The Affordable Care Act

Law covers 2,500 pages; 40 agencies write new regs

How Penalties, Cost Sharing Affect You

The full impact of federal health care reform will be felt by all Americans in January 2014 when the law requires that everyone have health insurance or face penalties.

The law, signed by Pres. Obama on March 23, 2010, covers 2,500 pages and aims at unprecedented 40 agencies to mandate a rewrite of regulations to implement the legislation.

Business representatives from across the commonwealth attended two separate seminars in May hosted by the Kentucky Chamber of Commerce, The Lane Report and The Iasis Group designed to help them make informed decisions as the law goes into full force.

Some portions of the Affordable Care Act are already in effect. In other areas, rules are still being written and details are still evolving. Even so, attorney Vickie Yates Brown

Penalties, cost sharing all part of mandate

49 agencies write new regulations to implement the health care legislation.

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Penalties

- 2014 – Tax Penalties on Individuals

Penalties:
- $95 per adult up to $285 or 1 percent of household income, whichever is higher.
- 2015 – $395 per adult up to $857 or 2.5 percent of household income, whichever is higher.
- 2016 – $695 per adult up to $2,085 or 2.5 percent of household income, whichever is higher.
- 2017 – $1,485 per adult up to $3,855 or 2.5 percent of household income, whichever is higher.
- 2018 – $2,095 per adult up to $5,265 or 2.5 percent of household income, whichever is higher.

Individuals will be required to have minimum essential coverage beginning Jan. 1, 2014.

Allowed exemptions: Cost of coverage is more than 8 percent of household income, religious objection, or financial hardship.

The IRS is prohibited from filing liens or charging interest for nonpayment. No fines or criminal charges can be filed for nonpayment.
Penalties, cost sharing all part of mandate

Attorney warns businesses may cut jobs

Educational organizations

Examples of Tax-Subsidized Coverage

Lake Cumberland Regional Hospital is pleased to welcome Daniel Y. Ranicko, J.r., M.D., back to Somerset and to its active medical staff.

Dr. Yankick is a board-certified orthopedic surgeon and a Fellow of the American Academy of Orthopaedic Surgeons and the American College of Surgeons.

He earned his medical degree from Hahnemann University School of Medicine in Philadelphia, PA and continued internship and residency training in orthopedic surgery at the Hahnemann University Hospital and Trauma Center.

For the past twenty-six years, Dr. Yankick has been actively practicing in the field of general orthopedic surgery, with an emphasis on total joint care—both as trauma surgeons as well as traumatic surgery for fractures (broken bones), sports medicine, and arthroscopic surgery.

Dr. Yankick practices minimally invasive technique surgery (MIS) to minimize scars and work toward reduced recovery times. He has particular interest in knee replacement surgery and revision.

Dr. Yankick is now accepting new patients

606-678-2663 (BONE)
27 Imaging Drive - Suite B - Somerset

Medallion Health Care Reform

Medallion Health Care Reform

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In the wake of Gov. Steve Beshear’s decision to expand Medicaid under federal health reform, there is concern that Kentucky’s health-care system will not be able to care for the newly insured.

Health reform means that an estimated 308,000 more Kentuckyians will qualify for Medicaid, and 320,000 more will qualify for subsidies to buy private insurance through the state insurance exchange that will start taking enrollments Oct. 1.

But Kentucky already has a health-care provider shortage, especially in rural areas. A study for the state estimates that it needs 3,790 more doctors just to meet current demand, to say nothing of what will be needed to care for those who haven’t been a regular part of the health-care system, reports Laura Ungar of The Courier-Journal.

The report by Deloitte Consulting made it clear the state needs to prevent too many risk-averse doctors from entering a profession that has not been as financially rewarding as some other careers, especially in Kentucky areas such as the Bluegrass State, which where the state started in November 2011; Gov. Steve Beshear said when he announced Medicaid expansion that these problems are being worked out. “Consultants said 44 percent of the 3,790 ‘full-time equivalent’ physicians needed (which includes primary care doctors and specialists) were in rural counties,” reports Ungar. Jonathan Felix of Deloitte said, “Primary care, dental care and behavioral health are all big needs in the state.”

The report said the state needs 183 more primary-care doctors, even before Medicaid expansion, but a 2012 Kentucky Physician Workforce Needs Assessment report by the University of Kentucky said the state needs 557 more primary-care physicians and 1,485 more total physicians to meet the national ratios for physicians to population.

The consultants said the state already needs 412 more dentists. It now has no new dental schools.

No Easy Answer

About 192 federally identified areas in Kentucky – including 47 counties – have shortages of health-care practitioners, according to data analyzed by The Courier-Journal. Ungar notes that Casey County, for example, ranks in the bottom third for doctors per capita, but it has the highest portion of newly eligible residents at 115 percent.

“We can’t grow physicians fast enough to meet the need, in the rural areas especially,” Susan Zepeda, president and chief executive officer of the Foundation for a Healthy Kentucky, told Ungar.

Nationally, there is a primary-care shortage, partly because such doctors make less money than most, and low reimbursement rates exacerbate that. A 2012 study in the Journal Health Affairs said 21 percent of rural-based physicians in Kentucky did not accept new Medicaid patients in 2011, Ungar notes.

The health reform law will raise the Medicaid fees that do not have doctors nearby, they would not be covered by the two-year reimbursement increase. Even said the reimbursement is only $23 for a lower-level visit by an established patient.

A possible long-term solution includes greater reliance on community health centers, some say. And hospital officials said they plan to continue expanding primary care and employing telemedicine.

While some policy analysts have touted nurse practitioners as a solution to the rural primary-care shortage because they often provide primary care in rural and isolated areas that do not have doctors nearby, they would not be covered by the two-year reimbursement increase. Even said the reimbursement is only $23 for a lower-level visit by an established patient.

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A victim of domestic violence can petition the court for a protective order to keep her abuser away from her. Let's follow one (fictional) victim as she reaches out for help.

Sarah had been married to Claude for three years. The first six months were wonderful and then he started being verbally abusive. He would yell at her and the kids when things didn't go his way. He told Sarah that she was stupid and that no other man would ever want her. The physical abuse began slowly and then escalated. This time he choked her until she nearly passed out. Neighbors called the police, who took her husband to jail and suggested that Sarah get an EPO (Emergency Protective Order).

Claude had tried to explain that he didn’t mean to hurt Sarah and just wanted her to come back home. Sarah told the judge that she didn’t want her to come back home. The judge granted Sarah a DVO (Domestic Violence Order) that was good for one year. (DVOs can be for up to three years.) In the DVO the judge ordered Claude to remain at least 500 feet away from Sarah and also gave Sarah temporary custody of the children. On the court date both Sarah and Claude were required to be present. Going to court is generally a scary time, and the victim may be especially nervous because this is the first time she has seen her abuser since the abusive incident. One of the Court Advocates from Bethany House took Sarah to court and answered her questions and stood with her during the proceedings.

A victim who is not a resident at the shelter may also contact Bethany House before the EPO hearing and ask questions or speak with the court advocate. Court advocates cover all 10 counties served by Bethany House and accompany victims to court and provide information. They are not attorneys and do not give legal advice. Appalachian Research and Defense Fund (Legal Aid) provides free legal advice to low-income victims (800-806-7353). Claude and Sarah (along with the Court Advocate) were called in front of the judge, who read Sarah’s petition and asked both of them if they had anything further to say. Claude tried to explain that he didn’t mean to hurt Sarah and just wanted her to come back home.

Sarah was afraid of what he might do to the children. Claude was ordered to have no contact with Sarah and to have no contact (phone, mail, or third party) with her at all. Sarah was granted temporary custody of the children with Claude having visitation. Sarah told the judge that she didn’t want her to come back home. The judge granted Sarah a DVO (Domestic Violence Order) that was good for one year. (DVOs can be for up to three years.) In the DVO the judge ordered Claude to remain at least 500 feet away from Sarah and to have no contact (phone, mail, or third party) with her at all. Sarah was granted temporary custody of the children with Claude having visitation.

Claude was ordered to pay temporary child support. Sarah stipulated that she scheduled the court date. Sometimes service takes much longer, as when the respondent actively tries to avoid being served. The EPO is only good for 14 days but can be renewed if it has not been served. In the EPO the judge ordered Claude to remain at least 500 feet away from Sarah and also gave Sarah temporary custody of the children. On the court date both Sarah and Claude were required to be present. Going to court is generally a scary time, and the victim may be especially nervous because this is the first time she has seen her abuser since the abusive incident. One of the Court Advocates from Bethany House took Sarah to court and answered her questions and stood with her during the proceedings.

If you are a victim of domestic violence and need help, contact Bethany House at 679-8852 or 800-806-7353. Bethany House serves Adair, Casey, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne County.

**OFFICE HOURS:**
Monday-Thursday 8:30 a.m.-4:30 p.m.
Friday: 8:30 a.m.-2 p.m.

**Internal Medicine**
Dr. Charles Giles
902 Westlake Dr., Ste. 103 • Columbia
270-384-6451

**Tobacco-Free Schools**
What is a 100% Tobacco-Free Schools (TFS) Policy?
A 100% Tobacco Free School policy prohibits tobacco use by staff, students, and visitors 24 hours a day, 7 days a week, inside board owned buildings or vehicles, on school owned property and during school-related trips.

**WHY HAVE ONE?**
- TFS policies reduce youth tobacco use;
- 40% fewer student smokers in TFS;
- Reduce addiction to a deadly drug;
- Reduce your exposure to secondhand smoke;
- Adults act as good role models for students;
- Keep consistent with classroom lessons;
- You’ll have a cleaner school.

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**TOBACCO-FREE SCHOOLS**
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From left to right Brandy Loy, Keri Rowe, Tanner Caldwell, Ashley Coomer, David Eubank, Karen Darnell, Kevin Miller, Jennifer Melson, Susan Pollard, Mike Bryant, Marie Tupman and Ashley Adams.
Cuts in primary care physician training a cause for concern

Facing an already-existing shortage of primary care in the country and state, the American Academy of Family Physicians sent a letter to U.S. Rep. Andy Barr R-Ky., chairman of the House Appropriations Committee, saying the committee's 2014 funding allocations could damage the nation's primary-care infrastructure by cutting primary-care physician training and research programs.

In the June 18 letter, AAFP Board Chair Glen Stream wrote, "We are concerned that the House-proposed allocation will be inadequate to meet the necessary investment in vital primary care research and physician workforce training."

The proposed allocation would reduce funding for the only federal program that provides funds specifically to academic departments and programs that increase the number of primary-care health professionals, says an AAFP release.

There are not enough primary-care physicians being trained to meet the demand for services, and a recent study shows only 46 percent of newly educated doctors actually go into this field. Even worse for Kentucky, which faces a critical doctor shortage amid Medicaid expansion, less than 5 percent go on to practice in rural areas, says a study by researchers at the George Washington University School of Public Health and Health Services.

The study's lead author wrote, "If residency programs do not ramp up the training of these physicians, the shortage in primary care, especially in remote areas, will get worse."

How can Kentucky meet the critical demand for new doctors when Congress has proposed to make additional cuts to training programs?

Provided by Kentucky Health News, an independent news service of the Institute for Rural Journalism and Community Issues at the University of Kentucky, with support from the foundation for a Healthy Kentucky.

Personal Touch Home Health Services

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At Personal Touch Home Care our professional staff work closely with patients and families to develop individualized plans that provide quality care in the comfort of the patient’s home.

Personal Touch Home Health professional and support staff provide high quality and individualized care for a wide range of medical conditions. This includes but not limited to:

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- Rheumatic Disease Management
- Pediatric Care

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Personal Touch Home Health is pleased to announce that Dr. John Kilgallin became our new Medical Director this year.

Dr. Kilgallin has been providing health care for people of Adair, Russell, Casey and surrounding counties for more than 20 years. His experience will be a great asset to Personal Touch, and the patients we serve.

Dr. John Kilgallin

Personal-Touch Home Care of Ky., Inc.
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Locally serving Adair, Casey, Menifee and Russell Counties.
Judge refuses to stop exodus, other companies will provide managed care

STATE OFFICIALS: Health care providers, managed care companies should meet

At one of a series of meetings with Medicaid managed-care companies that had left the state, state officials said the new system has improved the quality of care, but you could cut the tension with a scalpel in the packed auditorium at the University of Kentucky as they fielded complaints and questions and urged the providers to work out the problems with managed-care companies themselves.

Gov. Steve Beshear and Cabinet for Health and Family Services say the forums are designed to improve relations between providers and the managed-care organizations, but reactions from capacity filled of laughter about the MCOs' list of complaints and questions and urging the providers to work out the problems with managed-care companies themselves.

Kentucky’s transition to Medicaid managed care

In 2011, Kentucky was one of 14 states moving to Medicaid managed care. Since then, the state has been fighting on several fronts.

Kentucky’s transition to Medicaid managed care

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A new study says that if the mandate kicks in, job-seekers may find fewer openings for unskilled workers. That’s because some restaurants and other small companies say the mandate will force them to cut back on staff or freeze hiring. The economy is likely to continue improving, which will help offset the impact by increas- ing demand for workers.

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It comes after other glitches and angry opposi- tion—lawsuits reaching the high Court. Protests by religious leaders and the anti-abortion movement. But the postponement doesn’t affect the heart of the law. The requirement that individuals get insurance, and the subsidies to help them pay for it. The Obama administration insists the rest of the law will keep rolling along. In the rest of the law on track? Not for everyone. Last summer, the Supreme Court said states have the right to opt out of the law’s Medicaid expansion. Eighteen states aren’t ex- panding their programs, in- cluding populous Texas and Florida. In nine other states, the outcome remains un- clear.

Under the law, Medicaid is the only coverage option for people below the poverty line—$11,490 for an individ- ual or $23,920 for a family of four. People who cannot get subsidized private cover- age in the new health insur- ance markets.

The poor will be exempt from penalties for being uninsured, but they also won’t get help with their health care. Medicaid already covers more than 60 million people, including many elderly nurs- ing home residents, severely disabled people of any age and many low-income chil- dren and their mothers.

In contrast, the law will require virtually all Americans to have health insurance. Those who fail to comply could be fined.

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According to the Kids Count report released recently by the Annie E. Casey Foundation, Conditions have improved slightly for Kentucky children, especially in education and health, and the state's overall well-being ranking has gone up one spot, from 35th to 34th in the nation.

The report shows progress has been made in education, but there is still much to be done. Unfortunately, Kentucky children continue to struggle economically, weighing in at 36th in the nation. The report says 37 percent of Kentucky children have parents who lack stable employment, up from 33 percent last year, and 32 percent of children live in households that are burdened by housing costs, up from 27 percent.

The state's lowest ranking is 38th, on the family and community measure. It constitutes more than 27 percent of children live below the poverty line, compared to the national average of 25 percent, and the number of children in single-parent families has increased from 31 percent in 2006 to 36 percent in 2011. On the bright side, teen births declined during that period.

Without the hard work of child advocates, community agencies, educators and policymakers, the report shows progress has been made to improve children's well-being, but there is still much to be done. The report can be found online at http://datacenter.kidscount.org.

If you have diabetes, you know the day-to-day steps needed to manage diabetes can be hard. Managing diabetes isn't easy, but it's worth it. If left untreated, even a small change in diet and lifestyle can face serious health problems such as heart attack, stroke, kidney disease, blindness, and even the loss of a toe or foot. Diabetes can also lead to sexual problems such as erectile dysfunction.

An important part of managing your diabetes is knowing your diabetes ABCs – A1C, Blood Pressure, and Cholesterol. A is for the A1C test. It measures your average blood glucose level over the past three months. The goal for many people with diabetes is below 7. Ask what your goal should be.

B is for blood pressure. If your blood pressure gets too high, it makes your heart work too hard. It can cause a heart attack, stroke and kidney disease. Ask what your goal should be.

C is for cholesterol There are two kinds of cholesterol in your blood: LDL and HDL, LDL, or “bad” cholesterol can build up and clog your blood vessels. HDL or “good” cholesterol helps lower cholesterol.
Help teens address diabetes

Teens with diabetes and their families often face unique challenges. Teens may sometimes have feelings of sadness, anger, loneliness, and fear, or they may blame themselves or their family for their diabetes. These feelings are normal every now and then. But in order to feel better, teens need to learn to take charge of their diabetes—and families can help. Parents or guardians can encourage their teens to feel good about themselves, seek support from others, and take action to manage their diabetes one step at a time. Follow these tips from the National Diabetes Education Program (NDEP) to help your teen deal with the ups and downs of diabetes.

• Get your whole family involved. It’s easier to manage diabetes when your whole family gets involved. Serve your family healthy foods, such as a mix of colorful fruits and vegetables, whole grain breads, and low-fat meats, milk, and cheese. Make healthy snacks, like fruit, highly visible in your home and do not keep a lot of sweets, like cookies, candy, or soda around the house. Encourage your family to be more physically active by planning activities that you can do together, such as riding bikes or going for a walk. Join a community program like the Y to enjoy a variety of low-cost or free activities.

• Encourage your teen to take an active role in his or her diabetes care. Help your teen set goals. Start with small goals, such as cutting back on soda or riding a bike a couple of times a week. Reward your teen when goals are met, and encourage your teen to make every new goal just a little bit harder.

• Help your teen find other teens who have diabetes. Programs and support groups for teens with diabetes can be found in clinics, health centers, and hospitals. Check your local newspaper. Ask your teen’s health care team for more information. Visit www.diabetes camps.org to find diabetes or weight loss summer camps for teens with diabetes.

• Encourage your teen to ask for help from their school and health care team. It’s important that teens tell their health care team how they feel and what they need help with to manage their diabetes. Make sure you notify your teen’s school that your teen has diabetes. Provide the school staff with your teen’s diabetes care plan and meet with them to help plan their diabetes care during the school day.

• Help your teen find a counselor if he or she seems depressed. Suggest people your teen can reach out to for help, such as a family member, friend, school counselor, teacher, doctor, diabetes educator, or psychologist. Encourage your teen to let you know when he or she is feeling down.

• For more information about diabetes, contact your local health department & ask to speak to the diabetes educator or call 1-800-928-4416.

For a free copy of the Tips for Teens: Dealing with the Ups & Downs of Diabetes tip sheet, contact the National Diabetes Education Program at www.YourDiabetesInfo.org or call 1-888-693-NDEP (1-888-693-6337), TTY: 1-866-569-1162.

By the National Diabetes Education Program.

Health care reform helpful websites:

Kentucky Department of Insurance http://insurance.ky.gov/home.aspx? dir_id=17

U.S. Department of Health and Human Services https://www.healthcare.gov/Athens (for employers)
MakingHealthCareReformWork.com

Health Action Network www.healthactionnetwork.com

Health care reform helps teens with diabetes.

MEN: Take steps to manage diabetes

continued from page 9

remove the “bad” cholesterol from your blood vessels. Ask what your cholesterol numbers should be.

If you smoke, get help to stop smoking. Talk to your health care team about your ABC numbers and what you can do to reach your ABC goals.

The NDEP offers tips to help you take action to manage your diabetes. An important first step is to set a goal for yourself.

Choose something that is important to you and that you believe you can do. Then make a plan by choosing the small steps you will take. For example, start working towards getting 90 minutes of physical activity, such as brisk walking, most days of the week. If you have not been very active in the past, start slowly and try adding a few minutes each day. Ask others for help with your plan.

For more information about diabetes, contact your local health department & ask to speak to the diabetes educator or call 1-800-928-4416.

You may also visit our website, www.KDHLL.org, or become a fan of Lake Cumberland District Health Department on Facebook.

The National Diabetes Education Program has free resources that can help. Order a free copy of a Steps to Manage Your Diabetes for Life and get more information about managing diabetes at 1-888-693-NDEP (1-888-693-6337) or YourDiabetesInfo.org. The U.S. Department of Health and Human Services’ National Diabetes Education Program is jointly sponsored by the National Institutes of Health and the Centers for Disease Control and Prevention with the support of more than 20 partner organizations.

Dr. Hortillosa

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Did you know?

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With more than 35 years of combined experience in cardiac surgery and over 6,000 cardiac procedures to their credit, Richard J. Heuer, M.D., and James H. Shoptaw, Jr., M.D., have the experience and expertise to perform the advanced cardiac procedures you may need.

Dr. Heuer and Dr. Shoptaw have also successfully led two hospitals’ cardiac programs to achieve five-star status and top 5% rating in the United States. Combine their expertise with Lake Cumberland Regional Hospital’s more than a decade of experience providing heart services—and you have a great team.

Board certified by the American Board of Thoracic Surgery and the American Board of Surgery, Dr. Heuer and Dr. Shoptaw perform such cardiac procedures as:

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