By Ben Keeton

The commonwealth of Kentucky, in collaboration with the University of Louisville Christina Lee Brown Envirome Institute and the Louisville Healthcare CEO Council, is launching a groundbreaking initiative with three large Kentucky hospital systems: Baptist Health, Norton Healthcare and University of Louisville Health.

The purpose is to help its healthcare workers understand whether they were unknowingly exposed to COVID-19, to determine how much immunity was generated by such exposure, and to identify those with the best immune responses as donors of high quality plasma for rescue treatment of patients with advanced COVID-19.

In addition, these data will be informative as scientists worldwide are working to determine whether quantitative antibody measurements can be used to predict immunity in the overall workforce.

This program represents a unique alliance between government and otherwise competing private groups in order to address an unprecedented crisis.

Testing will begin with high-risk personnel in Kentucky, starting with the healthcare workforce. As the process is scaled up it will be made available to other essential workers. There will be three steps of testing:

1. A point-of-care test will provide a yes or no answer on the presence of antibodies.
2. Positive blood will then be assayed for the amount of antibodies present in the blood.
3. In patients with high amounts, the neutralizing power of the antibodies will be evaluated.

The University of Louisville Center for Predictive Medicine for Biodefense and Emerging Infectious Diseases (CPM), has established a high-throughput real-time assay for SARS-CoV-2 antibodies that will be utilized and CPM will use their renowned Bio Safety Level 3 facility to test for the neutralizing activity of the antibodies.

“The University of Louisville is committed to addressing all forms of health” said Dr. Neeli Bendapudi, president of the University of Louisville. “We are uniquely positioned to play a key role in this effort because of our talented researchers at CPM and our UofL Regional Biocontainment Laboratory which allows us to establish the very best donors of plasma for patients.”

This unprecedented collaboration of the public and private sector has already secured private donations of $1.75 million in the form of a challenge grant to build community-wide coalition of philanthropic support, which will allow the program to scale more quickly and save more lives.

“This is exactly the kind of collaboration that Kentucky is poised to enable,” said Dr. Cedric Francois, CEO of Apellis Pharmaceuticals and LHCC board member. “We have the infrastructure in our commonwealth to quickly bring this revolutionary technology together by leveraging the great work already being done with the healthcare stakeholders, such as Norton Healthcare’s convalescent plasma program and the extensive work that had already been done to start their antibody serology testing, to improve Kentucky’s response and recovery to the COVID-19 pandemic and be a model for the rest of the nation.”
Alluceo expands partnership with Sterling Healthcare

Alluceo, a digital care platform integrating mental health into primary care, expanded its partnership with Sterling Healthcare, a Federally Qualified Health Center dedicated to serving health-disadvantaged populations across rural Kentucky.

The partnership includes the integration of Alluceo’s proprietary platform to enhance mental healthcare delivery as well as the prevention and management of chronic conditions for thousands of underserved patients.

One in five Americans are diagnosed with a mental health condition, but less than half of that population receives treatment and many more remain undiagnosed. A nationwide shortage of mental health professionals, significant costs and broad stigma are consistent barriers that have led to a national mental health crisis affecting 45 million Americans and costing more than $200 billion.

For Appalachian residents, who have disproportionately higher rates of mental health conditions, chronic disease, opioid use and poverty, the lack of access to adequate care contributes to a cycle of health issues. Primary care providers across the area who take on mental health cases are overwhelmed and under-equipped to treat patients.

Greater Louisville Inc. forms COVID-19 task force

Greater Louisville Inc. has organized a task force to help the business community with post COVID-19 renewal efforts. Initial goals of the Renewal Task Force are:

- Provide high-level guidance and insight on business response efforts.
- Identify any areas of need in the community that have not already been addressed and organize partners for action.
- Advocate for COVID-19 relief at the local, state, and federal levels.
- Provide input on an exit strategy from the quarantine.
- Mobilize financial resources when needed.
- Leverage business networks to engage others in relief efforts.

Speakers from the first meeting in mid-April included leaders who facilitated a groundbreaking initiative with the commonwealth. Kentucky, in collaboration with the University of Louisville, Kroger and Kroger Diagnostics have also joined the commonwealth and Kroger to provide drive-through testing with a 48-hour turnaround test time. This partnership is a key step in the state’s effort to flatten the curve and reduce the overall spread of COVID-19.

Aging Innovation Summit rescheduled to September

The Aging Innovation Global Healthcare Summit, originally scheduled for April, has been rescheduled to September. The focus of the Summit is on data, technology, policy and AI.

The second annual CareTech Pitch is also scheduled as part of the Summit.

Louisville launches free program to teach technology skills

A new program, called the COVID-19 Reskilling Initiative, will expand the number of qualified tech workers in Louisville while helping those impacted by the COVID-19 economic disruptions.

The program, launched by the Future of Work Initiative powered by Microsoft, encourages residents to access free, self-paced online data skills training. The launch of the catalogue of free resources is part of a broader effort to help Louisville assert itself as a hub for the emerging data economy.

Earlier this year, Louisville hosted a summit focused on Artificial Intelligence and the Future of Work, and the need to expand Louisville’s tech talent pipeline to meet the workforce demand was a major topic of discussion.

The new effort kicked off in April with a “30-day Data Upskilling Challenge” to boost the number of people in Louisville with data economy skills. The initiative will be raffling off a laptop each day for those who participate for 30 days. Each person will receive a badge upon completion of their training for their LinkedIn profile.

The programs will allow people to build valuable skills and obtain specific, industry-recognized credentials, with the goal of expanding the pipeline of workers qualified to fill jobs in data-focused career tracks, including data analytics, digital marketing, software engineering and user experience design.

The Future of Work Initiative is a partnership between Microsoft and Louisville Metro Government around artificial intelligence, the Internet of Things and data science that involves upsksilling the workforce, helping companies implement emerging technologies, accelerating equity into digital fields and using technology to solve social issues.

Conversion of Field House to temporary field hospital is complete

The conversion of the University of Kentucky football team’s practice facility, Nutter Field House, to a 400-bed field hospital is now complete. In preparation for a potential surge in COVID-19 patients in the commonwealth, UK HealthCare will utilize the hospital if needed.

UK and UK HealthCare officials have been working for weeks to map scenarios to handle patient care needs across the region. That work has continued in partnership with local officials, Lexington regional hospitals, the State Health Commissioner and Governor Andy Beshear to address how and where patients would be cared for if the number of COVID-19 patients surges in the future.

State law allows for emergency purchase procedures (under KRS 45A-095) to ensure timely completion of projects such as the field hospital. Emergency Disaster Services (EDS), a Lexington-based logistic and emergency support services company, offered the best range of services that could be put in place in such a quick timeframe. EDS also has helped construct and stand up several field hospitals in other states already. Training of patient care staff is expected to begin in the next few days in the fieldhouse.

News in Brief continued on page 6
Medical News and Health Enterprises Network bring you HealthConomy, a podcast where the top healthcare leaders in the region share their stories and we explore the history of the development of healthcare businesses in the Louisville, Kentucky region.

**Episode 1:**
*William Fleming, PharmD, Segment President, Healthcare Services, Clinical and Pharmacy Solutions, Humana*
A look inside one of Louisville’s largest healthcare companies and their transformations to address a changing healthcare environment.

**Episode 2:**
*Nigel Smith, Director Hatchery Ventures, AARP Innovation Labs*
The Health Enterprises Network hosted Converge Louisville, a conference focused on innovative solutions to the social and clinical determinants of health impacting seniors. During the conference, Medical News spoke with Smith about orchestrating the value exchange in age tech.

**Episode 3:**
*Russell Cox, President & CEO, Norton Healthcare*
In this episode, hear how Russ Cox’s experience working at Humana helped shape the culture and philosophy of the work being done at Norton Healthcare.

**Episode 4:**
*Ben Reno-Weber, Microsoft Future of Work Initiative*
Ben Reno-Weber discusses the economic impact of Microsoft’s selection of Louisville as its tech hub and what needs to happen for the entrepreneurial ecosystem to flourish.

Read the interviews at medicalnews.md and listen to the podcasts at healthconomy.podbean.com/.
Clark Memorial Hospital Foundation

Clark Memorial Health & Scott Memorial Health
CEO Martin Padgett has been named 2019 CEO of the Year by LifePoint Health.

Seven Counties Services

Eric Post moved into the role of Chief Financial Officer at Seven Counties Services, previously Centerstone.

Travis Taggart was named the vice president of Information Technology.

Lake Cumberland Regional Hospital

Wael Ghanim, MD, a pediatric hospitalist, was recently hired.

Reylene Robinson will serve as the vice president of Fund Development.

Smoketown Family Wellness

Julia Mitchell, MD, recently joined the pediatric team, joining pediatrician and founder Charlotte Stites, MD.

Sara Smith was named vice president of Human Resources leading the Training and Talent Acquisition teams.

Christopher Hall will serve as managing director.

McBrayer

Bruce Paul recently joined the intellectual property team in the Louisville office.

Stites & Harbison

Attorney Steven Henderson has been appointed chair of the firm's Construction Service Group in the Louisville office.

Vickie Yates Brown Glisson was named co-counsel.

Stoll Keenon Ogden

Toni Ganzel, MD, dean of the UofL School of Medicine, has received an additional appointment as vice president for academic medical affairs.

Experience and knowledge are the best medicine.

The health care industry is rapidly changing and under increased scrutiny. You deserve legal counsel that has the experience, understanding and agility to help you successfully navigate challenging situations. Whether you need advice on mergers and acquisitions, regulatory compliance, HIPAA, clinical trials, antitrust issues, or other key areas, Stites & Harbison has the health care attorneys capable of handling your most complex matters.

For more information about how we can help, visit stites.com.
Meet Lee Dossett MD, FHM (Fellow of Hospital Medicine) with Baptist Health Lexington.

**FAST FACTS**

**HOMETOWN:** Lexington, Ky.

**FAMILY:** Wife Jennifer Dossett, 3 kids Neko (13), Robbie (9) and Charlotte (8)

**HOBBIES:** Most of the time outside of work and family time I will have podcasts or music going in my headphones.

**EDUCATION:** University of Kentucky (UK) for undergraduate (Biology major with an Economic minor), UK Medical School and Internal Medicine residency at Ohio State University.

**THREE WORDS MY COWORKERS USE TO DESCRIBE ME:** Hardworking, thoughtful and dedicated.

**THREE ITEMS ON MY DESK:** A stack of books in my “to read pile”, a picture of me and then candidate Barack Obama from residency, and a bottle of Maker’s Mark celebrating the 1996 UK basketball championship.

**OUTSIDE THE OFFICE, YOU’LL LIKELY FIND ME:** Hanging out with my family.

**FAVORITE VACATION SPOT:** My favorite place on earth is Yosemite National Park in California and I hope to get back soon.

**WAY TO UNWIND AFTER A LONG DAY:** On the couch with my wife.

Medical News: Why did you become a doctor?

Lee Dossett: My interest in medicine started at a young age but came naturally as I had no immediate family members in medical professions. I had a strong inclination and talent in math and science, and as I grew older, I developed more interest in the humanities. Medicine seemed like the best opportunities to combine those fields.

Being a physician allows me the chance to practice evidence-based medicine while at the same time trying to make a human connection with a patient and try to improve their circumstance.

MN: Why did you choose this specialty?

LD: I chose to become a hospitalist because that is what I was most comfortable with coming out of my internal medicine residency. Most of that training is hospital based, and while I enjoyed the continuity of a clinic, I like the medical acuity and complexity of a hospitalized patient.

MN: Is it different than what you thought? How?

LD: I soon learned that the hospitalist job description included things like mastering the concepts of value-based healthcare and population health.

I’ve heard it from many places, but the best advice in medicine I’ve gotten is “Take care of the patient and everything else will follow.”

MN: What’s the best advice you ever received? Who gave it to you?

LD: I’ve heard it from many places, but the best advice in medicine I’ve gotten is “Take care of the patient and everything else will follow.”

MN: What is the one thing you wish patients knew about doctors?

LD: As a hospitalist I frequently deal with ill patients and have difficult talks with patients and families. Sometimes these conversations are challenging for folks to receive. I wish that everyone realized that all doctors are simply trying to do what is best for the patient just like the family is, even if those ideas sometimes conflict with each other.

MN: How do you go the extra mile, above and beyond your daily tasks to improve patient care, community health or hospital operations?

LD: I have served on the Lexington-Fayette County Board of Health since 2017. It is a small way to give back to the community. I have also recently become more involved in healthcare advocacy in order to influence legislation to create better health outcomes in my patients.

**At newvista we see the good ahead.**

**SOMETIMES IT JUST HELPS TO TALK**

You don’t have to go it alone. Speak with a licensed therapist and get mental health services from the comfort of your own home.

New Vista’s Telehealth Services offer meaningful therapy available from any smartphone, tablet or computer. One call to the 24-Hour Helpline gets you started. Call today 1.800.533.8000 or visit newvista.org for more information. We accept Medicaid, Medicare and Private Insurance.

NEW VISTA IS A NONPROFIT ORGANIZATION PROUD TO SERVE KENTUCKY SINCE 1966.
SB 150 gives some liability buffer

By Lisa English Hinkle

During the COVID-19 crisis, there is still good news to be found for healthcare providers. On March 30th, Gov. Andy Beshear signed Senate Bill 150, a broad coronavirus response measure that touches on everything from licensing fees to alcohol sales. Tucked into the bill is a provision that limits the liability of healthcare providers who treat COVID-19 patients in good faith.

The relevant language is in Section 1(5)(b): “A healthcare provider who in good faith renders care or treatment of a COVID-19 patient during the state of emergency shall have a defense to civil liability for ordinary negligence for any personal injury resulting from said care or treatment, or from any act or failure to act in providing or arranging further medical treatment, if the healthcare provider acts as an ordinary, reasonable, and prudent healthcare provider would have acted under the same or similar circumstances.”

The new law also provides a defense for prescribing or dispensing medication for off-label uses for the purposes of treating COVID-19, for providing services outside of that provider’s scope of practice, or for using supplies and equipment outside of their normal use.

Additionally, the law waives requirements of in-person examination for establishing a provider-patient relationship for the purposes of providing telehealth (to the extent this complies with federal law).

It also gives the Kentucky Board of Medical Licensure, the Kentucky Board of Emergency Medical Services, and the Board of Nursing the ability to waive or modify state statutes and regulations:
- For licensure or certification requirements for healthcare providers who are licensed or certified in other states to provide services in Kentucky.
- To relax the scope of practice requirements to allow healthcare providers to practice in all settings.
- To allow physicians to supervise a greater number of other healthcare providers and to do so using remote or telephonic means.
- To allow for rapid certification or licensure and recertification or relicensure of healthcare providers.
- To allow medical students to conduct triage, diagnose, and treat patients under the supervision of licensed healthcare providers.
- For standards that are not necessary for the applicable standards of care to establish a patient-provider relationship, diagnose, and deliver treatment recommendations utilizing telehealth technologies.
- To re-activate the licenses of inactive and retired healthcare providers, including emergency medical providers and nurses, to allow them to re-enter the healthcare workforce.
- These provisions should provide healthcare entities with some of the resources they will need to scale up their workforce to meet the escalating threat of COVID-19.

“Lisa English Hinkle is with McBrayer in Lexington, Ky.”

Kentucky hospitals receive crucial financial support

Governor Andy Beshear (D-KY) and U.S. Senate Majority Leader Mitch McConnell (R-KY) announced the Centers for Medicare and Medicaid Services (CMS) approved Kentucky’s request to recover Medicaid federal match rates and provide federal funds for a payment benefiting over 50 rural hospitals in the commonwealth.

The total amount of federal funds will be determined by CMS and will help pay hundreds of millions in damages resulting from a state court order between the commonwealth and rural hospitals regarding Medicare inpatient rates. Governor Beshear asked CMS to exercise its authority to dedicate federal Medicaid funds owed to rural hospitals.

Following a request from the Beshear administration, Senator McConnell’s office contacted senior officials at CMS and at the U.S. Department of Health and Human Services reiterating the importance of a quick and positive decision for Kentucky’s rural hospitals.

Hillcreek Rehabilitation opens COVID unit

Hillcreek Rehabilitation and Care, based in Louisville, Ky., is opening a 33-bed unit to serve patients with a positive diagnosis for COVID-19, making it one of few skilled-nursing facilities in Kentucky to provide beds to support overflow from area hospitals.

The Respiratory Recovery Unit is contained in a distinct area of the building, with a separate entrance and exit, and features a self-contained HVAC system. Patients will be cared for by medical and housekeeping staff dedicated solely to this unit.

Benchmark Litigation honors Stites & Harbison

Benchmark Litigation recently named Stites & Harbison as Litigation Firm of the Year for Kentucky at its 2020 Annual Awards Gala. Benchmark Litigation recognizes the country’s most outstanding litigators and their firms for work completed during the last year at the Gala.

COVID-19 survivors sought for plasma donations

UK HealthCare physicians may start administering convalescent plasma from recovered COVID-19 patients to those with severe COVID-19 infections. The FDA recently released guidelines allowing the investigatory therapy, which may show promise in helping COVID-19 patients recover faster by offering passive immunity.

UK HealthCare and Baptist Health have partnered with the Kentucky Blood Center to collect donations from COVID-19 survivors and maintain a plasma bank to use for serious or immediately life-threatening infections.

It is possible that convalescent plasma that contains antibodies to SARS-CoV-2 (the virus that causes COVID-19) might be effective against the infection. Use of convalescent plasma has been studied in outbreaks of other respiratory infections, including the 2009-2010 H1N1 influenza virus pandemic, 2003 SARS-CoV-1 epidemic, and the 2012 MERS-CoV epidemic.

The Kentucky Blood Center will collect from donors who have had the appropriate COVID-19 testing completed and meet all other eligibility criteria.
UofL technology shows promise fighting novel coronavirus

University of Louisville researchers have developed a technology that is believed to block the novel coronavirus SARS-CoV-2 from infecting human cells. The technology is based on a piece of synthetic DNA—an aptamer—which may stop viruses, including novel coronavirus, from “hijacking” nucleolin to replicate inside the body.

UofL is seeking to fast-track development, including application to the Food and Drug Administration for approval to start treating patients seriously affected with COVID-19.

The aptamer was discovered by UofL’s Paula Bates, John Trent and Don Miller, who have applied it in a variety of ways, most notably as a potential therapeutic drug against multiple types of cancer.

New program allows U of L to decontaminate N95 masks

A new program at the University of Louisville is aimed at alleviating the N95 respirator shortage amid the COVID-19 pandemic.

Through its N95 Decontamination Program, U of L will decontaminate and sterilize used respirators through a Centers for Disease Control-approved and Food and Drug Administration-authorized process using vaporized hydrogen peroxide (VHP).

U of L is providing this service at no cost to participating organizations for use by healthcare providers, first responders and community organizations such as nursing homes.

The VHP decontamination process used by UofL was originally developed after the 2014 Ebola crisis to conserve PPE in the event of a pandemic-related shortage. This process is currently being used at other institutions, including Duke University in North Carolina, and each respirator can be decontaminated up to 20 times.

In Louisville, the effort will be performed on the UofL Health Sciences Center campus. UofL’s Research Resources Facilities and the Office of Research Services is providing the VHP generator, facilities and equipment and will have capacity to decontaminate approximately 7,000 respirators per day.

SOS redirects medical supplies to fight COVID-19

SOS, a Louisville-based global health organization, has redirected all available medical supplies to local organizations, first responders, and healthcare facilities in the fight against COVID-19.

So far, SOS has prepared and donated over $500,000 worth of medical supplies and equipment to help local organizations fight COVID-19. This included personal protection items such as face masks, gowns, and gloves, and equipment like ventilators and infrared thermometers. In addition, SOS has donated hundreds of pounds of personal hygiene products to local homeless shelters.

SOS has also provided $70,000 worth of personal protection equipment (PPE) supplies to more than 20 nursing homes and assisted living facilities in the region, including Kingsbrook LifeCare Center in Ashland, Syre Christian Village in Lexington, and numerous organizations in southern Indiana and Louisville such as Home of the Innocents, Nazareth Home, Episcopal Church Home, Masonic Homes, American Health Associates and The Kidz Club.

New program allows U of L to decontaminate N95 masks

A new program at the University of Louisville is aimed at alleviating the N95 respirator shortage amid the COVID-19 pandemic.

Through its N95 Decontamination Program, U of L will decontaminate and sterilize used respirators through a Centers for Disease Control-approved and Food and Drug Administration-authorized process using vaporized hydrogen peroxide (VHP).

U of L is providing this service at no cost to participating organizations for use by healthcare providers, first responders and community organizations such as nursing homes.

The VHP decontamination process used by UofL was originally developed after the 2014 Ebola crisis to conserve PPE in the event of a pandemic-related shortage. This process is currently being used at other institutions, including Duke University in North Carolina, and each respirator can be decontaminated up to 20 times.

In Louisville, the effort will be performed on the UofL Health Sciences Center campus. UofL’s Research Resources Facilities and the Office of Research Services is providing the VHP generator, facilities and equipment and will have capacity to decontaminate approximately 7,000 respirators per day.

SOS redirects medical supplies to fight COVID-19

SOS, a Louisville-based global health organization, has redirected all available medical supplies to local organizations, first responders, and healthcare facilities in the fight against COVID-19.

So far, SOS has prepared and donated over $500,000 worth of medical supplies and equipment to help local organizations fight COVID-19. This included personal protection items such as face masks, gowns, and gloves, and equipment like ventilators and infrared thermometers. In addition, SOS has donated hundreds of pounds of personal hygiene products to local homeless shelters.

SOS has also provided $70,000 worth of personal protection equipment (PPE) supplies to more than 20 nursing homes and assisted living facilities in the region, including Kingsbrook LifeCare Center in Ashland, Syre Christian Village in Lexington, and numerous organizations in southern Indiana and Louisville such as Home of the Innocents, Nazareth Home, Episcopal Church Home, Masonic Homes, American Health Associates and The Kidz Club.

Passport members take comfort in knowing they can choose from more than 3,700 primary care physicians, 16,000 specialists, and 130 hospitals throughout the state of Kentucky.

We do life together.

www.passporthealthplan.com
UK HealthCare’s clinical laboratory fights COVID-19

By Allison Perry

Tucked away on the 6th floor of the University of Kentucky Albert B. Chandler Hospital, UK HealthCare’s clinical microbiology lab is home to one of the most important factors in fighting the novel coronavirus (COVID-19) pandemic – patient testing.

Since March 21, the lab has been testing for COVID-19 tests for UK HealthCare patients thanks to multiple collaborations across the hospital system. The test uses the Abbott M2000 instrument.

Once patients are tested—which involves a long, flexible swab that goes up the nose into the pharynx, which is located above the throat—the sample is then placed in a tube of liquid viral transport media to preserve it. From there, the samples are delivered to the laboratory for testing.

Working under a hood, laboratory scientists vortex the capped samples, which causes the fluid to swirl like a whirlpool and release the viral particles from the swab out into the solution. A portion of the fluid is then removed and placed in a new tube to go on the instrument for testing.

The Abbott M2000 allows UK’s lab scientists to test up to 94 samples in a single run. Samples are held in refrigeration until the batch is ready, then samples are vortexed a second time and placed inside the machine. Large batches of tests are strategically run throughout the day.

Over the next few hours, the Abbott M2000 extracts the virus’s genetic material (RNA) and uses a series of heating and cooling cycles to amplify the amount of RNA present (a process known as polymerase chain reaction, or PCR) to allow for the determination of a positive or negative result. “This test requires about six hours of run time on the machine,” said Dr. C. Darrell Jennings, chair of the UK Department of Pathology and Laboratory Medicine. “When you then factor in delivering the sample to the lab, we are generally able to turn that test around in less than 24 hours. Sometimes it’s as short as eight hours.”

Confirming a patient’s COVID-19 status quickly helps free up resources at UK HealthCare by helping the medical team determine the best location for that patient to be while they recover.

— Allison Perry is with the University of Kentucky.
Healthcare fraud and abuse laws are relaxed during COVID-19

By K. Kelly White Bryant and Ozair M. Shariff

In response to the global COVID-19 pandemic, on March 30, 2020, the Secretary of the Department of Health and Human Services (HHS) issued nationwide blanket waivers of sanctions under the federal physician self-referral law (Stark Law) for “COVID-19 Purposes” (Blanket Waivers). These Blanket Waivers provide flexibility for physicians and providers in the fight against COVID-19.

With a retrospective effective date of March 1, 2020, and continuing through the end of the Public Health Emergency related to the COVID-19 pandemic, the 18 Blanket Waivers apply to certain arrangements that might otherwise violate the Stark Law, and, importantly, they effectuate a waiver of the sanctions that might result from those Stark Law violations.

The Blanket Waivers do not apply to all physician financial relationships and referrals, but rather they apply to only those “that are related to the national emergency that is the COVID-19 outbreak in the United States.”

Stark Law

The Stark Law is a strict liability statute that prohibits a physician from making referrals for certain designated health services (DHS) payable by Medicare or Medicaid to any entity with which the physician (or a member of the physician’s immediate family) has a financial relationship, unless one of the law’s exceptions applies. A financial relationship is an ownership or investment interest in the DHS entity or a compensation arrangement with the DHS entity. The Stark Law also prohibits the DHS entity from billing Medicare or Medicaid for those referred services.

The Blanket Waivers temporarily suspend these general prohibitions and allow payments and referrals between physicians and DHS entities if the relationship falls into one of the stated categories outlined by the Centers for Medicare and Medicaid (CMS) throughout the duration of the COVID-19 pandemic. This is true even if the arrangement would not meet a Stark Law exception.

When do the Blanket Waivers apply? The Blanket Waivers only apply to referrals and remuneration that are related to the COVID-19 pandemic and “must be solely related to COVID-19 Purposes.” CMS broadly defined “COVID-19 Purposes” to include each of the following:

- Diagnosis or medically necessary treatment of COVID-19 for any patient or individual, whether the patient or individual is diagnosed with a confirmed case of COVID-19.
- Securing the services of physicians and other healthcare practitioners and professionals to furnish medically necessary patient care services, including services not related to the diagnosis and treatment of COVID-19, in response to the COVID-19 outbreak in the United States.
- Ensuring the ability of healthcare providers to address patient and community needs due to the COVID-19 outbreak in the United States.
- Expanding the capacity of healthcare providers to address patient and community needs due to the COVID-19 outbreak in the United States.
- Shifting the diagnosis and care of patients to appropriate alternative settings due to the COVID-19 outbreak in the United States.
- Addressing medical practice or business interruption due to the COVID-19 outbreak in the United States in order to maintain the availability of medical care and related services for patients and the community.

What are the Blanket Waivers?

The Secretary identified 18 specific relationships, covering both remuneration and referral relationships, to which the Blanket Waivers apply:

1. Personally Performed Services by a Physician
2. Office Space Rented from a Physician
3. Office Space Rented to a Physician
4. Equipment Rented from a Physician
5. Equipment Rented to a Physician
6. Purchase of Items or Services from a Physician
7. Purchase of Items or Services by a Physician
8. Medical Staff Incidental Benefits
9. Non-Monetary Compensation
10. Loans to a Physician
11. Loans from a Physician
12. Expansion of Physician-Owned Hospitals
13. Physician Ownership in Hospitals that Converted from an Ambulatory Surgery Center
14. Ownership in Home Health Agency
15. In-Office Ancillary Services (Practice Location)
16. In-Office Ancillary Services in Home
17. Rural Area
18. Writing Requirements


Referral Relationships

The Secretary also provided several illustrative examples of the types of remuneration and referral relationships that might fall within the Blanket Waivers. Lastly, though use of any of the waivers by a provider does not require notice to or pre-approval from CMS, providers should develop and maintain adequate documentation supporting their use of any waiver since such documents must be made available to the Secretary upon request.

Providers should continue to monitor the CMS web site for additional resources concerning COVID-19 waivers, including a full and comprehensive list of waivers for various categories of healthcare providers and supplies, which was updated as recently as April 9, 2020.

What about the Anti-Kickback Statute?

Separate from Stark Law, the Federal anti-kickback statute provides for criminal penalties for whoever knowingly and willfully offers, pays, solicits, or receives remuneration to induce or reward the referral of business reimbursable under any of the Federal healthcare programs, including Medicare and Medicaid.

On April 3, 2020, the Office of Inspector General (OIG) issued a policy statement announcing that it will not impose administrative sanctions relating to the commission of acts described in the Federal anti-kickback statute with respect to remuneration that is covered in the first 11 Stark Law waivers listed above. In the policy statement, the OIG recognizes that, in the current public health emergency, the healthcare industry must be focused on delivering needed patient care. The OIG seeks to avoid the need for parties to undertake a separate legal review under the Federal anti-kickback statute for certain arrangements protected by the Blanket Waivers.

The OIG did not extend this protection to seven of the waivers – waivers 12 through 18 listed above. These waivers deal with patient referral arrangements involving physician-owned hospitals, home health agencies, and group practices. Instead, the OIG invites parties to communicate with their office about referral relationships described in waivers 12 through 18. Such communications should be submitted to OIGComplianceSuggestionso@oig.hhs.gov and should include enough facts to allow for an understanding of the key parties and terms of the arrangement at issue.

— K. Kelly White Bryant and Ozair M. Shariff are with Stites & Harbison in Louisville, Ky.
Rapid response

Health insurance providers act fast as part of the COVID-19 solution.

By Sally McMahon

Health insurers have a vital role to play amid the COVID-19 crisis, as many Kentuckians are not only fearing the coronavirus, but the medical bills that may accompany it. To look at Kentucky’s response to the crisis, Medical News spoke with a few insurance providers across the commonwealth.

Medical News: How is your organization adjusting from an operational standpoint?

Stephen Friedhoff, MD, Chief Clinical Officer, Anthem

Currently, all associates who have the capability to work from home are doing so, and we implemented a thoughtful, phased approach to migrate additional associates to a work at home environment in a manner that will protect their safety and maintain a seamless experience for those we serve.

For those few who are working in our offices, we are instituting all CDC-recommended social distancing practices.

Michael Taylor, President, Kentucky and West Virginia Markets, CareSource

We have seamlessly transitioned our workforce from an office environment to working from home across all five states we support.

During this crisis, our staff has embraced the challenges and worked through solutions to ensure access to healthcare where needed. We have continued to work proactively to identify and resolve issues like re-configuring some of our claims payment systems to accommodate the rapidly changing requirements.

Kim Sonerholm, CEO, UnitedHealthcare of Kentucky

We have mobilized the full strength of our resources to deliver the best care for patients, support our members and care providers and deliver innovative solutions.

These efforts include instituting a work-from-home policy for those not serving patients in hospitals or clinics and not deemed essential to operations; assisting the federal government in distributing emergency funding to healthcare providers seeking assistance under the CARES Act; pioneering a non-invasive, self-administered COVID-19 test that streamlines testing, reduces PPE usage and increases safety of healthcare workers; and investing an initial $70 million to fight the COVID-19 pandemic and support those most directly impacted by the public health emergency.

Bill Jones, CEO, WellCare of Kentucky

Operationally, we are looking at each department, each team, each program, and asking, “how can this be adapted?” For some of our services, that has meant reducing paperwork or streamlining processes to maintain easy access to care; for others, we have focused on embracing digital platforms or creative uses of technology to keep programs running. Our priority is finding solutions to continuing these essential services.

Internally, except for a few core personnel that attend to mail or facility operations, we have been under a strict work from home policy for over a month.

Medical News: What innovative steps are you taking to ensure that patients have access to care?

Stephen Friedhoff, MD, Anthem

We developed a Coronavirus Assessment tool, which is available on Sydney Care, our digital care access platform, at no cost. The assessment uses risk evaluation tools based on guidelines established by the CDC to help individuals quickly and safely evaluate their symptoms and assess their risk of having COVID-19. Based on the results, Anthem affiliated health plan members can connect directly to a board-certified doctor via text or secure two-way video who can then offer care options.

LiveHealth Online (LHO), our telehealth service, is a safe and helpful way to use their benefits to see a doctor and receive health guidance related to COVID-19, without leaving home or work. For the first time (with limited state exceptions), we are also covering telephone-only care to support continuity of care for affiliated health plan members during extended periods of social distancing.

Michael Taylor, CareSource

On March 9, 2020, we announced that we would waive all prior authorizations and cost-sharing for any screening and testing for COVID-19. We have expanded our telehealth programs so that they can obtain medical services from their homes. Our web site and social media platforms are continually communicating the most recent health information.

Continued on page 11
Kim Sonerholm, UnitedHealthcare of Kentucky

UnitedHealthcare expanded access to telehealth can be used for both COVID-19 and non-COVID-19 healthcare needs. UnitedHealthcare waived cost-sharing for in-network, non-COVID-19 telehealth visits for its Medicare Advantage, Medicaid, Individual and Group Market fully insured health plans until June 18. We will work with self-funded customers who want us to implement a similar approach. The company previously announced we would waive cost-sharing for 24/7 Virtual Visits with preferred telehealth partners.

The Optum Help Line, a free 24/7 emotional support line, is staffed by professionally trained mental health experts. A free on-demand emotional support mobile app called Sanvello, is available to help with stress, anxiety and depression during the pandemic.

Bill Jones, WellCare of Kentucky

WellCare is leveraging the technology we have to offer telehealth services at no cost, so people can speak to doctors or participate in outpatient therapy without leaving the safety of their homes.

In order to make sure that all members can take advantage of telehealth services—and to combat loneliness and isolation—WellCare has long provided free smartphones to Kentucky Medicaid members. Now, WellCare is expanding the limits on both calls and data for those smart phones. The data available to members was raised to 5 GB from 3 GB in April, and unlimited call minutes have been available since April—an increase from the 350 minutes previously offered.

Medical News: Specific to COVID-19, how are you working to help patients and their families facing this virus?

Stephen Friedhoff, MD, Anthem

Anthem has expanded coverage related to COVID-19 testing and treatment for members in our affiliated health plans. We are waiving copays, coinsurance and deductibles for the diagnostic test related to COVID-19, as well as for visits associated with COVID-19 testing, whether the care is received in a physician’s office, an urgent care center or an emergency department. The cost share for COVID-19 treatment will be waived through May 31, 2020. In addition, telehealth and telephone-only visits, including visits for mental health and select physical, occupational and speech therapies, will be available to members at no cost until June 14, 2020.

We are providing post-discharge support to Medicare members with complex care needs who may need additional assistance as they transition back to home following hospitalization. We have relaxed early prescription refill limits for most maintenance medications to ensure individuals have a sufficient supply of medications that are taken regularly. Our pharmacy benefits manager, IngenioRx, is also carefully monitoring the global drug supply for any disruptions related to COVID-19.

Michael Taylor, CareSource

The experts at CareSource’s 24-hour nurse line are available to answer questions at any time. Members can find the number on the back of their insurance card and on our web site. Our Care Management Team is actively reaching out to our high-risk members encouraging them to utilize telehealth services their Primary Care Providers or essential Medical Specialists offer. If their providers are not available, our Care Management Team can explain how to access other options.

We are available to assist our
Innovation in hospice and palliative care

Hosparus Health launches TapCloud telehealth services during COVID-19 crisis.

By Bethany Cox Snider, MD

In response to the emerging crisis with novel coronavirus (COVID-19), Hosparus Health has partnered with TapCloud to launch comprehensive telehealth services as a supplement to its direct, onsite care. TapCloud is an easy-to-use, web-based platform that allows patients and their Hosparus Health care teams to communicate in real time. Its comprehensive functionality includes secure, live video visits, messaging and monitoring. This robust technology is a value-added service to patients and families.

“TapCloud is an exceptional tool that allows us to connect our providers with patients while reducing high-risk in-person visits and alleviating much of the anxiety and confusion our patients and families are feeling right now.”

— Phil Marshall, President and CEO, Hosparus Health

Hosparus Health is continuing to provide its vital hospice and palliative care to patients and families wherever they call home in 41 counties in Kentucky and Indiana. The not-for-profit organization’s clinicians are highly trained in infection control measures and follow best practices in the day-to-day delivery of care. To further ensure the safety of all patients, families and staff, Hosparus Health has implemented additional prevention and treatment protocols, including limiting in-person visits to when medically necessary.

**Accelerated Launch**

Hosparus Health had previously planned to implement TapCloud later this spring as a mechanism for patients and families to check in between face-to-face visits, allowing them to report changes in symptoms or other updates on their conditions.

With the U.S. Centers for Medicare & Medicaid Services’ recent expansion of hospice regulations to accommodate telehealth visits, Hosparus Health accelerated the launch of its telehealth services to optimize care for its patients and families, and add a layer of prevention against the spread of COVID-19.

Available on a smart-phone, tablet or any PC or Mac, TapCloud not only allows care teams to see patients via live video visits, it helps patients communicate with our care team between appointments. In addition to supplemental video visits, the TapCloud app:

- Offers secure, HIPAA-compliant messaging so patients can communicate with their care team about symptoms, questions or concerns.
- Tracks patient symptoms and reminds them when to take their medications.
- Compiles patient information and tracks vitals so care teams can monitor their plans of care in real time and address any issues.

“Hosparus Health’s patients and families are some of our most at-risk populations, and we are committed to doing everything we can to protect and support them not only during this crisis, but for as long as they are in our care,” said president and CEO Phil Marshall. “TapCloud is an exceptional tool that allows us to connect our providers with patients while reducing high-risk in-person visits and alleviating much of the anxiety and confusion our patients and families are feeling right now.”

TapCloud is customized, based on each patient’s medical condition and medications. It helps patients and their caregivers stay connected, keeping minor issues from becoming major concerns and ensuring the very best care. The technology allows patients to feel empowered to check in as often as they want, never having to worry they are “bothering” their care teams.

In addition to launching telehealth services, Hosparus Health is taking the following precautions in response to COVID-19 until further notice:

- Suspending in-person events, grief counseling and supervision. Telehealth group meetings and counseling have been implemented.
- Requiring managers and support staff to work from home.
- Suspending routine volunteer activities that involve patient care.
- Restricting visits of chaplains and social workers to nursing home and assisted living patients.
- Canceling large meetings and staff travel.
- Screening clinical employees daily for symptoms and exposure to coronavirus.
- Monitoring supply chains and obtaining donations to ensure access to adequate medical equipment, including gloves, gowns, eye protection and respirator masks.

The organization continues to assess and improve ways to protect its patients, families and staff from COVID-19 and other health risks, while delivering the high-quality care the community has come to expect.

— Bethany Cox Snider, MD, is Chief Medical Officer at Hosparus Health in Louisville, Ky.
Innovation in behavioral health

New Vista successfully delivers telehealth services on large scale.

By Sally McMahon

As the number of cases of COVID-19 increase in Kentucky, so does the associated anxiety. The mental health effects of COVID-19 are as important to address as are the physical health effects. Just as individuals with pre-existing physical illness are more likely to get physically ill from the coronavirus, people whose mental health is compromised are at greater risk of experiencing worsening mental illness as a result of the coronavirus – no matter what their mental illness may be.

Behavioral health organizations around the commonwealth are meeting these challenges in innovative ways. We talked to Dana Royse, the chief financial officer at New Vista, a non-profit community mental health center serving central Kentucky, to hear how her team at New Vista is responding to the pandemic. Below are the highlights.

Medical News: From a care perspective, social distancing presents significant challenges to those in need of behavioral health services. How is New Vista working to address these concerns and continue to deliver care?

Dana Royse: Traditionally, behavioral health services have always been delivered in-person. For several years at New Vista, we’ve had the ability to provide office to office telehealth. Mid-year 2019 the ability to bill for telehealth services while the client is at home or some other location became available. Because of this, we had a lot of the infrastructure in place to move forward with this new telehealth service delivery, but practically all clients were still getting in-person services.

Once the COVID-19 pandemic presented in Kentucky, Governor Andy Beshear, was at the forefront of ensuring the commonwealth’s citizens were going to have Medicaid coverage as well as access to safe behavioral healthcare services.

Very quickly we received information from the Governor’s staff working in conjunction with the Kentucky Department of Medicaid Services and the Department of Behavioral Health, Developmental and Intellectual Disabilities that expanded behavioral health services could be provided via telehealth. This has given our clinical staff of psychiatrists, therapists, case managers and peer support specialists the ability to connect with their clients in a way that promotes safety for everyone.

We quickly adopted the operational changes and transitioned our workforce to working remotely while promoting continuity of care through a secure, HIPAA compliant telehealth platform. It has been a little like finishing out the interior of the plane while flying. We could perform all the technical pieces, but now we are learning how to make the client’s experience better. Overall, we have had an overwhelmingly positive response to our telehealth services.

MN: The COVID-19 crisis has dramatically altered the business community across the country. How has your organization changed or adjusted the way you are operating?

DR: We have become an organization that is heavy in remote workers. We had a solid technology infrastructure that allowed us to flip the switch from most in office staff to almost an entirely remote workforce. Without the strong technology infrastructure, the transition would not have been as successful.

On March 18, we began delivering telehealth services on a large scale. One month later, we have provided more than 4,000 instances of telehealth services to central Kentucky. New Vista has been able to support the community with little service disruption. I am confident that even when things return to “normal” there are segments of our operations that won’t return to the way they were before the COVID-19 crisis.

MN: What lessons has New Vista learned from this crisis and how will it change operations going forward?

DR: Communication, while always important, it is extremely important in time of crisis. Several months ago, we would not have predicted a disruptor such as this. It had been unbelievable to see how the traditional challenges of this large nonprofit organization paled in comparison to the initial days of COVID-19.

We must be resilient and focus on the stamina it takes to run the rest of the race. There is still much to do, but at New Vista our employees are committed to serving clients and we are committed to our workforce. We know there is much uncertainty ahead, but one thing we are certain of is our unwavering commitment to serve our clients when they are counting on us the most.

MN: What innovations are you seeing that may have positive impact on the behavioral healthcare sector?

DR: While we have only been providing telehealth on a broad scale for a short time, we have found that clients have a better therapy experience when they get to participate in their own environment. The behavioral health community has struggled for years in breaking the stigma associated with accessing mental health and substance use services. The delivery of services via telehealth goes a long way in breaking these barriers.

If this crisis has shown us anything, it is how much we all should be paying attention to our mental health. It is important for us to be in a good place so that we can be there for others who depend on us.

Do You Have Student Loans? Family Health Centers can help!

Family Health Centers’ Medical, Dental, and Behavioral Health Providers qualify for up to $50,000 under the National Health Service Corp Competitive Loan Repayment Program.

To learn more about employment opportunities at www.fhclouisville.org/about/careers
Opportunities for innovation

How healthcare companies are pivoting strategies during COVID-19.

By Ben Keeton

The Health Enterprises Network (HEN) is the region's premier healthcare business network. Formed by area leaders in 2000, HEN's mission is to champion and foster the growth of the Greater Louisville Region's healthcare economy. Comprised of 1200 professionals from 160 investor companies, HEN represents a diverse and growing industry, from hospitals and health services companies to medical device manufacturers and leading health law firms. HEN is the convener that breaks down barriers, opens doors, and is the catalyst for engagement with healthcare professionals and leaders.

The COVID-19 pandemic has greatly disrupted economic activity across our region and changed the way businesses and organizations operate. This is especially true in healthcare, where companies are working to adjust to new business practices while also providing care to thousands of Kentuckians.

While there are many challenges our industry face, there are also opportunities for innovation and new practices. We asked several HEN member companies from across different industry segments about how they are responding to the crisis.

we have an extremely close staff. We have a full staff meeting weekly via video chat, and each team manager meets with their team throughout the week. Our leadership team meets daily. We use Microsoft Teams, with instant message, screen sharing, video and phone calls at our fingertips. For our investor events, we use Zoom to accommodate the large crowds that participate.

**Norton Healthcare:** This disease created a new set of challenges for healthcare systems due to its rapid spread by people who are not experiencing symptoms, or have extremely mild symptoms, yet are still highly contagious. Couple this with limited testing for the disease, along with a high percentage of false-negative tests, and it's been a formidable opponent.

We assembled teams dedicated to preparing for the treatment of COVID-19 patients and protecting our providers, who have followed recommendations from the Centers for Disease Control and Prevention (CDC). However, this fluid situation -- when the nation is experiencing a shortage of personal protective equipment (PPE) -- meant we needed to adjust our policies and procedures, sometimes daily.

**Thrive Center:** As with other companies considered to be nonessential, we had to temporarily close our doors to visitors and tours. We are now looking at platforms to present the Thrive Center as a virtual center. This will allow us to offer programs, such as our “Strive to Thrive” program virtually. A virtual Thrive Center can expand our programs and services to combat loneliness and isolation, anxiety and fall risk by offering virtual social engagement programs and exercise to mitigate fall risk.

**BluMine:** Prior to COVID-19, telehealth appointments were less than four percent of the care delivery that BluMine members experienced. The exclusivity of your own primary care medical team commanded face to face appointments and the customer care that went along with that. Telehealth appointments have now surpassed 40 percent of BluMine’s medical delivery. BluMine’s access and care exclusivity has not seen a dramatic drop off in medical delivery, just a shift in how care is provided.

**Greater Louisville Inc. (GLI):** We are having to make some tough choices and determine what our own organization will look like as we shift to support our members in a different way. Fortunately, we offer weekly COVID-19 information sessions online. We are open at reduced hours with a skeleton crew to ensure we are still able to offer in-person visits for the most critical appointments. As well, we are one of the few UofL Health labs still operating.
to maintain the course in pursuing and
for our teams. The COVID-19 pandemic
of revenue and continued providing work
spread across several other market verticals.
that a significant portion of our business is
specialties, as do most, we are fortunate
of diversification; while our firm has
We have learned the value
Schaefer:
for our people to operate efficiently and provide superior
care. Our team members are top-notch and
have worked together to coordinate
prescription drop-offs for patients who are
currently in quarantine. For our business
operations we are now seeking ways to
streamline certain items on the backend
moving forward that will continue to allow
us to perform at an exceptional rate while
reducing overhead costs.

Hall Render: Maintaining a right-sized
healthcare workforce during constantly
changing pandemic circumstances is not
only practically challenging, it is fraught
with legal risks. In order to remain both
prepared and economically viable, many
healthcare employers have been forced to
implement emergency workforce measures.
Some reduced hours and pay and forced
employees on furloughs or layoffs. Others
staffed up, created “on call” pools and/or
reshuffled normal job responsibilities.
Understanding how and when to leverage
the available tools while navigating evolving
compliance requirements and legal risks has
never been more important.

Passport Health Plan: We have
learned three primary lessons. First, we
can operate efficiently and provide superior
service to our members and providers with
a significant number of our employees
working remotely. Second, it takes
collective action to overcome the effects of
a crisis. Finally, we need to take more than
one action or use multiple tools to address
the effects of a crisis and continue to serve
members and providers.

Schaefer: We have learned the value
of diversification; while our firm has
specialties, as do most, we are fortunate
that a significant portion of our business is
spread across several other market verticals.
This has enabled our firm to continue
delivering projects and provided a base
of revenue and continued providing work
for our teams. The COVID-19 pandemic
has, if anything, strengthened our resolve
to maintain the course in pursuing and
delivering construction projects within
those key markets.

University of Louisville Trager
Institute: While we serve adults of all
ages, we are learning how quickly, and
positively, older adult patients can integrate
technology into their healthcare experience.
We are also learning first-hand how to take
advantage of the potential for telehealth
to provide improved care for our patients.
Specifically, telehealth appointments allow
us to offer virtual home visits – the gold
standard in caring for older adults. We are
also learning about how the integration of
telehealth is reducing the accessibility
barriers for individuals with mobility
restrictions. This reduction of barriers has
the long-term potential to significantly improve
the quality of care for these individuals.

Vimarc: One of the lessons we are
actively communicating to our clients
is the importance of standing still in
times of crisis, but to continue adapting and
rethinking your brand strategy to remain
relevant and maintain market share. The
companies that have invested in branding
and education during this time, when sales
messages may not be appropriate, will come
out the other side stronger.

AARP Kentucky: The marketplace’s
focus on priorities of expanding healthcare
delivery and telehealth program applications
is encouraging. In responding to
COVID-19, we witnessed an advancement
in real time deployment of health workers
empowered to deliver care consistent
with the full extent of their training. As
federal officials reported concerns about
the disproportionate impact of coronavirus
deaths among African Americans and
Latinos, the need to address disparities to
improve Kentuckians’ health outcomes is
clear. More work remains ahead in meeting
family caregivers’ needs and assuring
quality care for families with loved ones in
long term care facilities.

Bellarmine University: Clinical
education experiences have been severely
interrupted and halted with the closure of
many healthcare facilities and clinics,
which could significantly delay the entrance
of needed healthcare professionals into
the workforce. While some alternative
methods are being employed to address
hands-on experiential learning, including
simulated patients and virtual case studies,
this disruption does demonstrate the
importance of hands-on clinical training and
the professional duty that practicing
clinicians and healthcare organizations have
to the future workforce.

GLI: The willingness for businesses to
band together during this time of crisis
is innovative. When it became clear that
local healthcare providers needed more
PPE, GLI connected local companies
who could sell or donate PPE to those
providers who needed it. We also sought
out local companies who could either begin
manufacturing it or who could acquire it
through local or global sourcing. We also
know this effort must continue because as
companies think about re-opening, they
may need to provide PPE to employees
returning to work.

GLMS: We’ve seen physicians work
together, communicating across various
hospital systems and working together
to help protect and treat our community. We’ve
seen our media outlets consult our local
experts when a medical opinion is needed.
Insurance providers working with physicians
to help treat patients, making telehealth
more available in these necessary times.

Hall Render: One very prominent
innovation is the greater acceptance of
telemedicine as a viable way to deliver
healthcare, and a willingness to pay for
telehealth services. What was once an
option may soon become a preferred
method of healthcare delivery. How did
this occur? There are many federal and state
waivers permitting telehealth to be provided
during COVID-19 public health emergency
outside the bounds of the normal rules in
order to get healthcare to patients.

Passport Health Plan: We are seeing the following innovations in the
community: the development of vaccines
and drugs to prevent or protect against
COVID-19, promulgation of the laws and
state agency directives to ease the burden
of the obtaining care, use of telemedicine
and telehealth to provide access to care;
and collaborations among companies and
organizations to assist small businesses
collaborate better internally and across
organizations.

Vimarc: We quickly had to shift
focus for our healthcare clients from
selling to education. Most of our
clients have a COVID-19 task force
and are regularly communicating with
both internal and external audiences.
We’ve worked with them to develop
campaigns that are congruent with
their individual brand messages.

To learn more about the
Health Enterprises Network visit
healthenterprisesnetwork.com.
Healthcare Fellows kicks off opening session

The Health Enterprises Network (HEN) Fellows cohort kicked off their opening session in February with a presentation on leadership from HEN Board Chair, David Henley.

Healthcare Fellows is a formal executive education program focused solely on the widely ranging business sectors of healthcare.

Healthcare Fellows meet once a month for ten months with 17 leaders from the health-related ecosystem participating.

Fellows are tasked with completing a group project that has a community or economic impact. Last month, Fellows chose their project topics and have begun work on the initial phase of each one.

**Bold Goal**

The April session included a presentation from Angie Wolff, director of Office of Population Health/Bold Goal and Abbie Gilbert, corporate strategy lead and chief medical officer at Humana, Inc., who discussed Humana’s Bold Goal. The session was held virtually due to the COVID-19 crisis.

Humana’s Bold Goal is a program that addresses the needs of the whole person and co-creates solutions to address social determinants and the health-related social needs for their members and communities.

The session also included information on the following projects:

- **AARP – The Longevity Economy Outlook:** Working with AARP, Fellows will quantify the positive economic impact older adults have on the region’s economy to dispel outdated perceptions that older adults are an economic drain, and are in fact major contributors to the workforce and economy.

- **Alzheimer’s Association – Marketing and Communications Plan:** Alzheimer’s is the sixth leading cause of death in the U.S. and there are five million Americans currently diagnosed. Fellows will develop a marketing and communications plan to help raise awareness of the Alzheimer’s Association’s support and care programs and build a leadership pipeline.

- **Kentucky Nurses Association – Nursing Asset Resource:** The current shortage of nurses is a multifaceted dilemma that is only getting worse. Fellows will create a Kentucky Nurse Resource Book that profiles KY nurses and promotes existing areas of excellence, serve as a recruitment tool, as a place to find professional practice consults as well as platforms for research assistance and professional recognition.

**Upcoming Sessions**

The topic for May is “Managing Today’s Workforce: Why Your Employees Leave and How to Keep Them Longer” featuring Cara Silletto, president and chief retention officer at Crescendo Strategies.

The topic for June is “Economic Development: Leveraging Industry Expertise to Fill the Business Attraction Pipeline” featuring John Launius, director of Regional Economic Development at Greater Louisville, Inc (GLI).

Seven Counties adapts to meet client needs

By Sally McMahon

We have heard from many healthcare organizations this month about their response to the COVID-19 crisis. Most behavioral health organizations are also rethinking how they operate in order to better serve their clients. We talked to David Weathersby, chief operating officer at Seven Counties Services, previously Centerstone, on their response. Highlights are below.

**Medical News: How is Seven Counties Services adjusting from an operational standpoint?**

David Weathersby: Prior to the COVID-19 crisis, we were doing 95 percent in person services and five percent telehealth. Now we are doing 90 percent telehealth services. So, it has been a total redesign from the point of entry into services and to how we deliver our services. We moved 800 providers into telehealth very quickly and had to get them trained and to get them the equipment and software needed. Because our staff are incredibly passionate about the services we provide, it has been overwhelmingly successful.

**MN:** Substance Used Disorder (SUD) doesn’t stop because of a pandemic. How are you all continuing to serve your clients?

David Weathersby: Yes, it’s a tragic time because during this crisis, we’ve seen an uptick in substance usage and overdoses. We are fighting two life-threatening illnesses—the COVID-19 pandemic and the opioid epidemic at the same time. For outpatients, we have moved as many services as possible to telehealth, and it is working to stabilize those in need virtually. For those needing detox and residential, we have had to lower census to meet social distancing requirements, but we are maintaining about 60 percent of occupancy. We hope as the pandemic recedes, and restrictions are lifted, we will be able to increase detox admissions proportionately.

**MN:** What did that transition process look like?

David Weathersby: Over a four-week timeframe, we quickly transitioned most staff from site based to telehealth. It began with training and then week by week, we moved more staff online to be able to offer telehealth. This included bringing school-based staff back to work, even though schools are closed. We have tried to be creative and placed our staff in areas where they can help the most clients.

Also, we tried to stay up to date with the Cabinet implementing emergency regulations so that both Medicaid and Department of Behavioral Health (DBH) services could be provided by telehealth.

**MN:** What lessons have you learned from this process?

David Weathersby: Both clients and staff are resilient and flexible and both have worked together to make this transition successful. We had been hesitant to move to telehealth and this crisis forced us to transition quickly, and our staff and clients have embraced the challenge; more of our clients have access to the internet and technology than we would have thought and have embraced online support; we have seen a large increase in crisis calls, people who have never called us before are now calling needing immediate help. We expect this trend to continue, as people solve their immediate needs, such as food and shelter, the next crisis on the horizon will be stabilizing their mental health; and when we all work together, we can get through this.

**Medical News**

Sign up for the Medical News eNewsletter at MedicalNews.md
Rapid response

members with transportation issues if they are experiencing problems getting to appointments for dialysis or chemotherapy treatments. We are working with our members to ensure they have up-to-date information and provide the assistance needed to ensure they receive necessary care.

Kim Sonerholm, UnitedHealthcare of Kentucky

UnitedHealthcare has waived member cost-sharing for the treatment of COVID-19 until May 31, 2020 for Medicare Advantage, Medicaid, Individual and Group Market fully insured health plans. We will also work with self-funded customers who want us to implement a similar approach on their behalf. This builds on the company's previously announced efforts to waive cost-sharing for COVID-19 testing and the testing-related visit, and the expansion of other member services.

Members who are at high risk may be prescribed self-isolation by their provider. The UnitedHealthcare navigation support program provides a dedicated advocate to guide members through the isolation process.

Bill Jones, WellCare of Kentucky

We have redeployed many of our associates to perform outbound check-in calls with our members that have received a test for COVID-19. For those that have tested positive, we want to make sure they are coping and have the needed resources such as follow-up care and medication in place during this period. We have made over 5,000 outbound calls to our members.

We have eliminated out-of-pocket costs for members—waiving all copays, deductibles, cost-sharing and diagnostic testing fees that may otherwise inhibit clear access to that care. Additionally, we’ve been permitting early refills on most prescriptions, so members can have extra supplies on hand without worrying about lapses in medication. We’ve also been providing access to out-of-network services as needed.

Medical News: How are you supporting the physicians and hospitals on the frontline of this battle?

Stephen Friedhoff, MD, Anthem

We’ve simplified provider protocols to help deliver safe, effective and timely care. Our affiliated health plans have suspended select prior authorization requirements for patient transfers and the use of medical equipment critical to COVID-19 treatment. Additionally, we will cover respiratory services for acute treatment of COVID-19 and provide both in-network and out-of-network coverage for COVID-19 laboratory testing. We are also temporarily adjusting how we monitor claims and audits.

We launched a Medical Associate Volunteer Program, which allows our associates the opportunity to take paid leave from their regular Anthem role and use their medical expertise and training to support care providers in their communities.

Michael Taylor, CareSource

CareSource has enhanced our telehealth and care management programs, communicated this updated information to our members, waived all prior authorizations and cost-sharing for screening and testing for COVID-19; and allowed more flexibility in the payment of their insurance premiums.

In the resolution of their insurance claims, CareSource is reconfiguring our claims systems to accommodate for the rapid changes in diagnosis and CPT codes, treatment methods, credentialing of medical personnel which may not be associated with a particular facility; all to ensure that when claims are submitted, we can process them as quickly as possible.

Kim Sonerholm, UnitedHealthcare of Kentucky

UnitedHealth Group, through UnitedHealthcare and Optum, is providing nearly $2 billion in accelerated payments and financial support to U.S. healthcare providers to address the short-term financial pressure. This will allow our care provider partners to focus on delivering needed care. In addition, OptumHealth will provide up to $125 million in small business loans to its partner clinical operators.

This further streamlines processes such as suspending prior authorization requirements for members transferring to a post-acute care setting or to a new provider; extending filing deadlines for claims under Medicare Advantage, Medicaid, and Individual and Group Market health plans; and implementing provisional credentialing for out-of-network, licensed independent providers to participate in one or more of our networks.

Bill Jones, WellCare of Kentucky

WellCare’s expanded telehealth services protect providers as well as members. WellCare is also committed to reducing administrative burdens on providers by suspending prior authorization requirements until May 31, 2020, in order to increase provider capacity and improve efficiency. As part of WellCare’s efforts to assist non-participating providers who may be treating our members during this public health emergency, we have also streamlined our requirements for provider enrollment.

Additionally, we are performing check runs daily to reduce the lag time between submitting a claim and receiving payment to help improve the cash flow of our providers.

“Meaningful services for your meaningful use”

IT Services
- Hosted EMR, email, web sites, productivity tools
- Servers, phones, and desktops
- EMR Vendor neutral
- Onsite, hosted, or both
- Disaster Recovery Services

Benefits
- Fast track implementation
- No upfront costs
- No long term commitment
- Local references and support
- Fixed monthly fee

Tom Haselden
tom@ezoutlook.com
www.ezoutlook.com
800-219-1721 ext. 103

HEALTHCARE INNOVATION
In Kentucky, pharmacists to play key role in COVID-19 vaccinations

By Don Kupper

Over the years, the healthcare field has encountered its fair share of significant challenges. Perhaps most notable have been the major outbreaks of infectious diseases, much like we are facing now. While these terrible events are deadly and disruptive to our society, they also force us to rethink how we deliver care and often lead to significant medical breakthroughs.

Through it all, pharmacists have been proud to stand alongside their fellow providers with their lights on and doors open. Even as we work on the frontlines of the COVID-19 pandemic today, our commitment has not wavered.

Pharmacists will also be instrumental in helping our commonwealth move past this pandemic—thanks, in part, to some outstanding forethought from Kentucky’s elected leaders.

As scientists are working around the clock to develop a safe and effective immunization against COVID-19, Kentucky’s pharmacists will be gearing up to help safely administer it to our patients across the Commonwealth. This will help put Kentucky ahead of the curve once again in dealing with this pandemic.

Administer Immunizations

The American Disease Prevention Council is calling on states to ensure pharmacists are permitted to provide and administer all approved immunizations. Fortunately, Kentucky’s elected officials were thinking ahead when they adopted protocols allowing pharmacists to administer any FDA-approved vaccination back in 2004.

This means that once a vaccine for COVID-19 is developed and approved, we won’t have to waste valuable time amending state regulations. Instead, Kentucky pharmacists will be able to join other medical professionals in giving this life-saving immunization. In short, more of our pharmacies can stay open for business—something that is critically important, now more than ever, as we work to slow the spread of the novel coronavirus in communities across the state.

— Don Kupper is president of the Kentucky Pharmacists Association.

“Through it all, pharmacists have been proud to stand alongside their fellow providers with their lights on and doors open.”

Through it all, pharmacists have been proud to stand alongside their fellow providers with their lights on and doors open.”

Humana announces healthcare provider initiative

Humana recently announced actions designed to help provide financial and administrative relief for the healthcare provider community facing strain during the coronavirus pandemic.

First, Humana is implementing simplified and expedited claims processing, in order to get reimbursement payments to providers as quickly as possible and help ease their financial concerns.

In addition, the company is streamlining its policy of suspending prior authorization and referral requirements, instead requesting notification within 24 hours of inpatient (acute and post-acute) and outpatient care. This is applicable for:

- All providers (regardless of network affiliation) for patient care related to COVID-19.
- In-network providers, for patient care not directly related to COVID-19.*

These policies are applicable for covered plan benefits under individual and group Humana Medicare Advantage, Medicaid and commercial employer-sponsored plans. The company is taking these actions in response to the pandemic and will reassess as circumstances change. Humana also is:

- Waiving the member responsibility for copays, deductibles or coinsurance associated with COVID-19 testing, including related visit costs in a range of clinical settings such as a physician’s office, urgent care center or emergency department.**
- Waiving member responsibility for copays, deductibles or coinsurance related to the covered treatment of COVID-19, including inpatient hospital admissions.***
- Waiving member responsibility for copays, deductibles or coinsurance for all telehealth services delivered by participating/in-network providers and accepting audio-only/telephone and audio-video visits for reimbursement.
- Allowing early prescription refills, so members can prepare for extended supply needs—an extra 30- or 90-day supply as appropriate.
- Providing a member-support line with specially trained call center employees to help support members with specific coronavirus questions and concerns, including live assistance with telehealth.
- Lifting administrative requirements for members infected with coronavirus and for all patients in settings where capacity is stretched by the needs of those infected by coronavirus. The change allows for unencumbered movement from inpatient hospitals to safe, medically appropriate post-acute care settings, including home health, long-term acute care hospitals, skilled nursing facilities, etc.

* Exceptions include transplant and genetic procedures, as well as pharmacy coverage. ** For commercial employer-sponsored plans, includes fully insured and select self-funded plans.

UK HealthCare to begin drive-thru COVID-19 Testing

UK HealthCare is offering drive-thru testing for the COVID-19 virus for its frontline employees and patient care providers.

The drive-thru testing is at UK HealthCare Turfland and by appointment only for UKHC employees who are symptomatic but do not need inpatient care. Plans to expand testing to broader groups at UK HealthCare and the public will be considered once access to tests increases.
THE PRIMARY AND TRUSTED RESOURCE FOR PEOPLE WHO WORK IN HEALTHCARE.

IGE Media offers a unique blend of industry news, features, commentaries and other cutting-edge topics affecting the success of today’s healthcare industry professional and healthcare consumer at the local and national level.

Interested in advertising?
Contact Ben Keeton
ben@igemedia.com
502-333-0648

Interested in contributing?
Contact Sally McMahon
sally@igemedia.com
502-333-0648

IGE Media
2200 Dundee Rd.
Louisville, KY 40205
(502) 333-0648
news@igemedia.com
www.igemedia.com
Cancer hits hard in Kentucky. That’s why, every day, the team at Markey steps up, with innovative clinical trials to help treat diseases like aggressive colon cancer. Those types of trials mean more patients in remission and the potential to help others all over the world—because we’re not just treating cancer today. We’re working hard to beat it once and for all.

See how at ukhealthcare.com/beatingcancer