest of insurance companies.

Chairman Alexander said he will work with Senator Cassidy on addressing some of the concerns in the bill before the package goes to the Senate floor.

Additionally, the legislation includes provisions about ending surprise air ambulance bills by using the local, commercial market-based rate for in-network healthcare.

An amendment was also adopted that requires hospitals to tell patients when their plan has no in-network providers for a certain service. The bill requires healthcare facilities to provide a summary of services when a patient is discharged from a hospital. It requires hospitals to send all bills within 45 calendar days to guard against unexpected bills and it requires insurers to provide patients with price quotes on their expected out-of-pocket costs for care.

The legislation extends funding through 2024 for critical healthcare programs, such as community health centers, teaching health centers operating graduate medical education programs and the National Health Service Corps. The measure aims to combat critical public health issues, such as vaccine misinformation and maternal mortality.
Dean Dorton named to Bob Scott’s Top 100

Dean Dorton, a full-service CPA and business consulting firm, has been named to the Bob Scott’s Top 100 VARs for 2019. The Top 100 resellers are chosen from organizations nationwide that specialize in the sale and implementation of Enterprise Resource Planning (ERP) and accounting software.

The selection of the Top 100 VARs is based on annual revenue generated by each reseller. Dean Dorton specializes in both Sage Intacct cloud-based financial management software, along with MS Dynamics Great Plains accounting software. The Dean Dorton ERP team works with businesses every step of the way, from assessment and selection through implementation of the software and continuous support.

The firm has been a Sage Intacct Premier Partner since 2014 and was named Sage Intacct Partner of the Month in March 2019.

TEG ranked amongst top healthcare architectural firms

Jeffersonville, Indiana – TEG Architects, an architecture, visualization and interior design firm headquartered in Jeffersonville, Ind., was named 41st largest healthcare architectural firm in the U.S. by Modern Healthcare magazine. Modern Healthcare, the industry’s leading source of healthcare business and policy news, research and information, annually ranks firms based on the previous year’s volume of projects.

XLerateHealth launches healthcare accelerator in Michigan

XLerateHealth (XLH), a Louisville-based healthcare technology accelerator, opened a new location in Flint, Michigan. XLH Flint is funded by the Charles Stewart Mott Foundation and 100K Ideas. The move to Flint was spurred by Phil Hagerman, CEO of SkyPoint Ventures and co-founder of 100K Ideas, who has made investments into Flint to build an innovation economy.

The first XLH Flint startup cohort kicked off their bootcamp program in early July with an open house.

XLH is an SBA program that has experience commercializing healthcare companies including digital health, healthcare services and those with life sciences and biomed-tech innovations. Through a 12-week bootcamp, XLH connects startups with clinical, academic and business leaders who help entrepreneurs think through commercialization including FDA and reimbursement strategies, potential customers/pilots, as well as funding needs. The organization engages a network of mentors from across the healthcare arena.

Several XLH portfolio companies have commercialized products and grown their client base. For example, Toggle Health, a healthcare technology company that delivers a surgical user experience in the operating room, and Astarte Medical, a company using software and predictive analytics to improve premature infant outcomes. Astarte just raised a $5 million Series A.

Baptist Health Floyd launches EMR system

Baptist Health Floyd recently launched a new Electronic Medical Records (EMR) system with Epic. The multi-million-dollar investment provides seamless access to all providers caring for patients. The new system allows all patient information to be easily accessible at all Baptist Health System Hospitals and Baptist Health Medical Group physician offices, as well as automates certain workflows for more efficient delivery of care.

UofL JGBCC recognized for cancer care quality

Anthem Blue Cross and Blue Shield in Kentucky has recognized the University of Louisville James Graham Brown Cancer Center with a Blue Distinction Centers for Cancer Care designation as part of the Blue Distinction Specialty Care program.

By combining nationally consistent quality criteria with locally effective value-based programs, Blue Distinction Centers for Cancer Care deliver maximum value to members battling cancer by aligning healthcare payments with improved health outcomes. The designation is available for all cancer types and various care settings, including physician groups, cancer centers, hospitals and accountable care organizations (ACOs).

The UofL Brown Cancer Center received the designation by incorporating patient-centered and data-driven practices to better coordinate cancer care and improve quality and safety under a value-based payment model.

Blue Distinction Centers for Cancer Care are reimbursed based on how they perform against both quality and cost outcome targets in order to receive incentives and rewards for better health outcomes – rather than traditional fee-for-service. Research has shown that care delivery transformation to improve quality and affordability is most successful when accompanied by transformation to a value-based payment model.

New digital platform for transition age youth

A new digital portal called Kentucky RISE (Resources for Independence, Success and Empowerment) was unveiled recently at the Kentucky Independent Living Youth Empowerment Conference, in Lexington.

The new web site is part of a rebranding project for the state’s independent living program for transition age youth in the foster care system.

The web-based portal, kyrise.ky.gov, was accessible to the public beginning in late June. Kentucky RISE will contain links for resources including education, job training, employment and housing options.

Both current and former foster youth were instrumental in advocating for the portal. Kentucky RISE will contain a link for foster youth to complete an application and receive their vital records - for example, their birth certificate.

Additionally, the portal will have a link to the “Fostering Success” program, a summer employment initiative. More than 80 employers with various opportunities have signed on for this year’s program.

While the portal is geared toward youth ages 14 and older, the web site will be accessible to foster parents, community partners and the public in general. Vital records will only be available to the youth.
$11 million grant focuses on cervical cancer

A major public health initiative aimed at preventing cervical cancer in at-risk Appalachian families from West Virginia, Ohio, Kentucky and Virginia is underway with support from an $11 million National Cancer Institute grant.

The WVU Cancer Institute is collaborating with 10 health systems throughout Appalachian Ohio, Kentucky, Virginia and West Virginia to conduct this research in close partnership with Ohio State University (the lead institution), the University of Kentucky and the University of Virginia.

This new initiative builds upon a long history of collaborative research and community partnerships. The effort will focus on reducing the burden of cervical cancer in at-risk Appalachian communities by specifically targeting the primary causes of cervical cancer: tobacco smoking, human papillomavirus (HPV) infection and lack of cervical cancer screening.

Pikeville Medical Center adopts indoor GPS technology

Pikeville Medical Center, a 340-bed medical facility located in Pikeville, Ky., and Connexient announced plans to deploy Connexient’s Medi-Nav Digital Wayfinding solution to help patients and visitors more easily navigate the hospital.

Pikeville Medical Center is the largest hospital in southeastern Kentucky, which makes Connexient’s wayfinding platform the ideal technology to improve the patient experience and reduce missed and late appointments.

UofL ends negotiations over KentuckyOne assets

The University of Louisville notified Catholic Health Initiatives and its affiliate, KentuckyOne Health, that it ended negotiations to purchase Kentucky One Health’s Louisville assets, which include Jewish Hospital where the university has several service lines and its physicians treat patients and teach medical residents.

Talks were halted because UofL could not find a suitable partner to help fund the acquisition. UofL officials were not willing to put the university at financial risk by taking on the acquisition alone.

UofL and CHI have agreed to several steps as the two parties work on the changes in their relationship.

CHI will extend the Academic Affiliation Agreement to ensure that undergraduate and graduate/resident medical education programs continue at Jewish Hospital and Frazier Rehab Institute. If programs cannot be continued at those facilities, CHI will assign those residencies to another facility requested by the university.

Atria Senior Living acquires property

Atria Senior Living and the real estate firm Related Companies Inc. have acquired their first property as part of a $3 billion joint venture.

The move increases the Louisville-based senior living facility operator’s investment in California, one of the company’s most important markets.

The joint venture, called the Related|Atria JV, plans to demolish the vacant building and replace it with a high-end senior living facility.

Medical News is a community of people who are experts in the business of healthcare. Our healthcare leaders engage in our community in person, in print and online in order to gain insights and information to build relationships and grow their business.

Our community reflects the broad landscape of the business of healthcare - from traditionally defined healthcare businesses to all the adjacent companies that are part of the fabric that supports the industry.

In the past 25 years, we helped create experiences and share the stories that matter in the business of healthcare in our region.

KMA appreciates Medical News for its relevant and thoughtful content on issues that are important to the medical industry. In April 2018, KMA was excited to be highlighted for its strategic planning work and valued the opportunity to share our successes with the healthcare community. Having such a publication in Kentucky is beneficial for providers and patients alike.”

Patrick Padgett
KMA Executive Vice President
PEOPLE IN BRIEF

American Cancer Society
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Cabinet for Health and Family Services
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DETTMAN
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Galen College of Nursing
John Lundeen was appointed as the program director for the online Master of Science in Nursing.

LUNDEEN
Lewis Romero was promoted to vice president of Audit Compliance & Resolution.

Kentuckiana Ear Nose & Throat
Bruce Scott, MD, was voted as the new speaker of the AMA House of Delegates.

Stites & Harbison
Attorney Demetrius Holloway was named to Lawyers of Color’s 2019 inaugural Nation’s Best List in the southern region.

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Medical News: Why did you become a doctor?

Danesh Mazloomdoost, MD:

I was a clumsy child and had my first broken bone at the age of five. By second grade, I was so obsessed with injuries that I wrote a book about bones for a school project, complete with a ridiculous drawing of a blob that represented what I thought a body would look like without bones.

As I grew older, I became more interested in the body’s reaction to injuries, extrapolating that into the experience of pain and how the body heals from damage. Naturally, that drew me to anesthesiology, to study physiology, consciousness and how our spirit processes the fragility of our bodies.

MN: What is regenerative medicine and why did you choose this specialty?

DM: Age humbles everyone with changes that inevitably cause pain. The accepted standards of care — opioids and surgery — mask physiologic damage and try to replace biology with inorganic fixes. It doesn’t work. I witnessed patients withering in this system and knew that we could do more.

I started researching regenerative medicine, which is the translational science to understanding physiologic damage, pain, and how we can supercharge the body’s healing ability. Practicing regenerative medicine requires an in-depth understanding of movement, the physiology of pain processing, and how the body heals. When I started applying this to my practice, I saw radical changes in patient outcomes.

MN: How are you working to fix the problems in healthcare contributing to the opioid epidemic?

DM: Change starts with awareness. For decades, healthcare’s naïve approach to treating pain had unrecognized flaws that are now evidenced by dire statistics in newspapers every day. When I finished my pain fellowship, I was determined to catalyze change in my home state, the epicenter of the opioid epidemic.

For the past decade, I have sought to educate my peers through CMEs and lectures, advocate to state and federal legislators, and shape my practice around the awareness that pain is a symptom of many diseases, not a disease itself.

Sustainable pain treatment hinges on identifying the origins of pain and treating the physiologic source of the damage that’s causing pain. This demands a new framework for understanding three important components to every pain problem.

I also recently wrote a book — Fifty Shades of Pain: How to Cheat on Your Surgeon with a Drug-free Affair — to simplify pain into its elements and introduce an efficient framework for treatment, one that I call HEAL.

MN: Tell me about your work in humanitarian medical relief.

DM: My humanitarian work can be parsed into three categories: training, sustainability evaluations and medical relief. In Eritrea, we taught anesthesiology in a country devoid of anesthesiologists following 30 years of war. At the border of Afghanistan and Iran, I did a sustainability study with a specialty clinic staffed by ex-pat physicians. And in Honduras, we provided medical services to a population lacking in orthopedic or pain care.

To read Danesh Mazloomdoost’s complete profile, visit medicalnews.md.
Webinar: Partnering with Community-based Organizations to Address Social Determinants of Health

**Time:** Noon to 1 pm  
**Info:** Learn about how organizations are addressing social determinants of health, recognize the impact of social determinants on health, review considerations to launching an initiative to address social determinants of health and explore case studies of partnerships between healthcare and community-based organizations. More information online at khcollaborative.org.

**Kentucky Chamber Business Summit and Annual Meeting**

**Time:** Noon to 1 pm  
**Info:** More information online at kychamber.com.

Webinar: Partnering with Community-based Organizations to Address Social Determinants of Health

**Time:** Noon to 1 pm  
**Info:** Hear about the innovative approaches that multiple organizations in the community are taking to improve social determinants of health, particularly in the area of food and housing insecurities. More information online at khcollaborative.org.

**Meeting Patients’ Behavioral Health Needs in Acute Care**

**Time:** 10 am to 1:30 pm  
**Location:** Baptist Health Lexington, 1720 Nicholasville Rd., Lexington, Ky. 40503  
**Info:** Hosted by the Kentucky Institute for Patient Safety and Quality. More information online at kyha.net.

**HRMA 2019 Summer Institute**

**Time:** 8 am to 5 pm  
**Location:** Buffalo Trace Distillery, 113 Great Buffalo Trace, Frankfort, Ky. 40601  
**Info:** The Kentucky Chapter of Healthcare Financial Management Association hosts a day of education and networking. More information online at hrmaky.org.

**MCO Meeting**

**Time:** 9:15 am to 3:15 pm  
**Info:** Kentucky Hospital Association hosts meetings for hospitals and Managed Care Organizations representatives to help resolve ongoing issues. More information online at kyha.net.

**Health for a Change Workshop: Coalition Building**

**Location:** Need More Acres Farm, 395 Hickory Ln., Scottsville, Ky. 42164  
**Time:** Noon to 4:30 pm  
**Info:** Hosted by the Foundation for a Healthy Kentucky, the morning forum will be followed by an afternoon workshop on coalition building. More information online at healthy-ky.org.

**6th Annual Hepatitis Conference**

**Location:** Marriott Griffin Gate, Newtown Pike, Lexington, Ky. 40511  
**Info:** Sponsored by the Kentucky Rural Health Association, discussing the role of professionals in hepatitis elimination. More information online at kyrha.org.

WRITE FOR MEDICAL NEWS

We are seeking experts in the healthcare finance field to share knowledge with our readers in the August issue.

Contact sally@igemedia.com for more information.
School-based healthcare services for children to expand

The Cabinet for Health and Family Services, in partnership with the Kentucky Department of Education, will seek an amendment to Kentucky’s Medicaid state plan to provide greater healthcare access to students in schools across the commonwealth by allowing for the payment of qualifying physical and mental health services.

The proposed amendment allows Kentucky school districts to utilize federal Medicaid funding to provide students enrolled in Medicaid with increased access to school-based healthcare, including mental health services, health screenings, diabetes and asthma management. Currently, only students enrolled in Medicaid with an Individual Education Plan (IEP) qualify to receive these services.

In a letter sent statewide to all 172 district superintendents, KDE Commissioner Wayne Lewis and Kentucky Medicaid Commissioner Carol Steckel underscored the significance of providing high-quality health services to Kentucky children, noting that these services often address challenges before issues get more serious, require more costly interventions and potentially put other students at risk.

Given the historic role of Medicaid in supporting children’s health and educational outcomes, ensuring that all eligible students are enrolled in Medicaid and have access to the school-based health services they need are key strategies to supporting a healthy learning environment and academic success.

According to data submitted in Kentucky’s proposal, the state has 1,688 students per school psychologist, when the national standard recommends 500 to 700. By allowing schools to access funding through the Medicaid program to place eligible health providers in schools and provide services covered under Medicaid, school systems will be able to address disparities in care.

Acute care services can also be provided, such as treatment for asthma. Some school systems already directly employ health professionals to provide these services. Other schools, often in partnership with community organizations, community health centers, hospitals or local health departments, have established school-based health centers to provide healthcare services to students.

The Medicaid plan amendment was submitted to the Centers for Medicare and Medicaid Services on April 28, 2019. If approved, the goal is to begin this expansion of services and eligible students during the 2019-2020 school year for those school districts who choose to participate.

Kentuckiana Stroke Association celebrates 20 years

The Kentuckiana Stroke Association (KSA) is celebrating 20 years of serving over 20,000 people with stroke prevention and recovery information. Established in 1999, KSA has been a resource to those dealing with stroke for many years and reaches well over 1,000 people annually.

KSA participates in health fairs at places of business, churches, clubs and anywhere education is needed.

TEG celebrates 30 years

In June 2019, TEG celebrated 30 years of design excellence. TEG hosted an internal design competition for a 30-year milestone logo. The design produced by Darrell Burgess was selected as the winner. The logo incorporates TEG’s Jeffersonville, Indiana headquarters, Big Four Station Park and the unique chapel at Our Lady of Lourdes in Lafayette, Louisiana. These projects made a significant impact on the surrounding areas they serve and will change lives for decades to come.

Confluent Health expands into Florida market

Louisville-based Confluent Health has expanded its rehabilitation and therapy business into Florida by acquiring a controlling stake in two rehabilitation clinic groups — Lake Centre for Rehab and Rehab Therapy Works.

Lake Centre for Rehab and Rehab Therapy Works, which have the same ownership group, provide outpatient physical, occupational and speech therapy across nine clinical locations in The Villages, Leesburg, Mount Dora, Hudson and Spring Hill, Fla. After this deal, Confluent Health has 188 outpatient clinics in 11 states.

Community children’s health initiative deemed successful

A community-driven children’s health initiative that strengthened cross-sector coalitions in seven Kentucky counties also improved student eating habits, increased youth physical activity, trained teachers to support students experiencing trauma and increased youth resilience, according to a Foundation for a Healthy Kentucky report released recently.

The six-year $2.4 million initiative also led to the adoption of 38 local ordinances and policies to help sustain the improvements and promote health equity long-term.

The success of its Investing in Kentucky’s Future (IKF) initiative has prompted the Foundation to expand its work in obesity prevention and childhood trauma interventions.

For example, in May, the Foundation announced another $200,000 grant in Russell and surrounding counties to address childhood trauma in a rural setting. This grant builds on an urban demonstration program that was part of the IKF initiative.

The initiative supported demonstration programs in seven Kentucky counties and was designed to reduce the risk that school-aged children will develop chronic diseases later in life. The communities contributed another $1.7 million in matching funds under the initiative, which reached nearly 13,000 students in 28 participating schools.

New watchdog organization ranks Kentucky’s hospitals average

A new report ranks most Kentucky hospitals average for patient safety. Published by the watchdog organization Leapfrog, the report ranks hospitals by letter grade.

An estimated 160,000 lives are lost every year from preventable medical errors in hospitals. Out of 52 hospitals, 25 received a C grade for the incidence of infections, problems with surgery and other criteria.

Methodist Hospital in Henderson County was one of only nine hospitals nationwide that received a failing grade.

Leah Binder, president of The Leapfrog Group, said about 500 people die every day in the U.S. from preventable medical errors in hospitals.
UK HealthCare implements suicide screening protocols

Since 1999, rates of suicide have increased in nearly every state in the United States. In 2016 alone, nearly 45,000 lives were lost to suicide. This is a trend that has not spared the commonwealth of Kentucky: suicide is the eleventh leading cause of death in the state.

At UK HealthCare, providers have noticed this alarming trend. For the past six months, they have been working together with administrators to develop a plan to integrate the use of an evidence-based screening tool aimed at identifying those at risk of dying by suicide and connecting them with care and support services.

In late May, the UK Emergency Department began utilizing the Columbia-Suicide Severity Rating Scale at both UK HealthCare Albert B. Chandler and Good Samaritan Hospitals. This screening tool is used to collect information on an individual’s risk factors.

Over the past six months to a year, providers have received training and communication tailored to their role in the healthcare process – what a nurse does, for example, is different than the role of a physician’s assistant. They are also learning ways to change the environment to reduce the risk of self-harm or injury for patients who remain inpatient for treatment.

Data are being collected along the way to help determine whether the intended goals of the new protocol are being met and to continue to better integrate and streamline the process. Efficiency and effectiveness are important measures for the program.

Louisville center certified by American Society of Addiction Medicine

A Louisville treatment center is among the first programs in the nation to be certified by the American Society of Addiction Medicine.

The Volunteers of America Mid-States’ Freedom House serves women with substance use disorder and who are also pregnant or have young children. Freedom House was included in the first phase of a pilot program designed to standardize treatment for substance use disorder.

Kentucky was one of five states which last month was awarded a share of $87 million to help stop overdose deaths. The money came from the National Institutes for Health under the HEAL program or Helping to End Addiction Long-term.

Hosparus Health named Best Places to Work

Modern Healthcare has named Hosparus Health a Best Place to Work in Healthcare for 2019. The Louisville-based not-for-profit hospice and palliative care provider is the only company from Kentucky to be named to this prestigious national list.

A ranked order will be revealed at an awards dinner Sept. 26 in Dallas during Modern Healthcare’s Workplace of the Future Conference. The list of winners also will be featured in a supplement published with the magazine’s Sept. 30 issue.
Foundation announces rural project to address childhood trauma

The Foundation for a Healthy Kentucky announced a grant of up to $200,000 through 2020 to begin a rural program in Russell County and nine surrounding counties to help children and youth dealing with violence, addiction and other trauma known as ACEs — Adverse Childhood Experiences.

"For Kentucky children, Adverse Childhood Experiences are a major obstacle to positive health and socioeconomic outcomes."

– Kentucky Department of Public Health (DPH) Commissioner Dr. Jeff Howard

The Foundation awarded the grant to the Louisville-based Bounce Coalition, which will work with Russell County Schools and the Lake Cumberland District Health Department (LCDHD) to implement the ACEs program.

“This is such an exciting opportunity for Russell County Schools’ staff and students,” said Michael Ford, superintendent of Russell County Schools, where the rural pilot school program will be implemented. “We know that when our students’ emotional needs are met; they are better able to participate in the learning that is taking place in their classrooms. Additionally, the parent and guardian trainings will only help to reinforce Bounce’s mission of building children’s resiliency."

The grant was announced at a kick-off event last month where school staff, parents, healthcare providers and local officials screened “Resilience: The Biology of Stress & the Science of Hope,” a one-hour documentary about ACEs. Bounce Coalition leader Joe Bargione, PhD, then led a group discussion with local school, medical and health department officials.

Building Resilience

“The Bounce program helps build children’s resilience to toxic stressors, which can lead to chronic illnesses as they grow into adulthood and keep them from thriving throughout their lives,” said Ben Chandler, president and CEO of the Foundation. “Our initial work with Bounce in an urban setting showed highly promising results, and now we’re going to pilot the program in a rural setting. Our goal is to create a blueprint for addressing ACEs in school settings across the commonwealth.”

The Bounce Coalition, launched in 2014 with another grant from the Foundation for a program in Jefferson County Public Schools, both improves adult responses to students dealing with ACEs and reduces risk-taking behaviors among youth.

Bounce Results

At JCPS, Bounce interventions reduced out-of-school suspensions for students, improved staff perception of their skills for supporting youth experiencing trauma, improved student school climate

Research shows that children with resilience skill sets are three times more likely to be engaged in school than their peers who have no skills or whose skills are underdeveloped.”

As survey results, increased parent engagement and higher teacher retention.

“For Kentucky children, Adverse Childhood Experiences are a major obstacle to positive health and socioeconomic outcomes,” said Kentucky Department of Public Health (DPH) Commissioner Dr. Jeff Howard. DPH helped support the work of the Bounce Coalition in Louisville, including assisting with two community gatherings to discuss ACEs and practical strategies for building resilience across the community, state and region.

Howard explained, “Nearly 27 percent of Kentucky children have experienced two or more ACEs by the time they are 17 years old. The national average is less than 22 percent.”

– Kentucky Department of Public Health (DPH) Commissioner Dr. Jeff Howard

“The presence of a caring adult is the number one protective factor for youth,” Bargione added.

“The health department is excited to work with the BOUNCE coalition, Russell County School System and community agencies to provided education and information on Adverse Childhood Experiences. ACEs have impacted the health and wellbeing of so many individuals,” said Tracy Aaron, health education director with the LCDHD. “Building a resilient community with evidence-based programs will have such a positive impact on everyone in Russell County.”

The Bounce program at Russell County Schools will include professional development for teachers, staff and bus drivers, in-class observation and role-modeling, classroom discussions, peer support groups for students and education for parents, caregivers and the entire community. In the second year of the program, Bounce will work with LCDHD to deploy “train-the-trainer” programs to create a system of self-sufficiency for the community. The program will begin in August.

News in Brief continued on page 10
KHC highlights hospital price variation, recruits employers, hospitals, health plans for workgroup

By Randa Deaton

Last month, a new hospital price study by RAND Corporation revealed that depending on which side of the Ohio River they live, individuals with private insurance who receive hospital services pay more to Indiana hospitals than to those in Kentucky. In early June, the Kentuckiana Health Collaborative brought together key healthcare stakeholders to explore the study.

Gloria Sachdev, PharmD, president and CEO of the Employers’ Forum of Indiana and leader of the study, explained that employers in her coalition told her that hospital pricing, which accounts for one-third of healthcare spending in the U.S., was higher in Indiana than other locations in the U.S. She set out to find answers to their questions and partnered with RAND for a study to look at Indiana commercial hospital pricing relative to Medicare pricing.

The results were startling, with outpatient pricing at 358 percent of Medicare prices for the same services. Indiana hospitals claimed that their pricing was normal for commercial insurance rates, so a second study was conducted comparing pricing nationally.

The National Hospital Price Transparency Report, released in May, showed that Indiana’s hospital pricing was not normal as the hospitals claimed. The results of the 25 states that participated showed that on average, employers pay 241 percent of what Medicare would pay nationally. Indiana topped the nation at 311 percent of Medicare pricing. The study nationally showed prices rising and wide variation in pricing with some hospitals charging private insurance 500 percent of what Medicare would have paid.

Kentucky Results

Stephanie Clouser, the KHC data scientist, presented Kentucky’s results which looked favorably for pricing. Kentucky ranked fourth lowest of the states in the study, with an overall hospital price of 186 percent of Medicare pricing.

In addition to below-average hospital pricing, Kentucky’s prices moved sharply downward over the three years of the study. However, Kentucky’s results showed wide variation between outpatient and inpatient pricing at 245 percent and 142 percent, respectively.

Both Kentuckiana (including Southern Indiana) and Kentucky had among the worst hospital quality and safety ratings of all the regions and states in the study. Clouser explained the goal is for employers to find the hospitals in Kentucky with high value, meaning they have both high quality and best pricing. One of the big questions that came out of this study was to determine what is reasonable pricing for commercial insurance to pay above Medicare, and this answer will determine which hospitals are considered “high value.” For now, no Kentucky hospitals would be considered “high value” using Kentucky’s overall relative pricing of 186 percent, but there is one hospital that would be considered “high value” using the national average of 241 percent.

When comparing Kentucky hospital’s overall relative price to Medicare to their CMS quality ratings, there is wide variation in both among Kentucky’s facilities. Just one Kentucky hospital has below-national-average prices and excellent quality.

Using the Data

How are employers responding to this data? Christian Royer, MEd, director of Benefits, Human Resources at Indiana University (IU) and chairman of the Employers’ Forum of Indiana, told event attendees how her organization is responding to their increasing healthcare and hospital costs.

Royer indicated that increasing costs have affected their ability to give salary increases to employees. With their healthcare costs averaging seven percent increases each year over the last four years and salary increases averaging two percent each year, healthcare costs continue to outpace employee pay and inflation year after year.

“...The results were startling, with outpatient pricing at 358 percent of Medicare prices for the same services.”

Royer explained that employers can no longer keep raising premiums and deductibles or using Health Savings Accounts (HSAs) as they have always done in order to bend the cost curve. Employers will need to explore new levers to solve increasing costs, such as contracting for Medicare plus costs, direct contracting or tiered networking.

Currently, Employers’ Forum of Indiana is convening employers to explore these new ways of addressing unsustainable healthcare costs for employers. In 2018, family premiums for commercial insurance averaged nearly $20,000 per year in the U.S.

These findings turned on the light for many employers who generally operate in the dark around hospital pricing yet are responsible for purchasing healthcare for more than half (55 percent) of all Americans. The study showed wide variation in quality and cost among hospitals and states and illuminated that costs are often not a predictor of the quality and safety of care employees and families receive.

— Randa Deaton is the KHC co-executive director and corporate director of the UAW Ford Community Healthcare Initiative.

News in Brief continued on page 14
An ounce of prevention is worth a pound of cure

Use these three questions to assess effectiveness of your corporate compliance program.

By Sarah Hines

In April 2019, the United States Department of Justice (DOJ), Criminal Division, issued a guidance document entitled “Evaluation of Corporate Compliance Programs.” This guidance updates standards the DOJ utilizes to investigate, charge and negotiate criminal charges related to corporate crimes.

Although the DOJ recognizes that each company has its own set of unique risks, its investigations often include three common questions in assessing the effectiveness of a company’s corporate compliance program.

Internal audits, if designed with appropriate frequency and in appropriate scope, may help a company address problems proactively.”

1. Is the corporation’s compliance program well designed?

In determining if a corporation’s compliance program is well designed, a DOJ prosecutor will examine the comprehensiveness of the compliance program. That is, does the program convey intolerance for misconduct? Do policies and procedures integrate into the company’s operations and workforce? Designing a good compliance program, at a minimum, should consider the following:

- **Risk Assessment:** How the company has identified, assessed and defined its unique set of risks and what the compliance program does to consider and address those risks. This not only requires a company to develop a risk assessment, but also requires that company to periodically reevaluate its risks and update its risk assessment profile.

- **Policies and Procedures:** Does the company have a code of conduct prioritizing commitment to compliance with all relevant state and federal laws? Has the company established policies and procedures integrating a culture of compliance into daily operations? The code of conduct as well as policies and procedures should be accessible to all employees, officers and board members.

- **Training and Communications:** Employees, officers and board members should ideally receive training on an annual basis to ensure its policies and procedures are integrated into the company. Training should ideally cover prior or compliance incidents or high-risk areas and should direct employees where to obtain advice as concerns arise.

- **Confidential Reporting Structure and Investigation Process:** Does the company have a way for employees to anonymously/confidentially report suspected or actual misconduct? Does this reporting structure protect employees from retaliation? When a complaint arises, how does the company ensure investigations are independent and appropriately conducted?

- **Third Party Management:** A company should ensure contract terms exist with third parties that specifically describe services performed, reflect a fair compensation and consider appropriate actions for misconduct.

- **Mergers and Acquisitions:** A company should perform due diligence prior to merging with or acquiring another organization that evaluates corruption or misconduct. During the M&A process, compliance must be integrated into the arrangement.

2. Is the program being applied earnestly and in good faith (i.e. effectively)?

The DOJ points out that well-designed compliance programs may be unsuccessful in practice if implementation is ineffective. Applying a compliance program should include the following considerations:

- **Commitment by Upper Management:** The company’s top leaders often set a tone of compliance that trickles down to the rest of the company. Senior leaders’ words and actions that promote compliance as well as oversight and remediation efforts foster a culture of compliance throughout the company.

- **Autonomy and Resources:** Does a company’s compliance function have the ability to address compliance concerns? Does the compliance function have sufficient resources and autonomy from management? Can the compliance function report directly to the board?

- **Incentives and Disciplinary Measures:** A company should establish clear disciplinary procedures for non-compliance. These procedures should be enforced consistently across the company in a manner that ensures disciplinary actions are compatible with violations.

3. Does the organization’s compliance program work in practice?

Companies should respond to prior misconduct and proactively assess new risks to make improvements to its compliance program as necessary. During investigations, DOJ prosecutors consider how companies’ compliance programs evolve and develop over time to address existing and changing compliance risks. The following factors contribute to a prosecutor’s determination if a compliance program “works in practice:”

- **Continuous Improvement, Periodic Testing, and Review:** Of course, a company changes over time along with the environment in which it operates. Companies should periodically review their compliance programs to ensure effectiveness. Internal audits, if designed with appropriate frequency and in appropriate scope, may help a company address problems proactively.

- **Investigation of Misconduct:** Does a company have a timely and thorough process for investigations of misconduct? Does a company document its response to investigations along with any disciplinary or remedial actions?

- **Analysis and Remediation of Any Underlying Misconduct:** A company should conduct root cause analyses of misconduct to remediate any causes of misconduct.

With the new DOJ guidance, companies have stronger insight into what DOJ prosecutors consider in determining a compliance program’s effectiveness and integration into a company’s operations.

Companies should consider capitalizing on this insight by reviewing their own compliance programs to ensure consistency with DOJ considerations. As Benjamin Franklin once said, “An ounce of prevention is worth a pound of cure.”

— Sarah Hines is an associate in the Lexington office of McBryder, where she focuses her practice on healthcare law, compliance and administrative law.
No-fault insurance in Kentucky

New compliance requirements for non-Medicaid providers.

By: K. Kelly White Bryant and Sarah Cronan Spurlock

House Bill 151, "An Act Relating to Insurance Fraud," was signed by the Kentucky Governor on March 26, 2019 and went into effect on June 27, 2019. In part, the Act creates a new section of the Kentucky Motor Vehicle Reparations Act (KRS 304.39) that prohibits healthcare providers who receive payment from basic or added reparations benefits under the KMVRA from "self-referring" patients to facilities with which the providers have a financial relationship.

Kentucky's new law seeks to prevent healthcare providers from referring patients to facilities where the provider has an ownership or investment interest in the person or entity, or where there is a compensation arrangement between the provider and the person or entity.

The new self-referral prohibition in the Act is broad and applies to all types of healthcare providers (physicians, physician assistants, physical therapists, occupational therapists, massage therapists, podiatrists, chiropractors, dentists, nurses, pharmacists, psychologists, optometrists, paramedics and other first responders, medical imaging professionals, athletic trainers, respiratory care practitioners, orthotists, prosthetists, pedorthists, acupuncturists, medical laboratories, etc.) if the healthcare provider is not enrolled in the Kentucky Medicaid program. The language in the new law mirrors the federal physician self-referral prohibition for healthcare services payable by Medicare, known as the Stark Law.

Specifically, Kentucky's new law prohibits a healthcare provider who is not enrolled in Kentucky Medicaid from making referrals for healthcare services payable by PIP benefits to a person or entity with which he or she has a direct or indirect financial relationship (ownership, investment, or compensation), unless a Stark Law exception or federal Anti-kickback Statute (AKS) safe harbor applies.

The law also prohibits a person or entity from presenting, or causing to be presented, or collecting payment on a claim or bill referred to the person or entity in violation of the referral prohibition.

As stated above, the implicated financial relationships include direct and indirect ownership or investment interests and direct or indirect compensation arrangements. Kentucky's new law seeks to prevent healthcare providers from referring patients to facilities where the provider has an ownership or investment interest in the person or entity, or where there is a compensation arrangement between the provider and the person or entity.

Example 1: The new law would prohibit a physician who is not enrolled in Kentucky Medicaid from referring a healthcare service payable by PIP benefits to the healthcare clinic where the physician works, unless a Stark Law exception or AKS safe harbor is met.

Example 2: The new law would prohibit a physical therapist who owns a clinic and is not enrolled in Kentucky Medicaid from referring patients to the clinic for healthcare services payable by PIP benefits, unless a Stark Law exception or AKS safe harbor is satisfied.

Protect Self Referrals

The Stark Law exceptions and AKS safe harbors most commonly used to protect "self-referrals" include those for employment relationships, independent contractor relationships, in-office ancillary services, space
leases, and equipment leases.

Common requirements in many of the exceptions and safe harbors are that the compensation amount be set in advance, consistent with fair market value, and not determined in a manner that considers the volume or value of any referrals or other business generated between the parties.

Importantly, insurers are not required to pay for healthcare services referred in violation of the new law. Further, if any person or entity is paid any amount that was collected in violation of the new law, the person or entity is required to refund that amount to the insurer on a timely basis.

Penalties for violating the new self-referral prohibition range from $1,000 to $5,000 for each instance in which a person or entity bills or collects payment for healthcare services that were referred in violation of the law and for each instance in which a person or entity knowingly fails to timely refund any amount collected in violation of the law. The new law also enacts civil penalties of up to $25,000 “per arrangement or scheme” that violates the self-referral prohibition.

In sum, we recommend that individuals and entities that receive payment for healthcare services from PIP benefits analyze whether the new self-referral prohibition applies to their financial relationships and, if so, whether a Stark Law exception or AKS safe harbor can be satisfied. Other Changes Under the Act

Separate from the creation of the new self-referral prohibition, the Act also amended the following:

- KRS 304.47-020 establishes a range of criminal penalties resulting from conviction of insurance fraud.
- KRS 304.47-050 requires certain Kentucky health professional boards to report suspected insurance fraud to the Department of Insurance’s Division of Insurance Fraud Investigation and to require the boards to provide information requested by the insurance commissioner.
- KRS 189.635 requires the Department of Kentucky State Police to redact vehicle accident reports provided to news-gathering organizations.

— K. Kelly White Bryant and Sarah Cronan Spurlock are members at Stites & Harbison in Louisville, Ky.
Kentucky schools get financial assistance for counselors

Kentucky schools could soon get assistance from the federal government to help pay for school counselors and other health providers.

The state is asking the federal government for permission to allow Kentucky schools to bill Medicaid when a school counselor or other health provider treats a Medicaid-enrolled student.

The federal government has until the end of August to notify Kentucky if schools will be able to bill Medicaid or not.

If approved, Medicaid will be able to reimburse for medically necessary services provided to any Medicaid-enrolled child when it’s already available to children at no charge.

Senate Bill 1, referred to as the school safety bill, requires schools to employ a counselor for every 250 students by July 2021.

According to Cabinet for Health and Family Services, the state has 1,688 students per school psychologist, while the national standard is between 500 to 700 students per psychologist. If approved, schools could start billing Medicaid as soon as the fall of 2019.

Baptist Health Louisville awarded stroke certification

Baptist Health Louisville has earned The Joint Commission’s Gold Seal of Approval and the American Heart Association/American Stroke Association’s Heart-Check mark for Advanced Certification for Primary Stroke Centers. The Gold Seal of Approval and the Heart-Check mark represent symbols of quality from their respective organizations.

Leadership Kentucky announces 2019 class

Leadership Kentucky, currently celebrating its 35th anniversary, announced the members of the Leadership Kentucky Class of 2019.

Leadership Kentucky is made up of seven three-day sessions where participants gather to gain insight on the commonwealth of Kentucky and its challenges and opportunities. Throughout the sessions, class members will meet with many of Kentucky’s current leaders and explore the state’s opportunities and resources.

The June through December program will bring the class across the state. The sessions will cover topics such as business and economic development, arts and tourism, natural resources and the environment, education and healthcare, agriculture and government.

This year’s class includes 55 participants from across the state representing a variety of public and private sectors.

Nazareth Home launches palliative care program

Nazareth Home and Nazareth Home-Clifton is partnering with It’s Never 2 Late (iN2L) for a palliative care program called Connected Affirmation Project (CAP). Nazareth Home was awarded over $200,000 for the CAP program from Civil Money Penalty (CMP) funds, through the Kentucky Office of Inspector General and the Centers for Medicare & Medicaid Services (CMS).

Nazareth Home’s CAP program is the first of its kind in the U.S. by affirming the life of elders by utilizing iN2L technology to help tell their life-story and create a legacy keepsake for families.

Healthy vitals

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Owensboro Health achieves Energy Star rating

The Energy Star designation is good for one year only and facilities must reapply annually and demonstrate that they are continuing to meet the necessary criteria.

By earning the Energy Star designation, OHRH becomes only the second hospital in Kentucky to reach this accomplishment for 2019.

New helicopter at Norton Children’s Hospital

The new helicopter for Norton Children’s Hospital arrived at the hospital’s downtown Louisville location.

The Airbus EC-145 helicopter will bring critically ill patients from communities throughout Kentucky and Indiana to Norton Children’s Hospital. The helicopter is customized for patient care and fully stocked with equipment to treat the most complex cases and is expected to make up to 300 runs a year.

Trilogy CEO Randall Bufford transitions to chairman

Through his position as chairman of the Board, Bufford will continue to be involved in strategic decisions regarding Trilogy.

Trilogy Health Services communities offer a full range of personalized senior living services, from independent and assisted living to skilled nursing and rehabilitative services in over 100 senior living communities throughout Kentucky, Indiana, Ohio and Michigan.

New leadership program for Appalachia Kentucky

The Appalachian Regional Commission (ARC) approved a $500,000 grant to establish a new leadership program in Appalachia Kentucky. The BRIGHT program will be administered by Leadership Kentucky and SOAR (Shaping Our Appalachian Region) has pledged financial support through a partnership with the Cabinet for Economic Development’s KY Innovation office, along with the Whitaker Foundation and others. SOAR principal officers Congressman Hal Rogers and Governor Matt Bevin worked on turning this idea into fruition.

BRIGHT Kentucky will engage bright, entrepreneurial minds from all sectors and regions to offer non-partisan, ethical leadership training, expanded networks and mentors designed especially for residents of Appalachia Kentucky.

Burn center telehealth program offers improved access

As the only provider of burn wound care services in Kentucky and a larger 250-mile radius that includes parts of Indiana and Illinois, the University of Louisville Hospital Burn Center has piloted a telehealth program to reduce barriers for patient follow-up care.

In response to the need, a telehealth burn wound care pilot initiative was developed in collaboration with J’Aime Jennings, PhD, assistant professor and co-director, Center for Health Organization Transformations at the UofL School of Public Health and Information Sciences.

Jennings led the effort to translate the outpatient burn center’s in-person standards and protocol into a telehealth format.

The program uses the technology BlueJeans for providers Wojcik-Marshall and Michelle Broers, to have a dialogue with patients during telehealth visits. Each patient downloads the free BlueJeans app to their smartphone or device and uses a unique connection number to sign in for each appointment.

Stites & Harbison named to BTI Brand Elite

BTI Consulting Group has named Stites & Harbison as a best-branded law firm in its BTI Brand Elite 2019: Client Perceptions of the Best-Branded Law Firms. BTI’s annual list ranks the top law firms based solely on in-depth telephone interviews with general counsels and leading legal decision makers.

Owensboro Health selling land for new senior living facility

Part of the former Owensboro Health Hospital property on West Parrish Avenue is set to become a new senior living community.

Owensboro Health is finalizing the sale of several lots on Center Street and Hathaway Street, between Parrish Avenue and 14th St. for the development.

Wabuck Development Company will purchase the property with plans to construct affordable housing units for residents who are at least 55 years old. A 5,000-square-foot adult daycare facility will also be located on the site.

Grace Senior Living Community will consist of 42 to 48 units and will be designed to promote independence and quality of life for senior residents. The center will also offer daily living and healthcare services, recreational activities and programs that encourage empowerment.

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Markey Cancer Center at Lexington Clinic begins providing services

The Markey Cancer Center at Lexington Clinic began providing services in late June to patients as part of an agreement between UK HealthCare and Lexington Clinic that enhances and expands outpatient cancer care throughout central Kentucky.

Markey Cancer Center is the only National Cancer Institute (NCI)-designated cancer center in Kentucky and one of only 70 in the nation. As part of the collaboration, patients will benefit from enhanced specialty pharmacy services, supportive treatment services, clinical trials and more.

Expanding hospice benefits now available to 1.5 million Kentuckians

Anthem Blue Cross and Blue Shield recently enhanced its hospice care benefits to help consumers access these services sooner, improving the total quality of care they receive.

Anthem’s employer-based and individual health plans now offer consumers 12 months of hospice coverage and will also cover hospice services concurrent with continued medical treatments to treat and/or potentially cure the illness. As with most health plans, palliative care such as hospice was previously only covered once curative treatments had been discontinued.

Bluegrass Care Navigators provides hospice care to more than 900 patients daily across 32 Kentucky counties. The organization has supported Kentuckians facing serious illness with hospice care for more than 40 years, and is a 2018 Hospice Honors recipient, and a two-time Circle of Life Award Winner.

Hospice coverage on Anthem Medicare and Medicaid plans remain unchanged because these benefits are determined by the agencies that oversee them.

Ball State announces University and Planning (CAP) after the late R. Wayne Estopinal

Ball State announced the University would name the College of Architecture and Planning (CAP) after the late R. Wayne Estopinal.

During a special meeting, the trustees and college leadership recognized Estopinal’s 40 plus years of involvement as a highly engaged alumni leader and trustee. He had served on Ball State’s Board of Trustees from 2011 until his death on November 30, 2018. He had also served on the Alumni Council, including its Executive Committee, and the Ball State University Foundation Board of Directors. Estopinal died when his plane crashed while traveling to attend a Ball State University alumni event in Chicago.

Attorneys from Reed Weitkamp Schell & Vice join McBrayer, expand Louisville offering

McBrayer announced an addition to the Louisville office, combining the talents of seven attorneys from the firm Reed Weitkamp Schell & Vice to bolster the strength and reach of their Louisville offices and expand their footprint in the commonwealth.

Attorneys from both firms have complementary practice areas, with extensive experience in healthcare, employment, estate planning, corporate, litigation and more.

Attorneys joining McBrayer in Louisville include Ivan J. Schell, Alan D. Pauw, Maria C. Doyle, Michael W. Oyler, Trevor L. Earl, Ridley M. Sandidge, Jr. and Maxine E. Bizer.

In July, all McBrayer Louisville office personnel will move to the former Reed Weitkamp office suite in downtown Louisville.

“We pride ourselves on our commitment to client service and the highest degree of professionalism. Our practices were built on that foundation, so when we decided that we wanted to take our work to the next level, the answer was clear: McBrayer matches our values, our dedication to clients and our commitment to the community we hold dear,” said Ivan Schell, former member of Reed Weitkamp Schell & Vice and a member in McBrayer’s Louisville office.

“This is a perfect fit.”
Molina Healthcare donates $325,000 to Kentucky nonprofits

Molina Healthcare is partnering with nine local nonprofits to improve comprehensive health outcomes across Kentucky.

The company will donate $325,000 to empower organizations that are focused on improving health education, increasing access to care for rural communities, addressing food insecurity, supporting the foster care system and improving social determinants of health.

The receiving organizations include the Boys & Girls Club of Bowling Green, Audubon Area Community Services, God’s Pantry, United Way, Dare to Care, Feeding America Kentucky’s Heartland, Home of the Innocents, Family Scholar House, and Louisville Urban League. Each nonprofit has strategic programs that directly serve populations in need through education, health services, and the tools and support their members and clients need most to improve their health and well-being.

Increase Self-Empowerment

The contributions to the Louisville Urban League and Family Scholar House will support workforce training, education, financial literacy, stable housing, and numerous other programs designed to help individuals achieve independence and build healthier lives.

Fight Food Insecurity

The contributions to God’s Pantry, Feeding America Kentucky’s Heartland, and Dare to Care will directly support the organizations’ work with hundreds of partner organizations across the state through unique programs focused on alleviating hunger and increasing access to nutritious foods.

Address Rural Access

Support of Audubon Area Community Services, Inc. and United Way will complement their innovative programs designed to cater to rural communities. Audubon Area Community Services organizes pop-up clinics to address health needs, including social determinants of health, while United Way has successfully implemented the “Kentucky 2-1-1” program, a telephone helpline designed to address specific needs.

Support Foster Youth

Molina identified Home of the Innocents as a partner to support at-risk youth, foster children, terminally ill kids, parenting teens, and other juveniles facing various challenges. The grant will support a program that provides multisystemic therapy (MST) for victims of child abuse and neglect.

Promote Health Education

Molina organized a donation to support the Boys & Girls Club of Bowling Green to deliver health education and resources to Kentucky youth and motivate them to eat healthy and stay active.

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Clinic recommendation important for HPV vaccination

By Elizabeth Holtsclaw

Even though the calendar says it’s the middle of summer, parents of school-aged children know it’s already back-to-school season. For clinicians, that means parents are scheduling kids for annual check-ups and sports physicals. Which is the perfect opportunity for cancer prevention.

That provider recommendation really does make a difference when parents are deciding whether to vaccinate their children. 

– Tammy Beckman, MD, Office of Infectious Disease and HIV/AIDS Policy

That’s why the American Cancer Society, working with healthcare and community leaders, recently began a series of HPV Roundtables across the state to discuss ways to close the HPV immunization gap in Kentucky. One consistent outcome from the roundtables is the importance of clinician recommendation to parents that their children receive the HPV vaccine.

Health and Human Services Director Dr. Tammy Beckman, of the Office of Infectious Disease and HIV/AIDS Policy, spoke at the Louisville and Paducah roundtables and emphasized the importance of clinician recommendations. “That provider recommendation really does make a difference when parents are deciding whether to vaccinate their children,” she said.

An effective clinician recommendation—recommending the HPV vaccine in the same way and on the same day as other adolescent vaccines—is the number one reason parents choose to vaccinate their children.

Recent studies show a patient who receives a recommendation from a provider is four to five times more likely to receive the HPV vaccine. Studies have also shown that parents value the HPV vaccine equally with other adolescent vaccines.

Important for Kentucky

According to the Kentucky Cancer Registry, Kentucky has the highest HPV-related cancer burden in the nation. The Centers for Disease Control (CDC) National Immunization Survey indicates that Kentucky is 49th in the nation for HPV vaccination. Only 37.7 percent of Kentucky adolescents are up to date on completing the HPV two-shot series, which is below the national average of 49 percent (66 percent of adolescents age 13-17 have received the first dose of the series).

The two-shot HPV vaccine series is best given to boys and girls at ages 11 or 12. HPV vaccination prevents an estimated 90 percent of HPV cancers when given at the recommended age, but cancer protection decreases as age of vaccination increases. Proven safe and effective, the vaccine prevents infection with the most common types of HPV that can cause cervical, throat, vulvar, vaginal, penile and anal cancer.

Providers with questions about the vaccine or who need materials to share with parents and guardians, can go to www.cancer.org/hpv.

Recent studies show a patient who receives a recommendation from a provider is four to five times more likely to receive the HPV vaccine. The only proven way to go about addressing the issue of surprise billing—while also adhering to these principles—is through independent dispute resolution (IDR).

The goal of the Kentucky HPV Roundtables is to launch regional coalitions to identify ways to increase the vaccination rate by eight percent, bringing Kentucky closer to the national average. The Roundtables, already held in Paducah and Louisville, continue in Somerset, Lexington, Hazard, Bowling Green and Owensboro.

– Elizabeth Holtsclaw is the American Cancer Society Kentucky Health Systems Manager for State & Primary Care Systems.

Congress must protect Kentucky patients from surprise bills

By Neal Moser, MD

Protecting patients is a critical component of my work as a physician. But sometimes, we can’t protect them when it comes to the financial fallout of the medical care they require.

Far too often, my patients are hit with large medical bills that they don’t expect, especially if they receive emergency treatment from an out-of-network physician or in an out-of-network facility. When this happens, they can be faced with “surprise bills” that can seriously undermine an individual or family’s finances. It’s up to Congress to take a stand on this issue and protect patients from this unfair and unnecessary practice—while also ensuring access to care.

The best way to do this is through federal legislation that removes patients from the complex payment negotiations that go on between providers and insurance companies, strengthens provider networks, ensures equitable reimbursement for medical providers, and increases transparency so patients know what costs they can expect to carry if they need to see an out-of-network provider.

The only proven way to go about addressing the issue of surprise billing—while also adhering to these principles—is through independent dispute resolution (IDR).

Independent Dispute Resolution

IDR has already been tried on the state level in New York and has amply demonstrated its effectiveness in protecting patients from unforeseen medical bills in an out-of-network context. It is similar to the negotiation methods used in major league baseball, but instead of players and teams negotiating, it brings insurers and providers together to hash out billing conflicts and makes each show up with clearly defined positions, all overseen by an impartial umpire—in this case, a mediator.

IDR encourages good faith and reasonable negotiations, increasing the likelihood of a positive outcome for all parties.

New Legislation

Conversely, legislation introduced by Senator Lamar Alexander (R-TN), who serves as chairman of the Senate Health, Education, Labor and Pensions (HELP) Committee which has jurisdiction over this issue, would use a form of federal benchmarking, which allows the government to set payment rates.

In doing so, this process would limit access to care by reducing provider networks, leading to fewer choices for patients and potentially resulting in access-to-care issues. This will be an especially critical issue for rural residents, who already have widespread problems accessing quality care.

To be as effective as possible, legislation should not only incorporate IDR, it should also use charge-based data to set out-of-network rates, as opposed to relying on median in-network rates. This would encourage insurers to establish network contracts with physicians and foster collaborative, patient-focused relations between negotiating parties. This approach would create a streamlined, efficient, and fair negotiating process that protects provider networks and bolsters access to care (again, especially in rural areas).

Everyone seems to agree this is a problem in need of a broad solution. But just as in medicine, we must make sure the cure is not more harmful than the disease.

– Neal Moser, MD, is as a board-certified pulmonologist in northern Kentucky and serves as trustee on the Kentucky Medical Association Board of Trustees.
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