

STOP SITE-NEUTRAL PAYMENTS

The differences between clinics and hospitals are as obvious as the differences between a rowboat and an oil tanker. One is not like the other. So why should reimbursement rates be the same?



*EMTALA: requires hospitals to serve patients regardless of their insurance status or ability to pay.



STOP SITE-NEUTRAL PAYMENTS

Site-neutral payments reimburse hospitals, clinics and single providers at the same rates for Medicare and Medicaid services. This places hospitals in financial jeopardy because they carry more overhead in order to provide the same services as clinics and single providers.

QUESTION: What will site-neutral payments do to a hospital's financial wellbeing?

ANSWER:

Leave a hospital vulnerable.

On average, Kansas hospital Medicare margins are -4.7 percent. Medicare reimbursement rates fail to keep up with market costs for services currently.

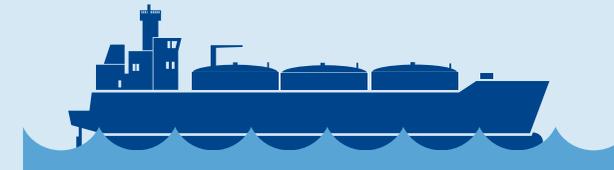
As of 2022, 100 of Kansas Hospital Association members had Medicare margins at or below 0 percent.

ANSWER:

Shipwreck community health.

Kansas is a rapidly aging state. In the next decade, approximately 25 percent of Kansans will be on Medicare.

Medicare plays a significant role in Kansas hospitals. Statewide, Medicare patients account for nearly half of all inpatient stays, while in rural hospitals the average is 71 percent.



QUESTION: Why do hospitals have outpatient departments?

ANSWER: It's about access to care.

In many Kansas communities, the hospital is the primary care facility for patients.

For example, consider Labette Health in Parsons, Kansas. Labette Health created an outpatient department because of the lack of local providers and clinics.

To fill this need and help community members receive preventative and diagnostic care without relying solely on emergency care, the hospital became the sole source of primary and preventative care.

