



KHA's Current Report
January 10, 2025

President's Perspective – OIG Findings on CAH Reimbursement for Swing-Beds

In December 2024, the Office of Inspector General released a report recommending Medicare could save billions with comparable access for beneficiaries if Critical Access Hospital payments for swing-bed services were similar to those of the fee-for-service prospective payment system hospitals.

In the report, the OIG contended that swing-bed utilization for skilled nursing services at CAHs increased by 2.8 percent from calendar year 2015 through CY 2020. Meanwhile, the average daily reimbursement amount increased by 16.6 percent over the same period. Based on the OIG sample, they concluded that 87 of 100 sampled CAHs were within a 35-mile driving distance of an alternative facility that had skilled nursing care available and estimated that 1,128 of the 1,297 CAHs had an alternative facility within 35 miles that could have provided care during CY 2020.

However, in the study, the OIG missed a great deal of vital context that paints a much different picture of the essential role swing-beds have in CAHs. The Kansas Hospital Association will reach out to policymakers and the OIG to highlight the five key issues below that need to be addressed.

- CAH closures – The report did not assess how reduced reimbursements would further destabilize CAHs and lead to hospital closures. CAHs provide emergency and other essential health care services to communities that may not have access to different facilities within a reasonable distance. Swing-bed services are a crucial component of a CAH because they allow patients to transition from acute care to skilled nursing facility-level care within the same hospital, minimizing disruptions and allowing easier access to their medical team.

Closing a hospital in a rural community is detrimental because it reduces access to immediate health care, often leaving residents with longer travel distances to reach emergency care, impacting health outcomes and causing a significant economic blow to the community because of job losses and decreased local spending power. Rural communities often have a higher proportion of elderly, low-income and uninsured individuals who may face even more significant barriers to accessing health care when a local hospital closes. The OIG must redefine its study to include the economic impact analysis.

- Cost of total Medicare program – According to recent Medicare Payment Advisory Commission data, only six percent of total Medicare inpatient and outpatient hospital payments go to the 1,396 CAHs, representing around \$12 billion in 2022. This includes payments for inpatient, outpatient, laboratory, therapy services and post-acute swing bed services. While it is laudable to make health care affordable, risking the closure of a significant economic component in a rural community and risking worse health outcomes does not provide enough savings to make this a reasonable option. The OIG must redefine its study to quantify the financial and operational consequences of swing-bed savings with the overall loss of spending power in a community and the loss of jobs.
- Proximity of alternative facilities – The OIG failed to prove that alternative facilities had comparable care and the capacity to absorb swing-bed patients. Skilled nursing facilities have been significantly hit with staffing challenges in recent years. This has limited access to SNFs and their ability to find qualified staff to care for swing-bed-level patients. The OIG must redefine its study to include qualified staffing, transportation, capacity, and operational readiness barriers.
- Patient-centered care and quality impact – The OIG failed to understand the health outcomes of patients in a swing-bed CAH with access to continuity of care, higher clinical capabilities and familiar medical staff. KHA has tested quality measures in the Kansas CAH swing-bed programs through the Medicare Rural Hospital Flexibility program. The results show good outcomes and patient satisfaction is high. The OIG must redefine its study to include patient outcomes and mental health stability when service is provided close to home.
- Overlooking the foundational purpose of the Critical Access Hospital program – The OIG failed to understand why the CAH program was created in the first place. The CAH program was created to:
 - Improve access to health care: Ensure rural residents have access to basic inpatient (including swing-bed), outpatient and emergency care services;
 - Reduce financial vulnerability: Provide financial benefits to rural hospitals to help them stay open; and
 - Promote rural health planning: Support network development in rural areas.

Cost-based reimbursement stabilizes rural hospitals while ensuring access. The OIG must look at the complete picture and visit CAHs to understand swing-bed services' vital role in these hospitals.

KHA plans to contact our federal congressional delegation to express our thoughts and concerns with the OIG report. We will be sharing our perspective with the OIG. If you have any further comments or suggestions related to this study, please pass them along to our team at KHA. Thank you!

--Chad Austin

2025 KHA Advocacy Day: Agenda Is Set! – Jan. 23

Join the Kansas Hospital Association staff, state legislators and Kansas hospital executives at our 2025 Advocacy Day on Jan. 23 at The Beacon in Topeka.

Registration will begin at 8:30 a.m. The program will start promptly at 9 a.m. Lunch will begin at 11:30 a.m. This is your opportunity to learn about our advocacy focus and visit with your elected officials about the critical issues facing Kansas hospitals. We encourage all hospital representatives to invite their state legislators to the luncheon or arrange one-on-one meetings at their convenience. To find your state legislators, visit <https://www.kslegislature.gov>, click "Find Your Legislator" on the left-hand side and enter your hospital address. We encourage CEOs, senior staff and hospital trustees to attend.



--Hayley Finch-Genschorck

George Stover Chairs the 2025 KHA Board of Directors

George Stover, chief executive officer of Rice Community Health, Lyons, has begun his term as the [2025 chair of the Kansas Hospital Association Board of Directors](#). The election of the KHA Board of Directors took place during KHA's annual meeting in Overland Park.

George has been an active member of KHA and joined the KHA Board of Directors in 2018. He previously served as a member of the board's executive committee and as treasurer and chair-elect. During his one-year term as board chair, he will guide the 21-member governing board that oversees the organization's strategic activities.

George brings a wealth of experience in the hospital and health care sector, and we eagerly anticipate his guidance in this key position. The full [2025 board roster](#) and the new three-year [strategic plan](#) are on the KHA website.

--Chad Austin

Scholarship Application Window Open – Apply Today

Since 2002, Healthworks has been encouraging excellence and innovation with their annual [Healthworks Health Care Scholarship](#). In this competitive scholarship, Healthworks assists deserving individuals interested in improving their abilities to provide quality care in Kansas. This is an excellent opportunity for hospitals to grow or take their staff to the next level.

Individual scholarships of up to \$1,500 will be awarded in the following categories:

- Undergraduate Health Care
- Undergraduate Nursing
- Advanced Clinical Practice

- Health Care Administration
- Human Resources
- Future Faculty

Priority will be given to hospital employees, particularly those who work in facilities licensed for 25 or fewer acute beds. We thank the Kansas Association of Health Care Executives and the Kansas Healthcare Human Resources Association for partnering with Healthworks to administer their scholarship programs.

Anyone currently enrolled or planning to enroll in an accredited Kansas school for health care is encouraged to apply. The online process is simple – only answer a few questions with a shortly written description or video, submit transcripts and a resume, and add a professional reference to apply. Applications are due Feb. 28.

Please share this with anyone you know who is pursuing a health care degree or certification. Additional information is on the [Healthworks website](#), and questions can be directed to healthworkskha@gmail.com.

--Jennifer Findley

Applications Now Accepted for Additional Physician Residency Positions – Webinar on How to Apply Jan. 16

Applications are being accepted for new residency positions created by [Sec. 126](#) of the Consolidated Appropriations Act, 2021, and [Sec. 4122](#) of the CAA, 2023. Applications are due March 31, 2025, via MEARIS.

Sec. 126 of the CAA, 2021 created 1,000 new Medicare funded residency slots to be distributed over five years beginning in fiscal year 2023. Three rounds of slots have been distributed thus far, totaling 600 residency slots. Qualifying hospitals include:

1. Hospitals in rural areas (or treated as being located in a rural area under the law)
2. Hospitals training a number of residents in excess of their graduate medical education cap
3. Hospitals in states with new medical schools or branch campuses
4. Hospitals that serve areas designated as health professional shortage areas.

A hospital cannot receive more than 5.00 full-time employees per application round. Hospitals that received slots under the last round of awards can be found [here](#).

Sec. 4122 of the CAA, 2023, created 200 new Medicare-funded residency slots for FY 2026. At least 100 slots must be distributed to psychiatry or psychiatry subspecialty residency programs. Qualifying hospitals include:

1. Hospitals in rural areas (or treated as being located in a rural area under the law)
2. Hospitals training a number of residents in excess of their GME cap
3. Hospitals in states with new medical schools or branch campuses

4. Hospitals that serve areas designated as health professional shortage areas

Additionally, there is a requirement that each qualifying hospital that applies must receive one slot (or a fraction of one) before any hospital receives more than one slot. The Centers for Medicare & Medicaid Services will prioritize the distribution of remaining slots by HPSA scores.

The Rural Residency Planning and Development Technical Assistance Center is hosting a webinar, *Expand GME Training at Your Hospital: How to Apply for Section 126 and 4122 Positions*, from noon to 1:00 p.m. on Jan. 16.

[Click to Register](#)

--Jaron Caffrey

Information for the Region 7 Infectious Disease Briefing

Through multiple forms of surveillance, there is concern the triple-demic of Influenza, COVID-19 and respiratory syncytial virus is forming in Region 7 (Kansas, Nebraska, Missouri and Iowa). Efforts through increasing vaccinations and outpatient treatments to reduce hospitalizations will be significant as bed capacity is already limited. Two websites that present tools to assist in the location of influenza and COVID-19 medications are the [COVID-19 and Flu Treatments Locator](#) and [PAXCESS Patient Support Program](#).

The Region 7 Infectious Disease Briefings will be held every two weeks by the Region 7 Disaster Health Response Ecosystem and the Global Center for Health Security at the University of Nebraska Med Center.

[Click to Register](#)

--Larry Van Der Wege

Kansas Selected by CMS to Participate in Transforming Maternal Health Model Program

The Centers for Medicare & Medicaid Services has selected Kansas as one of 15 states to participate in its Transforming Maternal Health Model program. The Program aims to improve maternal and child health care for Medicaid and Children's Health Insurance Program members. It includes a \$17 million grant award over the next 10 years.

TMaH will provide access to care and resources to address individual physical health, mental health and social needs during pregnancy and postpartum. The Medicaid agencies for each selected state will receive targeted technical support in three key areas: Access to care, infrastructure and workforce capacity; Quality improvement and safety; and Whole-person care delivery.

TMaH launched on Jan. 1, 2025, and will run for 10 years. Additional information about TMaH can be found on the [model webpage](#), including [Model Factsheet](#) and [Frequently Asked Questions](#).

According to [Governor Laura Kelly's Jan. 8 announcement](#) about the grant award, the TMaH funding will allow the Kansas Department of Health and Environment to build upon its work in the following areas: hospital engagement for birthing-friendly designation (which many of our members are already involved in through the Kansas Perinatal Quality Collaborative), whole-person care, telehealth and Telemonitoring Prioritization, and Home Visiting Program Expansion. The Kansas Hospital Association will continue to monitor and inform members about this work.
--Karen Braman

Biden Administration Finalizes Rule on Medical Debt

On Tuesday this past week, the Biden administration finalized a proposed rule banning the inclusion of medical debt on credit reports.

The new regulation also prohibits lenders from using medical information in lending decisions. Additionally, the rule no longer allows debt collectors to access medical information to obtain payments from patients for "inaccurate or false medical bills."

The Consumer Financial Protection Bureau estimates that \$49 billion in medical bills will be removed from the credit reports of 15 million Americans. Those Americans could see their credit score increase by an average of 20 points.

The regulation takes effect in March. The incoming Trump administration has not indicated whether they support this regulation or if they will scrap the new rule upon taking office.

--Jaron Caffrey

Additional Price Transparency Data Elements Required Jan. 1

As a reminder, beginning Jan. 1, 2025, additional data elements are required on price transparency machine-readable files. Hospitals must encode additional new data elements, including: 'Estimated Allowed Amount,' 'Drug Unit of Measurement,' 'Drug Type of Measurement,' and 'Modifiers.'

The Centers for Medicare & Medicaid Services compiled a list of [hospital price transparency resources](#), including recordings of two previous webinars. The webinar from October 2024 will have additional information and resources; the slides can be found [here](#) and at the first link on the resources webpage.

--Shannan Flach

KPQC Launches New Safety Bundle – All Hospitals Encouraged to Enroll

This week, the [Kansas Perinatal Quality Collaborative](#) launched the [Alliance for Innovation on Maternal Health](#) Severe Hypertension in Pregnancy patient safety bundle. AIM is a national, cross-sector collaborative designed to support best practices that make birth safer, improve maternal health outcomes and save lives. The KPQC's mission is to improve Kansas' maternal and infant health outcomes by assuring quality perinatal care, using data-driven, evidence-based practice and quality improvement processes.

The KPQC utilizes data from the [Kansas Maternal Mortality Review Committee](#) to inform the KPQC of patient safety and performance improvement initiatives focused on improving maternal health outcomes. Addressing maternal hypertension is a crucial part of improving health outcomes for both mothers and infants in Kansas. According to 2016-2020 KS Maternal Mortality Review Committee data, cardiovascular conditions and hypertension were the first and second leading causes of pregnancy-related death in Kansas. During that same period, according to Kansas Hospital Discharge Data, approximately one in 161 Kansas women who delivered a baby experienced severe maternal morbidity. Preeclampsia is Kansas's second leading cause of SMM (Hospital Discharge Data 2022). Recognizing that SMM occurs 100 times more frequently than maternal mortality, it is clear intentional interventions to address severe hypertension in pregnancy and the postpartum period are needed. Additionally, there is an increased risk for preterm delivery in Kansas in the presence of maternal hypertensive disorder. In 2022, 10.5 percent of infants were delivered preterm (<37 weeks) in our state.

Recommendations for early initiation of lactation as an evidenced-based intervention are imperative to address optimal health outcomes for these neonates. We encourage all KHA member hospitals, not just birthing hospitals, to participate in this critical patient safety bundle to help improve maternal and infant outcomes in our state. The KPQC initiative is funded with federal grant funding and provides education and resources at no cost to participating hospitals.

For more information, see the [KPQC Severe Hypertension in Pregnancy Safety Bundle Fact Sheet](#). KPQC sent hospitals enrollment information for the initiative this week from KPQC. For questions or to enroll, please contact kari.smith@kansaspqc.org.

--Karen Braman

2025 Midwest HIDTA/Overdose Response Strategy Public Health Survey

The Midwest High-Intensity Drug Trafficking Area Investigative Support Center and the Midwest HIDTA Overdose Response Strategy teams have collaborated on a public health survey. The survey responses will be used to inform the Midwest HIDTA's annual Threat Assessment. The Office of National Drug Control Policy oversees the HIDTA program. It requires the individual HIDTA programs to discuss the drug threats in their area of responsibility in an annual Threat Assessment. With providers, organizations and other stakeholders helping fill out the survey, this provides a valuable viewpoint for the Midwest HIDTA to deliver within the Threat Assessment.

The Midwest HIDTA greatly appreciates hospitals' assistance completing the Midwest HIDTA Threat Assessment. Some notes about the survey: The survey is set up to allow respondents to partially complete the survey and subsequently return to the survey link (with the same computer and browser and without clearing any of the cookies on your computer) to complete the survey. This may not always work. Therefore, it is highly recommended that respondents **complete the entire survey simultaneously**.

If you have any troubles or questions, please contact [Katie Sheets](#) at (816) 891-5274. [Complete the survey](#). The Midwest HIDTA requests that respondents complete this survey by Friday, Jan. 31, so they can compile the results and complete the Threat Assessment by the ONDCP deadline.
--Karen Braman

KHA Membership Directory Advertising

The Kansas Hospital Association is partnering with [E&M Consulting, Inc.](#), to produce the KHA Membership Directory. The publication will be available in both print and digital formats. E&M will manage the project, including advertising sales and layout/graphic design. E&M will be contacting members about available advertising opportunities. They are highly professional and produce a high-quality publication, and we ask you to give them a moment of your time. The publication will be mailed to every member – a great opportunity to promote and give your organization additional exposure. If you have any questions or want to advertise, please contact an E&M sales associate at (800) 572-0011, ext. 0104, or advertising@eandmsales.com. As always, your support is greatly appreciated!

--Jan Fenwick

Position Available

[Rural Health Clinic Manager](#)
[Washington County Hospital](#)

304 E. Third St.

Washington, KS 66968-2033

Contact: [Roxanne Schottel](#), CEO

Phone: (785) 325-2211

Fax: (785) 325-3224

Email: rschottel@wchks.com

Website: www.washcohospital.com

Apply Online Today!
CLICK HERE

Washington County Hospital is looking for a dedicated and motivated clinic manager to oversee the daily administrative operations of its fast-paced rural health clinic. The clinic manager reports to the hospital CEO and oversees day-to-day clinic operations, developing and implementing procedures to optimize patient care and financial management, ensuring compliance with regulations and monitoring billing, collections insurance payments and accounts payable. Qualifications include a health care or business administration degree, experience as a clinic manager or similar role – preferably a rural health clinic – supervising and motivating clinic staff, and knowledge of health care laws and regulations. Benefits include a retirement plan, health Insurance, vacation/sick time, life Insurance, holidays and professional development opportunities. Salary is based on the candidate's experience and qualifications.

Email [Jan Fenwick](#) if you have a management position available in your organization and would like it posted in *the Current Report*. Also, remember to check out www.kshealthjobs.net for other health care openings in Kansas.

--Jan Fenwick

Federal and National News

HRSA Announces Funding Opportunity for Residency Training in Street Medicine

The Health Resources and Services Administration announced a new [Notice of Funding Opportunity](#) to increase the number of primary care residents trained in the Residency Training in Street Medicine Program. The \$9.5 million annual award will be granted to approximately 19 grantees over five years.

Accredited public and nonprofit private hospitals, schools of medicine and osteopathic medicine and public and private nonprofit organizations are eligible applicants. Applicants must also operate a residency program in family medicine, internal medicine, pediatrics, or a combination of internal medicine and pediatrics.

MLN Connects Provider eNews Available

The Centers for Medicare & Medicaid Services issued the following [updates](#) to *MLN Connects Provider eNews*:

- [Medicare Part B Vaccine Administration: CY 2025 Payment Amounts](#)
- [Historically Excepted Tribal Federally Qualified Health Centers: CY 2025 Payment Rate](#)
- [DMEPOS: Adding New Product Category to CMS-855S Enrollment Form on Jan. 27](#)
- [Hospitals: Apply for Additional Residency Positions by March 31](#)
- [Opioid Treatment Programs: Get the Latest Updates](#)
- [Advanced Primary Care Management Services: Get Information about Billing Medicare](#)
- [Medicare Wellness Visits: Get Your Patients Off to a Healthy Start](#)

Before You Go ...

The Health Resources and Services Administration IEA Region 7 will host a virtual *Grants 101: A Refresher* session at 10 a.m. Wednesday, Jan. 15. [Register](#) for this complimentary program and learn about the federal grant application process.