

2015-16 KMA REPORT TO MEMBERSHIP

This report is issued annually by the Chair of the Board of Trustees outlining the good work of the Association's Committees and Commissions, as well as other accomplishments.

—**G. Randolph Schrodt, MD**
Chair, KMA Board of Trustees



Community Connector Leadership Program

KMA celebrated the second year of the Community Connector Leadership Program, which provides an opportunity for physicians to enhance their leadership skills through education and direct community involvement. The program is designed to create a network of physician leaders who will work with local organizations to improve the state's health status. KMA honored the 2015 Class of seven Community Connectors during the Annual Meeting. **Mary Helen Davis, MD, Benjamin Kutnicki, MD, Theodore Miller, MD, PhD, James Patrick Murphy, MD, Donald J. Swikert, MD, Nancy C. Swikert, MD, and John M. Johnstone, MD,** were recognized for their leadership roles in medicine and within their communities.

Delegation to the American Medical Association

J. Gregory Cooper, MD, Chair

The KMA Delegation to the American Medical Association attended the 2015 AMA Interim Meeting and the 2016 AMA Annual Meeting in Chicago. Kentucky continues the distinction of having several members serving in leadership positions within the AMA. KMA member **Steven J. Stack, MD**, of Lexington concluded his term as President of the American Medical Association. **Bruce A. Scott, MD**, a member of the Kentucky Delegation to the AMA and KMA Speaker of the House of Delegates, was re-elected Vice Speaker of the AMA. **J. Gregory Cooper, MD**, continued his service as Chair of the Southeast Delegation to the AMA and **John L. Roberts, MD**, President of the Greater Louisville Medical Society, began his term as Chair of the AMA Academic Section. **Kim Moser**, KMA Alliance Past President and Past Chair of the KPPAC Board was elected President-Elect of the AMA Alliance.



The KMA Delegation to the American Medical Association includes **J. Gregory Cooper, MD**, left, **William Monnig, MD, Robert Couch, MD, Kim Moser, Bruce Scott, MD, Steven Stack, MD, Theodore Miller, MD, PhD, Marianne Miller, Ardis Hoven, MD, and Shawn Jones, MD.**

Dr. Stack awarded the AMA President's Citation posthumously to KMA member **Rice Leach, MD**, for his lifelong work in public health.

Commission on Legislative and Political Advocacy

Donald J. Swikert, MD, Chair

The Commission on Legislative and Political Advocacy worked cooperatively with the KMA Legislative Quick Action Committee to organize and oversee a very successful legislative session, likely the Association's best in 15 years. Because the Commission developed an advocacy agenda focused on issues important to physicians and patients, the following KMA priority bills were passed by the General Assembly.

Maintenance of Certification/Licensure:

Senate Bill 17, sponsored Sen. Ralph Alvarado, MD, prohibits the state from requiring initial board certification or recertification in order for physicians to obtain or retain their medical license. Board certification in a specialty is, and always has been, voluntary in Kentucky. KMA proactively fought to keep it that way.

Fair Contracting: Senate Bill 18, also sponsored by Sen. Alvarado, changes current law and requires insurers to follow a new and fairer set of procedures before changing an existing agreement with a provider. Specifically, SB 18 requires:

- 90 days notice for a material change;
- notices for material changes dealing with membership networks or new/modified insurance products to be sent by certified mail;
- notices for all other material changes to be sent in an orange-colored envelope;
- notices that describe the material changes;
- an opportunity for providers to use "real-time communication" to discuss the proposed changes with the insurer;
- a clean, consolidated informational

copy of the agreement after three material changes in a 12 month period; and

- an opportunity for providers to object to proposed material changes by utilizing specifically defined procedures.

State Licensure Board Appointments:

Senate Bill 19, also sponsored by Sen. Alvarado, stipulates that appointees for the Kentucky Board of Medical Licensure (KBML) shall come from names submitted by the Kentucky Medical Association. This legislation ensures a non-political, professional vetting process for individuals seeking appointment to the state's medical licensure board.

Independent Appeals Process for Medicaid Claims:

Senate Bill 20, also sponsored by Sen. Alvarado, is a measure that addresses the concerns of patients, physicians and hospitals about the difficulty associated with appealing coverage denials and nonpayment of claims by Medicaid managed care organizations. SB 20 will allow providers who have exhausted an internal appeals process of a Medicaid managed care organization to be entitled to an external, independent third-party review, as well as an administrative appeals hearing through the Cabinet for Health and Family Services.

Despite KMA's recent success, there are still priorities, including medical liability reform and smoke-free initiatives, that must be addressed by the General Assembly going



forward. KMA looks forward to working with state policymakers prior to and during the 2017 Regular Session to make these priorities a reality.

KMA's legislative team was also active on the federal level throughout 2016. KMA representatives attended the AMA National Advocacy Conference in Washington, D.C. In past years, KMA spent time speaking exclusively to Kentucky's congressional delegation about the need for a SGR fix. With the passage of the Medicare Access and CHIP Reauthorization Act, otherwise known as MACRA, those days are behind the Association. The Washington visit, however, remains necessary because it is essential for Congressmen and Senators to hear from physicians on a wide range of issues, including opioid abuse, EHR issues and Graduate Medical Education funding. Collectively, the KMA representatives were able to meet with nearly all of the Kentucky federal delegation regarding these items.

Commission on Young Physicians and Physicians in Training

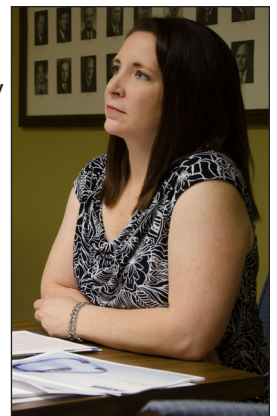
Sarah E. Parsons, MD, Chair

The Commission reviewed results from the first year of the Medical Student Outreach and Leadership Program, which was developed in 2015 to promote community involvement and to teach students more about the political, social and economic issues in the health care system. There were 116 total participants for the first year, with 45 of those from the University of Kentucky and 71 from the University of Louisville. Twenty-two students have completed the program—eight from UK and 14 from UofL. The Commission discussed how the program could be improved and expanded, as well as additional ways to

recognize students who complete the program.

KMA's Medical Business Advocacy Manager Lindy Lady spoke to the Commission about the shift in focus by the Centers for Medicare and Medicaid Services and private payers from treatment to prevention. Commission members also discussed the uncertain future of the Medicaid expansion in Kentucky, as well as the state's poor ranking in many public health indicators.

Monalisa Tailor, MD, and Danesh Mazloomdoost, MD, represented KMA at the AMA Young Physicians Section Annual Meeting in June.



Commission on Long Range Planning

Michael Kuduk, MD, Chair

The Long Range Planning Commission met several times throughout the year and continued its work on evaluating KMA's organizational structure and activities. The commission reviewed a proposed physician leadership program being considered by the Kentucky Foundation for Medical Care and provided constructive comments about its design.



The commission also conducted a thorough review of the KMA bylaws and looked for provisions that appear to be outdated, no longer in force, or do not fit with current operations. Two provisions stood out. First was the use of a nominating committee that is elected by the House of Delegates and charged with reviewing the credentials of candidates for office within the association. The commission believes the formal election and use of such a body is outdated, and recommended a possible by-laws change to the Board of Trustees.

The commission also reviewed the existence of a Judicial Council, which has not met in over 20 years, but continues to be elected by the House of Delegates. Legal counsel provided information that raised concerns about action that might be taken by the Judicial Council possibly creating liability for the association. It was also noted that much of the function of the Judicial Council has been ceded to the Kentucky Board of Medical Licensure over the years, negating the need for such a body within the association. The commission recommended to the Board of Trustees that it study discontinuing the existence of the Judicial Council over the coming year.

Commission on Medical Economics

Robert H. Couch, MD, Chair

The Commission on Medical Economics focused on priorities related to costs, administrative efficiency and behaviors that impact health, with primary goals to promote correct coding and awareness of change with reimbursement models. As physicians prepare to transition to the new Medicare Merit-Based Incentive Payment System, known as MIPS, the Commission is using a series of Web-based articles, resource guides, social media posts and presentations for physician staff through the American Academy of Professional Coders (AAPC) Kentucky coding chapters to provide education on this topic. MIPS will remain a priority for the Commission in 2017.

The Commission worked closely with the Commission on Legislative and Political Advocacy, the Medicaid Physician Technical Advisory Committee, the Kentucky Academy of Family Physicians and the Kentucky Coalition of Nurse Practitioners to outline specific issues that Kentucky providers were experiencing with correct coding of complex office services. As a result, three of the five MCOs serving Kentucky now reimburse both 99214 and 99215 without limitations.

The Commission also joined forces with both the Commission on Public Health and the Medicaid Physician Technical



Advisory Committee to bring attention to reimbursement problems when physicians provide both smoking cessation and evaluation and management (E&M) services on the same day. As a result of this collaborative effort, all five MCOs now cover both the evaluation and management service on the same day as smoking cessation counseling, if the E&M service on the same date is identified as a significant, separately identifiable E&M service.

To promote correct coding, the Commission used social media and prepared Web-based physician resources guides on Evaluation & Management and ICD-10 coding for Tobacco Use/Abuse/Dependence.

The Commission once again worked with the Medicaid Physicians Technical Advisory Committee and was successful in implementing uniform prior authorization form for medical services for all five MCOs.

Resident and Fellow Section Governing Council

Anil P. George, MD, Chair

The Resident and Fellow Section Governing Council received an overview from Lindy Lady, KMA's Medical Business Advocacy Manager, of the KMA Commit to Quit Campaign, Smoke-Free Kentucky legislation and important changes with the U.S. Preventive Services Task Force on smoking.

Jonathan Moore, MD, represented KMA as the Delegate to the AMA Resident Fellow Section at the June meeting.

KMA participated in the 2016 New Resident Orientations, with David J. Bensema, MD, addressing UK on June 20 and G. Randolph Schrodtt, MD, addressing UofL on June 30.

Commission on Physician Licensure and Workforce

Tamella B. Cassis, MD, Chair

The Commission on Physician Licensure & Workforce received an update on Senate Bills 17 (Maintenance of Certification/Licensure), 18 (Fair Contracting), 19 (State Licensure Board Appointments), and 20 (Independent Appeals Process for Medicaid MCO Claims) from KMA's Director of Advocacy and Legal Affairs, Cory W. Meadows.

Following a presentation by Laura Hartz, KMA's KPPAC and Policy Administrator, reviewed the current KMA Board policy on the KBML Nomination process and discussion, the Commission recommended that the KMA Board of Trustees broaden current policy and incorporate specialty group consideration in selecting nominations for service on the KBML.

The Commission also recommended the KMA Board of Trustees move forward with conducting a public education campaign on prescription drug abuse, possibly with the Kentucky Bar Association and the KBML.

Commission members discussed the types of articles they would

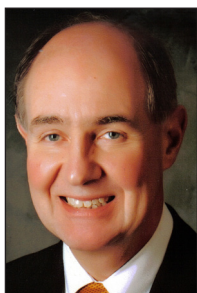


like to see in the KBML section of the KMA Communicator and included House Bill 1 and House Bill 157 CME requirements.

Commission on Public Health

John M. Johnstone, MD, Chair

The Public Health Commission has targeted its focus to specific needs during the past year. Members have met several times to review and discuss priority issues and to review and make recommendations on resolutions for the KMA House of Delegates.



The top public health priority for KMA and the Commission in 2016 has been smoking cessation. The Public Health Commission supported the Commit to Quit campaign, sponsored by KMA with funding from the Kentucky Foundation for Medical Care and other partners. Commission members in February 2016 suggested several ways to promote the health benefits of quitting or not starting smoking. In addition to Commit to Quit, the Commission suggested public service announcements using athletes from the University of Kentucky and University of Louisville to reach young people about smoking and an online public health social media campaign, getting medical students and residents involved in the effort. Members also suggested a partnership with the Kentucky Smoke-Free

Coalition and continued efforts to get a statewide indoor smoking ban. The Commission believes a multi-pronged approach is necessary to help reduce the number of smokers in the Commonwealth.

The Commission also looked at two future public health priorities, diabetes and prescription drug abuse, both of which are becoming increasingly critical to address.

With an obesity rate that puts the Commonwealth at #12 in ranking by state, the Public Health Commission believes innovative thinking will be necessary to address the problem. One suggestion involved efforts to remove carbonated beverages from hospital campuses. Commission members discussed the possibility of having a subcommittee present information to the Kentucky Hospital Association with a message that this would be one way to model better eating practices for patients.

Commission members also recognized that the prescription drug abuse epidemic has become more urgent than anticipated. Because many people believe a chemical solution can help to make life pain-free, members suggested a public health campaign to educate Kentuckians about



Commit to Quit

If you're one of the 70 percent of smokers who want to quit, the KMA and the Kentucky Foundation for Medical Care recommend in a new campaign that you talk with your physician to help you quit. The Association of American Medical Colleges in 2007 reported that patients – with their physician's active support – increased their long-term abstinence rates to 30 percent, versus a 7 percent success rate for those attempting to quit on their own.

The campaign – Commit to Quit – offers three key ingredients for successfully quitting smoking:

- Talk to your doctor
- Use all available resources
- Stick to the plan

Talk to your doctor

Your doctor will provide you with an overall picture of your health before you quit and recommend ways to make quitting easier. Committing to quit is not something you need to go through alone. Your doctor is here to help.



The Benefits of Quitting Smoking Happen Quickly

MINUTES	HOURS	WEEKS	YEARS
20 minutes after quitting – Your blood pressure and heart rate recover from the cigarette induced spike	12 hours after quitting – The carbon monoxide levels in your blood return to normal	1 week to 9 months after quitting – Clear and deeper breathing gradually returns 2 weeks to 3 months after quitting – Your circulation and lung function begin to improve	1 year after quitting – Your risk of coronary heart disease is reduced by 50 percent 5 years after quitting – Your risk of stroke is similar to that of a nonsmoker

what an opioid does and problems that can arise with their use. Members said a problem comes with CMS surveys for patients leaving a hospital; pain is a part of those surveys and, if patients are prescribed something for pain, that question can affect the hospital rating. Individual commissioners plan to file resolutions for consideration at the House of Delegates regarding issues surrounding prescription drug abuse.

CME Committee and CME Council

John L. Roberts, MD, Chair
James L. Borders, MD, Chair

The CME Committee and the CME Council continued their educational support to accredited providers in a variety of ways. One-on-one training and consultations were offered through KMA staff and were very successful in training new employees in continuing medical education. KMA Director of Education Miranda Mosley participated as a speaker at the inaugural Tri-State CME Symposium in Indianapolis. More than 100 CME professionals attended this event, and KMA staff has been asked to speak at the 2016 event. More than 20 health systems receive accreditation through the KMA and, over the last 12 months, six CME providers across the state were surveyed for re-accreditation to provide local CME. In support of reaccreditation, KMA received the decision of the ACCME to award KMA's CME program a six-year Accreditation with Commendation term, a term awarded to only 25 percent of providers nationwide.

KMA developed focused education on physician leadership. These offerings began with the 2015 KMA Annual Meeting, at the Kentucky Physicians Leadership Academy, featuring speaker Kevin Pho, MD, of kevinmd.com, who discussed social media and the role it plays in



medicine. Other speakers included representatives from CMS, who discussed the Physician Compare website and how that information will potentially affect physician reimbursement in the future.

Through a grant from The Physicians' Foundation and financial assistance from KMA's charitable arm, the Kentucky Foundation for Medical Care, KMA offered local leadership education at KentuckyOne London and featured speakers on the Myers-Briggs Personality Assessments and effective communication with peers and patients. KMA Past President Shawn

Jones, MD, shared his personal leadership journey and KMA Past President Fred Williams, MD, provided crucial information on the public health ramifications of diabetes.

KMA's leadership development will continue at the KMA Annual Meeting, which

will feature speakers on physician burnout and "blue zones" areas of the world where people live longer than the average expectancy.

KMA continues to expand its educational offerings for members and has partnered with a variety of organizations to jointly provide CME, including Kentucky Allergy Society, the Lexington Medical Society, The Healing Place and the Kentucky Physicians Health Foundation. Other educational activities include development of education on emerging payment models and other pertinent issues affecting medicine.



Budget Committee

David J. Bensema, MD, Chair

The Budget Committee reviewed proposed expenditures and income for KMA's coming fiscal year and prepared a budget that was approved by the KMA Board of Trustees. The committee noted that staff changes, retirements and a planned move to new office space will save significant money for the association beginning in fiscal year 2017.



Committee on Physical Education and Medical Aspects of Sports

Michael J. Miller, MD
Phillip B. Hurley, MD
Co-Chairs

The Committee on Physical Education and Medical Aspects of Sports pursued its mission to improve the overall health of the school-age child by building stronger bodies, both mentally and physically, and seeking to eliminate and/or correct matters that might be detrimental to the health of the student athlete. During that process, KMA continued its long-standing relationship with the Kentucky High School Athletic Association. This partnership allows KMA significant input on matters related to the student athlete. Specifically, the Committee, in cooperation with the KHSAA, finalized the update to the online sports safety course. This course is mandatory for all high school and middle school coaches in the Commonwealth and is a valuable resource that helps ensure the safety of student athletes.

The Committee would like to congratulate James (Pete) Bowles, MD, former Chairman of the Committee on Physical Education and Medical Aspects of Sports, on his induction into the Dawahare's/Kentucky High School Athletic Association Hall of Fame Class of 2016.



Medicaid Physician Technical Advisory Committee

Donald R. Neel, MD, Chair

The Medicaid Physician Technical Advisory Committee, known as the TAC, focused on Medicaid priorities and made recommendations that would improve access to care, reduce administrative burden and provide appropriate reimbursement. The TAC was successful with the following recommendations:

Sports Physicals: Four of the five managed care organizations, or MCOs, now cover sports physicals as a separate service from the annual well child visit. Annual Payment Limitation: Three of the five MCOs reimburse both 99214 and 99215 without limitations.

Smoking Cessation: All five MCOs cover both the evaluation and management (E&M) service on the same day as smoking cessation counseling, if the E&M service on the same date is identified as a significant, separately identifiable evaluation and management service.

Consistent Prior Authorization Form: All five MCOs now use a uniform prior authorization form for medical services.

Some Kentucky primary care physicians who received enhanced primary care payments or incentives for Medicaid in 2013 and 2014 were asked to return a portion of those payments—in some cases, thousands of dollars. KMA immediately prepared a “Procedure for Challenging Medicaid Claims” for members and requested that the Cabinet for Health and Family Services delay recoupment until physicians could gather appropriate data to dispute the overpayments. Other states continue to closely monitor what is happening in Kentucky, and KMA provided critical input to the Urban Institute for the final report, Medicaid Manage Care in Kentucky. The input included improving access to care in behavioral health, removing barriers to care, reducing administrative burdens, improving data collection and improving transparency with the MCOs.



Kentucky Foundation for Medical Care



James F. Beattie, MD, Chair

The KFMC provided funding for the “Commit to Quit” smoking cessation campaign, which was launched in January. Partners include local medical societies—Greater Louisville Medical Society, Lexington Medical Society, Madison County Medical Society, Northern Kentucky Medical Society and Warren County Medical Society—as well as health care groups—Baptist Health, KentuckyOne and St. Elizabeth HealthCare.

The focus of this campaign is to get patients to talk with their physicians about their efforts to quit. Studies show that when a physician is involved, people are more likely to stick to their efforts to quit smoking. This campaign offers resources for the patients, but urges them to talk with their physician regularly to help them quit. It also serves to show that physicians and KMA and KFMC are supportive of the smoke-free efforts but recognize there are other ways to help decrease the number of smokers in Kentucky.

The campaign has included a website, social media outreach, op-ed pieces and advertising. Resources on the website include talking points and suggested questions for patients to ask their physician, as well as a video for physicians to play in their offices and supporting hospitals to play on their websites to encourage smokers to talk with their physicians about quitting.

The KFMC also funded, through a grant from The Physicians Foundation, a Local Physicians Leadership Symposium in London, which was attended by about 20 people. Local physicians who attended the Kentucky Physicians Leadership Academy during the 2015 KMA Annual Meeting could apply to hold the symposium in an area of their choosing.

As part of the KMA Community Connector Leadership Program, the KFMC awarded two grants to charitable organizations that work with a KMA Community Connector. Recipients of the grants this year were Supplies Over Seas and Hospice of the Bluegrass.

COMMIT TO QUIT

Talk to Your Doctor

Use All Available Resources

Stick to the Plan

TALK TO YOUR DOCTOR AND LEARN HOW TO HIT PAUSE ON SMOKING

WWW.COMMITTOQUITKY.ORG

KMA Kentucky Medical Association
Kentucky Foundation for Medical Care

2015 KMA House of Delegates – Action Plan

1. Report on Sunsetting Policy – Adopted

- Kentucky Medical Assistance Program policy was removed from policy manual and the remaining policies were reaffirmed.

REFERENCE COMMITTEE A - Adopted

2. Annual Report - Filed

- Thank you emails were sent on September 8, 2015 to the 2014-15 committee chairs.

3. Resolution 1 – Amend Limitation on AMA Delegates (Greater Louisville Medical Society) – Adopted as Amended

RESOLVED, that the Kentucky Medical Association amend the KMA Bylaws, Chapter IV, Section 1, line 10, by addition of the clause, “*except in the instance that a member of the Kentucky delegation is elected to the office of Speaker or Vice-Speaker of the American Medical Association House of Delegates, in which case, no more than two delegates and two alternate delegates shall be elected from any component society.*”

- Bylaws have been amended

4. Resolution 2 – 80% Colorectal Screening by 2018 (Greater Louisville Medical Society) – Adopted

RESOLVED, that the Kentucky Medical Association actively promote activities that support colorectal cancer screening, and join organizations committing to the National Colorectal Cancer Roundtable “80% by 2018” goal.

- Added to Policy Manual.
- Social media posts throughout March regarding colorectal cancer awareness and risk reduction.

5. Resolution 3 – Assist Primary Care Physicians Who Provide Mental Health Care (Greater Louisville Medical Society) – Adopted as amended

1st RESOLVED: that the Kentucky Medical Association study possible solutions for equipping primary care physicians to provide appropriate care for patients with mental health issues; and be it further

2nd RESOLVED: that the Kentucky Medical Association discuss these issues with appropriate professionals in the mental health profession in order to help educate primary care physicians, and to promote integrated mental health care models in the primary care setting, including efficient means of communication between providers; and be it further

3rd RESOLVED: that the Kentucky Medical Association will further advocate for payment mechanisms that allow adequate funding of mental health care in order to assure its continued availability in the primary care physician office.

- Added to Policy Manual.

Action Plan.2

- Medicaid MCOs cover CPT 99408 and 99409, the description includes discussion on issues such as family problems, diet and exercise, **substance abuse**, **depression**, sexual practices, injury prevention, and more and requires the physician to spend a minimum of 15 minutes with the patient. Meeting the minimum time requirement for 99408 has proved problematic. To provide more integrated care options when screening for mental health, the Technical Advisory Committee (TAC) made a formal recommendation to the Medicaid Advisory Council (MAC) to cover and reimburse two Healthcare Common Procedure Coding System codes (HCPCS). The codes are:
 - H0049 – Alcohol or Drug Screening (*no minimum time*)
 - H0050 – Alcohol or Drug Screening, brief intervention *per 15 minutes*

6. Resolution 4 – Improving Drug Abuse Treatment (Greater Louisville Medical Society) – Adopted as Amended

1st RESOLVED: that the Kentucky Medical Association explore ways that persons in need of medication-based addiction treatment may have access provided to them; and be it further

2nd RESOLVED: that the Kentucky Medical Association use its influence to expand mental health and addiction treatment in all forms of drug abuse including evidence-based medical and non-medical addiction treatment modalities.

- Added to Policy Manual.
- Medicaid MCOs cover CPT 99408 and 99409, the description includes discussion on issues such as family problems, diet and exercise, **substance abuse**, depression, sexual practices, injury prevention, and more and requires the physician to spend a minimum of 15 minutes with the patient. Meeting the minimum time requirement for 99408 has proved problematic. To provide more integrated care options when screening for substance abuse, the Technical Advisory Committee (TAC) made a formal recommendation to the Medicaid Advisory Council (MAC) to cover and reimburse two Healthcare Common Procedure Coding System codes (HCPCS). The codes are:
 - H0049 – Alcohol or Drug Screening (*no minimum time*)
 - H0050 – Alcohol or Drug Screening, brief intervention *per 15 minutes*

7. Resolution 6 – Promotion of Free Healthful Lifestyles Events (Greater Louisville Medical Society) – Adopted

RESOLVED: that the Kentucky Medical Association encourage and actively promote communities to have free events promoting healthful lifestyles

- Added to Policy Manual.
- Contacted the Kentucky Cabinet for Health and Family Services regarding free healthful lifestyle events around Kentucky.

- Developing a calendar for KMA website that would include free healthful lifestyle events around Kentucky.
- Promoted the “Get Healthy – Stanford/Lincoln County” programs which included free healthful lifestyle events within the community.

8. Resolution 9 – Diabetes and Prediabetes (Fred A. Williams, MD, and John M. Johnstone, MD) – Adopted

1st RESOLVED: that the Kentucky Medical Association support efforts to educate physician members, their patients, and third-party payers as to the importance of diabetes prevention and treatment alternatives; and be it further

- Published an article by Fred Williams, MD in the August 2015 *Communicator* regarding diabetes.
- Doctor Williams presented on diabetes to Public Health Commission in June 2015.
- Contacted Doctor Williams about a diabetes presentation as part of the 2016 Local Leadership Symposiums.
- Social media campaigns to provide credible information on healthy eating and exercise, focusing on the AMA Prevent Diabetes – STAT Program.
- Diabetes Self-Management Training (DSMT) and Medical Nutritional Therapy coverage requested from the Cabinet.
- Provided comments about the “Barriers for Prevention Services” to the Managed Care Steering Committee and the Urban Institute for inclusion in the final national report – Transition to Managed Care in Kentucky.
- Fred Williams, Jr, MD presenting on the impact of diabetes at KPLI London and KPLI Bowling Green :
 - This presentation will focus on the impact of diabetes in patient populations and the role of the physician in encouraging and working with patients to modify their behavior to achieve positive health outcomes.
- March is National Nutrition Month and KMA will use social media to promote awareness of diabetes and the connection to good nutrition.
- AMA Prevent Diabetes-STAT Program was shared with American Academy of Professional Coders (AAPC) – all Kentucky chapters.
- Social media tweets about diabetes prevention and how to manage the disease continue using American Association of Diabetes Educators (AADE), AMA, and other credible resources.
- Coverage, reimbursement and coding information on Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT) was shared with GLADE – Greater Louisville Association of Diabetes Educators.

2nd RESOLVED: that the Kentucky Medical Association encourage its members to participate in the American Medical Association and Centers for Disease Control's Preventing Diabetes STAT – Screen/Test/Act Today™ initiative; and be it further

- Social media campaigns to provide credible information on healthy eating and exercise, focusing on the AMA Prevent Diabetes – STAT Program.

3rd RESOLVED: that the Kentucky Medical Association support efforts by state and federal legislators to enact legislation supporting prevention and treatment of diabetes.

- Added to Policy Manual.

9. Resolution 12 – Get Healthy Kentucky (Naren James, MD) – Adopted as amended

1st RESOLVED: that the Kentucky Medical Association encourage Community Connectors and other physicians to establish programs in their local communities based on local needs and resources and designate a specific month, days of the week, or other times of the year to focus efforts on improving the health and fitness of the local population; and be it further

- Added to Policy Manual.
- Contacted the Kentucky Cabinet for Health and Family Services regarding free healthful lifestyle events around Kentucky.
- Developing a calendar for KMA website that would include free healthful lifestyle events around Kentucky.
- Social media promotion of the “Get Healthy – Stanford/Lincoln County” programs which included free healthful lifestyle events within the community.

2nd RESOLVED: that the KMA encourage its members to promote efforts to improve the health of Kentucky by speaking at educational opportunities free to the public such as town hall meetings, social media campaigns, and presentations at local schools.

- Added to Policy Manual.
- Social media promotion of the “Get Healthy – Stanford/Lincoln County” programs which included free healthful lifestyle events within the community.

10. Resolution 13 – A Call to Healthy Living Among Physicians (Naren James, MD) – Adopted as amended

RESOLVED: that the KMA call upon its members as well as physicians and other health professionals across the Commonwealth to engage in positive health practices based on well-established public health data.

- Added to Policy Manual.
- Social media promotion of tips and tricks for various different types of healthy living.

REFERENCE COMMITTEE B – Adopted as Amended

11. Resolution 5 – Lowering Drug Abuse with Abuse Deterrent Opioids (ADO) (Greater Louisville Medical Society) – Referred to the Board of Trustees

1st RESOLVED: that the Kentucky Medical Association support legislation that requires coverage for Abuse Deterrent Opioid (ADO) products on a basis equal to that of non-ADOs including cost sharing and utilization requirements; and be it further

- During the 2016 legislative session, KMA consulted with Rep. Addia Wuchner and other stakeholders on HB 330, which was legislation that would have required coverage for ADOs. The legislation did not pass.

2nd RESOLVED: that the Kentucky Medical Association encourage Kentucky physicians to become educated in the use of Abuse Deterrent Opioid (ADO) products when appropriately prescribing other opioid medications

- KMA representatives met with proponents of ADO legislation to discuss issues raised during the KMA House of Delegates debate as well as plans for legislation during the 2016 legislative session.

12. Resolution 7 – Medicaid Prescriber Only Participating Status (Greater Louisville Medical Society) – Adopted as Amended

RESOLVED: that the Kentucky Medical Association urge the Kentucky Cabinet for Health and Family Services to establish the “Prescriber Only” status for physicians and other providers throughout the Kentucky Medicaid program.

- Added to Policy Manual.
- The ACA requires physicians to enroll with Medicaid to order, refer, prescribe or treat a Medicaid or Medicare patient. Further research indicates that enrollment into Medicaid is required even in cases where the physician occasionally volunteers services in a clinic or hospital. All the MCOs follow this regulation. Two of the MCOs, Passport and Coventry Cares, do not require the physician to be enrolled with the specific MCO plan to write a prescription for a member and have it covered.
- KMA provided comments on this issue as a Barrier to Care to the Managed Care Steering Committee and the Urban Institute for inclusion in the final national report – Transition to Managed Care in Kentucky.
- KMA met with the new Medicaid Commissioner to discuss key issues important to our members, such as the limitation on 99214/99215 E/M visits and Prescriber Only.
- KMA representatives met with new Commissioner of the Department of Medicaid Services, Steve Miller, to express concerns and seek remedy. Commissioner Miller stated that DMS is simply following federal law and the easiest solution is for providers to obtain a Medicaid number.

13. Resolution 8 – Vision Testing at Driver’s License Renewal (Greater Louisville Medical Society) – Adopted

RESOLVED: that the Kentucky Medical Association work towards passage of legislation requiring the testing of vision at the time of driver’s license renewal in Kentucky.

- Added to Policy Manual.
- KMA representatives joined the Kentucky Academy of Eye Physicians and Surgeons in meeting with the Kentucky Circuit Court Clerks Association and the Kentucky Transportation Cabinet to discuss the issue and possible legislation for the 2017 legislative session.

14. Resolution 10 – Third-Party Payer Payments (John M. Johnstone, MD) – Adopted

RESOLVED: that Kentucky Medical Association advocate for changes to the third-party reimbursement system that encourage achieving the health priorities established by Kentucky’s *kyhealthnow* initiatives and similar future initiatives.

- Added to Policy Manual.
- Presented a session on the Recovery Audit Contractor (RAC) in September.
- Partnered with groups to create and submit a letter to the state requesting that 907 KAR Section 4 be revised to allow physicians to be reimbursed for the services performed.
- The 2016 OIG Work Plan was shared via social media, and KMA.
- Future plans including Audit and Compliance Job Aids.
- New job aids published on KMA Practice Management blog on a variety of compliance topics.
- New job aids published on KMA Practice Management blog on a variety of compliance topics that include Smoking Cessation Coding and E&M – Eliminating Barriers to Care.
- Communicator article – Correct Coding – The Economics of Eliminating Barriers to Care
- Presentation to Young Physicians and Physicians in Training
 - The State of Medicaid - March
 - Connect Quality, Prevention and Care Coordination - June
 - Procedure to appeal Medicaid Overpayments
- The Technical Advisory Committee (TAC) made a formal recommendation that all MCOs cover sports physicals separately from the annual well child visit.
 - All MCOs now cover an annual sports physical

- The TAC made a formal recommendation to remove the limitation on complex E&M visits.
 - Three of the five MCOs (Anthem, CareSource and Passport) will reimburse both 99214 and 99215 without limitations.
 - The other MCOs now have automated edits in place that will reduce the 99214 or 99215 to the reimbursement of the 99213 (once the limit is reached). This change eliminates the need for retrospective auditing and recovery collection, which in the past has been a tremendous administrative burden for physicians.
- Social media was used to share progress on eliminating barriers to care.

15. Resolution 11 – Length of School Lunches (David J. Bensema, MD) – Adopted

RESOLVED: that the Kentucky Medical Association support legislation requiring a minimum of 30 minutes for lunch for grades K-5 in public schools.

- Added to Policy Manual.
- Working with resolution sponsor and interested stakeholders on issue awareness, coalition building, and legislative outreach.
- KMA supports resolutions in the House (HJR 115) and Senate (SJR 114) that supports requiring a minimum of 30 minutes for lunch for grades K-5 in public schools.

16. Resolution 14 – Preventative Health Care Examinations for Students (Michael Kuduk, MD) – Adopted

1st RESOLVED: that the Kentucky Medical Association support preventive health care examinations for initial school entry and sixth grade as outlined in the Kentucky Department of Education's regulations on school health services; and be it further

- Added to Policy Manual.

2nd RESOLVED: that the Kentucky Medical Association seek revisions to the Kentucky Department of Education's regulations on school health services which would require additional preventive health care examinations for students entering the third grade and ninth grade.

- Added to Policy Manual.

17. Resolution 15 – ICD-10 Grace Period (Michael Kuduk, MD) – Adopted

RESOLVED: that the Kentucky Medical Association urge all public and private third-party payers who provide insurance within the Commonwealth of Kentucky, including Medicaid managed care organizations, self-insured plans, and commercial companies, to adopt policies that mirror the Centers for Medicare and Medicaid Services' rules regarding the one-year grace period transition to the ICD-10 code set.

- Discussed resolution with several large insurers. Humana and United Healthcare and Anthem have indicated that they are not enforcing ICD-10 specificity when accepting ICD-10 claims.

Action Plan.8

- The Medicaid Deputy Commissioner said that Medicaid *may* follow CMS guidance.
- E-Communicator article with link to an OIG report about the auditing of ICD-10 was published to assist members.
- Attended a Medicaid Advisory Council meeting where the Medicaid Deputy Commissioner said that Medicaid *may* follow CMS guidance.
- Presented two ICD-10 sessions in September – Transition to ICD-10.
- Presented an ICD-10 session in October – Where are we now with ICD-10?
- Used Social Media to connect ICD-10 Codes with National Awareness Campaigns such as “Go Red” (where ICD-10 codes relating to the heart was explained.) During March ICD-10 codes relating to Nutrition will be shared via Social Media.
- KMA provided an ICD-10 – “Where are we now” update to all AAPC Kentucky Chapters
- KMA continues to monitor and answer member inquiries on the ICD-10 transition.
- Coding accuracy has improved according to industry experts although health systems and practices are still not at the 95% accuracy threshold established under ICD-9; and most payers are working with practices to identify quality issues with ICD-10 and providing education and updates through newsletters, and etc.
- KMA continues to use social media to tweet the latest news about ICD-10.
- KMA continues to partner with the American Academy of Professional Coders (AAPC) Kentucky Chapters to share the latest information on ICD-10.

18. Resolution 16 – KMA Position on Medical Cannabis (Lexington Medical Society) - Adopted as amended

1st RESOLVED: that KMA advocate for further clinical research of cannabis in the treatment of medical conditions; and be it further

- Added to Policy Manual.

2nd RESOLVED: that KMA facilitate evidenced-based dialogues on the issues of cannabis in medicine by hosting forums, panel discussions, and other educational programs for physicians, policymakers, and other interested stakeholders.

- Finalizing details to a medical cannabis CME event at the 2016 KMA Physicians' Day at the Capitol, including:
 - Contacting Kentuckians for Medical Marijuana about partnership on an educational program
 - Contacting Doctor Kodner about serving as a keynote speaker during the educational program

- CME Activity held at KMA Day at the Capitol on Medical Cannabis. Doctor Charles Kodner was featured speaker for this presentation. Media interviewed Doctor Kodner about issue following presentation.
- KMA hosted a large gathering of interested stakeholders, including legislators, at KMA offices to discuss the use of cannabis in palliative care and end-of-life (hospice) settings.

19. Resolution 17 – Endorse KASPER Inclusion of MEDD Calculated Opiate Doses (Lexington Medical Society) – Referred to the Board of Trustees for Further Study

1st RESOLVED: that KMA endorse KASPER's inclusion of MEDD on patient reports; and be it further

- The Cabinet for Health and Family Services' Office of Inspector General, which oversees KASPER, added MEDD to patient reports in December 2015.

2nd RESOLVED: that KMA encourages use of MEDD calculations on self-reports as a self-evaluation tool, not punitively.

20. Resolution 18 – KASPER Inclusion of Non-Controlled Substances with Street Value (Danesh Mazloomdoost, MD) – Rejected

21. Resolution 19 – Payment for Medicaid Pre-Certification and Pre-Authorization (Larry Suess, DO) – Adopted

RESOLVED, that the Kentucky Medical Association advocate for physician reimbursement for time spent obtaining pre-certification and pre-authorization for designated services and prescriptions.

- Added to Policy Manual.
- Working with resolution sponsor to draft a letter to the AMA CPT Editorial Panel requesting new CPT code to address this issue.
- Teleconference discussion with Dr. Suess – he will bring this issue to the annual KOMA (Kentucky Osteopathic Medical Association) conference.