



Kansas Hospital
ASSOCIATION

KHA District Meetings Spring 2024



Qualivis



1

Today's Agenda

- KMS Professionals' Health Program
- Financial Strategies
- Workforce Strategies
- Public Perception Campaign
- Networking Lunch
- Strategic Planning
- State and Federal Advocacy
- KHSC and APS Spotlight Services
- State and Regional Member Discussion



2

Slido Questions



Join at slido.com
#2337436



3

slido



What district is your hospital located?

① Start presenting to display the poll results on this slide.

4

THE KANSAS MEDICAL SOCIETY PROFESSIONALS' HEALTH PROGRAM



5

Professional Wellness KMS-PHP 2024



6

I am Human

By Stanford Medicine WellMD & WellPhD



7

Kansas Medical Society Professionals' Health Program Staff

- H. Mikel Thomas, MD – Medical Director
- Angela Grittman – Case Manager
- Joy Irvine – Services Coordinator



8

Kansas Medical Society Professionals' Health Program-(KMS-PHP)

- Set up by legislative mandate
- Funded by physician licensure fees
- Not a part of Kansas Board of Healing Arts
- Autonomous, confidential
- Protection to program participants



9

Types of Referrals KMS-PHP Receive

- Substance Use Disorders (SUD)
- Psychiatric Illnesses
- Neurological/Medical
- Disruptive Behavior - Broad Category



10

Referrals to KMS-PHP

- KMS-PHP contact information (785)-231-1306 Angela Grittman, Case Manager or agrittman@kmsonline.org
- Screened to avoid situations that are merely retaliatory or false
- Investigation into merit of claim
- Includes conversations with partners or colleagues, staff, administration
- Collateral information important



11

Continued: Referrals to KMS-PHP

- Each case is evaluated for need for intervention by PHP
- If intervention needed, it is set up by PHP
- Coordination is generally set up with local support network to maximize chances for success of evaluation, treatment and long-term monitoring



12

What to Look For in Impairment

- Change in behavior from baseline
- Change in home life, including stressors such as marriage, new children, financial
- Change in function at work
- Obvious, and not so obvious, boundary violations, e.g., writing self prescriptions, dating patients, etc.



13

Substance Use Disorders

- “It’s not the ones that you would think”
- Significant number of “chief residents”
- “They hold their liquor better than I do”
- “Everybody drinks in medicine”
- Watch out for warning signs
- CAGE....Cut down, Annoyed by comments, Guilty about behavior, Eye-opener



14

Continued: Substance Use Disorders

- DSM V-TR Criteria for Substance Use Disorder
- Loss of control
- Use in hazardous situations
- Self prescribing, self care
- Poor judgment
- Use in larger amounts, with less effect



15

Psychiatric Illness Evaluation/Treatment

- May use local or regional psychiatric expertise
- Use of medication and psychotherapy
- Use of medical/psychiatric experts.... decision on providers aided by PHP
- Length of contract effected by history, compliance, complexities of case



16

Medical/Neurological Evaluations/Treatment

- Reliance on expert evaluations and individuals experienced in forensic aspects of patient illnesses including prognosis
- Need to advocate in these cases...We are not there to help get rid of sick doctors



17

Disruptive Physician

- Most common referrals over last 10 years
- Little insight by referred doctors
- Little insight by referents
- Outcome and prognosis are important considerations in these cases...behavioral contracts are cornerstone of these most difficult of cases



18

Evaluation Process After PHP Referral

- Setting depends on factors such as nature of problems, severity of symptoms, potential danger to patients or self, insight, support network in place
- May take place locally, regionally, nationally
- Usually not a set length of time...the more thorough, the increased chance of success



19

Treatment Needs After the Evaluation

- Treatment should be comprehensive
- Treatment should be multifaceted, multimodal
- Outcomes such as abstinence are important guideposts to short- and long-term success
- Improved function is expected



20

Treatment Needs

- Psychological treatment as needed
- Medications as needed
- Self help groups invaluable
- Well integrated support and local treatment team vital
- Random urine drug tests



21

Contracting Process with KMS-PHP

- After evaluation completed, treatment contract set up
- Usually, five years long
- Confidential
- Release of information to contact support network and treatment members



22

Monitoring Process with KMS-PHP

- Guidelines set out as part of monitoring contract with KMS-PHP
- Practice partners, family members help in the follow-up stages of treatment and recovery
- Random urine drug screening
- Close communication with KMS-PHP



23

Summary of KMS-PHP

- Well-established program
- Contacts throughout state and nation
- Purpose is the well-being of physicians and by extension the safety of the patients
- Prognosis is good and early problems do not predict a poor prognosis



24

Hope for Participants in PHP

- Long track record of success
- Don't want to go back to the past and its paranoid, secretive, parochial nature
- Non-adversarial, true advocacy without pandering



25

CURRENT FINANCIAL OUTLOOK AND FINANCIAL STRATEGIES



26

2024 Health Care Trends and Issues

- Severe workforce shortages and burnout (\$)
- **Financial Sustainability**
- Continued intense focus on quality/patient safety (\$)
- Affordability and soaring drug costs (\$)
- Artificial intelligence and automation (\$)
- Amazon and other disrupters (\$)
- Payer Accountability (\$)
- Virtual health and new trending care such as at-home services (\$)
- Cyber Security (\$)



All these impact your financial sustainability.



27

Hospital Financial Outlook Is Poor



Structural Challenges – Increasing costs and decreasing payments continued shift to non-hospital outpatient, home-based and virtual care.

Cost Drivers:

1. Workforce shortages
2. Specialty Drugs
3. Exacerbating chronic conditions
4. Increasing mental health needs
5. Aging populations
6. General Inflation



28

Medicare and Medicaid Payments Continue to Fall Short of the Cost to Provide Care

Additional cuts always looming

Significant past and future growth in public programs – nearing the tipping point of MOST Americans having government sponsored coverage (158 out of 330 million)

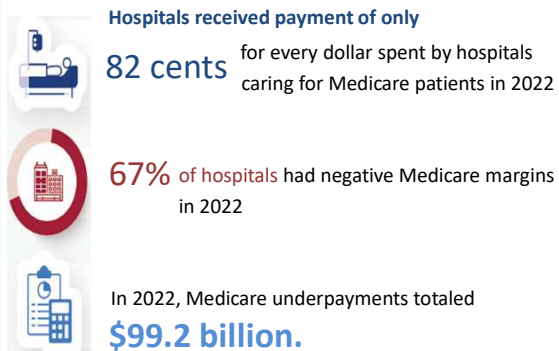


29

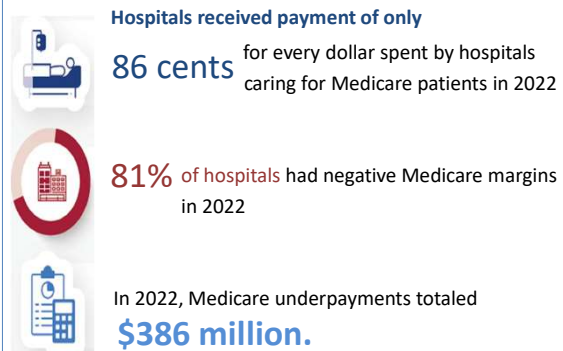
Medicare Significantly Underpays Hospitals for Cost of Patient Care

Low Payment Levels Threaten Access to Care

AHA Infographic, January 2024



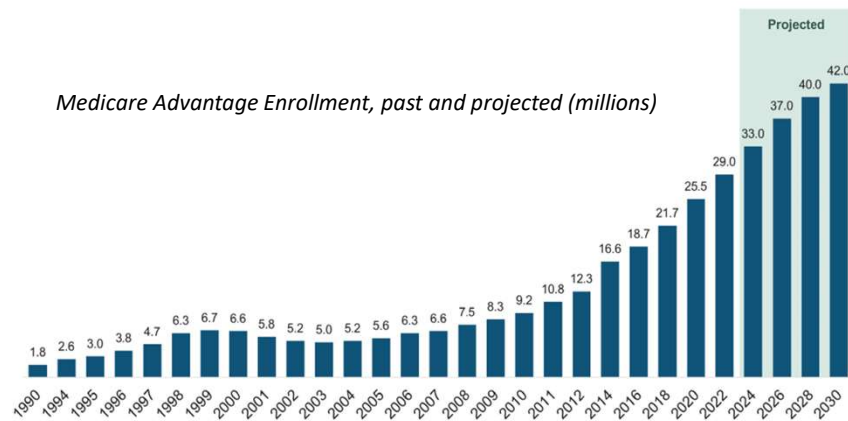
Kansas Hospital Infographic, January 2024



30

Medicare Advantage Enrollment Has Grown Rapidly in the Past Decade

Medicare Advantage Enrollment, past and projected (millions)



Data: 2013 Edition of Medicare and Medicaid Statistical Supplement, Table 12.1, Health Maintenance Organization (HMO) and Cost-Contract Enrollment Growth, Selected Calendar Years 1990-2012, for years 1990-2012; Centers for Medicare and Medicaid Services, Medicare Advantage State/County Penetration Files, for Dec. 2014, 2016, 2018, and 2020; Congressional Budget Office, Medicare Baseline Projection, May 2023.

Source: Christina Ramsay, Gretchen Jacobson, Steven Findlay, and Aimee Ciccio, Medicare Advantage: A Policy Primer, 2024 Update (Commonwealth Fund, Jan. 2024). <https://doi.org/10.26099/1099-0763>



31

Hospitals Are Dropping Medicare Advantage Plans Left and Right

- Medicare Advantage provides health coverage to more than half of the nation's seniors, but a growing number of hospitals and health systems nationwide are pushing back and dropping some or all contracts with the private plans altogether.
- Among the most cited reasons are excessive prior authorization denial rates and slow payments from insurers. Some systems have noted that most Medicare Advantage carriers have faced allegations of billing fraud from the federal government and are being probed by lawmakers over their high denial rates.

"It's become a game of delay, deny and not pay," Chris Van Gorder, president and CEO of San Diego-based Scripps Health. "Providers are going to have to get out of full-risk capitation because it just doesn't work – we're the bottom of the food chain, and the food chain is not being fed."

Managed Care Contracting Toolkit



32

Affordability



Among workers with employer-provided health insurance, 31% are enrolled in an HDHP in 2020, up from 24% in 2015, according to the Kaiser Family Foundation.

The standard sales pitch for HDHPs is that they encourage people to be more cost-conscious consumers. In reality, what often happens is that people forgo care, because coughing up the deductible is a budget-buster.

Source: Carla Fried Research by Rate.com Nov. 2020



33

Soaring Drug Costs

The 10 Most Expensive Drugs in the U.S. in 2023



- Hemgenix - \$3.5 million (CSL Behring, uniQure) Hemophilia B
- Skysona - \$3 million (Bluebird bio) Cerebral adrenoleukodystrophy
- Zynteglo - \$2.8 million (Bluebird bio) Transfusion-dependent thalassemia
- Zolgensma — \$2.25 million (Novartis) Spinal muscular atrophy
- Myalept — \$1.26 million (Chiesi Farmaceutici) Leptin deficiency
- Zokinvy - \$1.07 million (Eiger BioPharmaceuticals) Hutchison- Gilford progeria)
- Danyelza - \$1.01 million (Y-mAbs Therapeutics) Relapsed high-risk neuroblastoma
- Kimmtrak - \$975,520 (Immunocore) Uveal melanoma
- Luxturna — \$850,000 (Spark Therapeutics)
- Folutyn — \$842,585 (Acrotech Biopharma) Peripheral T-cell lymphoma



34

Gross Margins Per Enrollee, 2014-2021

Year	Individual Market	Group Market	Medicaid Managed Care	Medicare Advantage
2014	\$60	\$773	\$605	\$1,449
2015	-\$71	\$793	\$641	\$1,425
2016	\$192	\$815	\$591	\$1,698
2017	\$834	\$862	\$542	\$1,608
2018	\$1,515	\$912	\$626	\$1,727
2019	\$1,167	\$832	\$586	\$1,819
2020	\$1,317	\$958	\$845	\$2,257
2021	\$745	\$689	\$768	\$1,730

NOTE: Gross margins per enrollee are the amount by which total premium income exceeds total claims costs, divided by the number of enrollees. Gross margins include administrative costs, tax liability, and profits.

SOURCE: KFF analysis of data from Mark Farrah Associates Health Coverage Portal TM • Get the data • PNG

KFF

35

Looking Into the Future

Let's Take Back Control of Our Financial Success by Learning from Each Other



- PPS – Importance of Wage Index Projects
- Payer Scorecard – shedding light on payer issues
- Hosting Insurance Advisory Group meetings
- Encourage hospitals to continue reporting Medicare Advantage issues
- 07CMHPORF@cms.hhs.gov
- Training New CFO's – especially with the importance of the Cost Report for both PPS and CAH's.
- Highlight Best Practices and learn from each other on cost containment strategies and reimbursement successes.

36

Quarterly Payer Scorecard

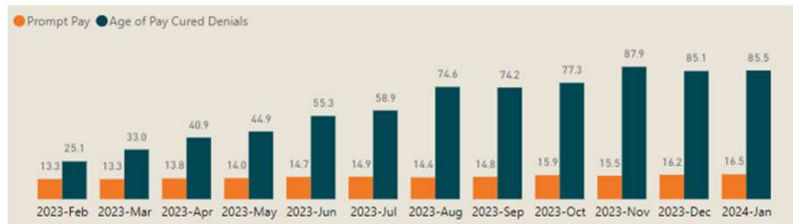
March 2024



37

Prompt Pay Data – Kansas Payer Specific

- Clean Claim Days 5-20 days
- Clean Claim Rates 73%:
 - ✓ Aetna 67%
 - ✓ Tricare 74%
 - ✓ UnitedHealthcare 67%
 - ✓ VA 67%
- Cured Claim Days 80-95 days
- Medicaid Clean Claim Rate 55%. UHC pays cured denials an avg. of 104 days.
- BCBS trends very well on prompt pay and clean claims



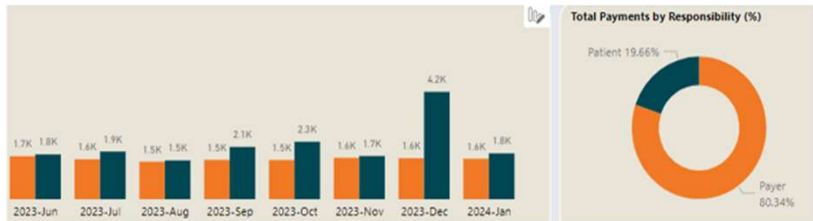
Payer	Remits (#)	Paid (\$)	Discharge to Claim (days)	Prompt Pay (days)	Prompt Pay Cured Denials (days)	Clean Claim (%)	Impact (\$)
Tricare	2,722	1,322,594	14.6	13.0	95.5	74.1%	(241)
Centene	104	51,088	13.9	8.7	94.0	80.8%	
Humana	18,418	10,148,909	17.2	8.5	81.8	72.2%	1,800
Ambetter	10,394	3,905,572	17.0	13.4	80.6	80.1%	2,862
Medicaid	7,818	1,747,234	15.1	10.9	80.3	52.3%	402
United Healthcare	92,932	44,410,845	15.9	18.5	79.9	67.4%	20,651
Aetna	56,340	20,559,869	16.0	12.4	70.2	61.5%	3,676
Blue Cross/Blue Shield	175,652	94,899,948	16.0	11.4	62.2	93.9%	42,343
Other	8,004	2,425,578	18.8	19.8	59.9	70.9%	793
Medicare	337,248	238,559,386	18.1	16.5	56.2	67.1%	17,853
Cigna	942	967,569	18.5	15.9	55.0	67.1%	440
Liability Insurance	72	28,115	13.3	5.8	53.5	86.1%	
Veterans Administration	7,656	7,237,088	17.0	8.9	39.0	67.8%	(272)



38

Reimbursement Data – Kansas Payer Specific

- Patient Responsibility in Kansas 20% compared to national average of 11%
- Kansas collected 46% of charges
- Kansas hospitals only collect 8% of charges on out-of-state Medicaid
- Kansas hospitals collect 51% from Original Medicare but only 33% on Medicare Advantage



Payer	Charges (\$)	Payer Paid (\$)	Patient Responsibility %	Collection %	Avg Patient Resp (\$)	Full Denial (%)	Clean Claim (%)	Avg Remit Value (\$)	LRC (%)
Original Medicare	566,700,845	238,559,386	53,151,914	51%	382	1.5%	67.1%	2,999	
Veterans Administration	21,969,505	7,237,088	15,060	33%	4	4.1%	67.8%	2,149	
Cigna	1,857,030	967,569	401,181	74%	501	15.3%	67.1%	1,772	0.42%
Blue Cross/Blue Shield	272,917,654	94,899,948	35,570,601	48%	342	1.8%	93.9%	1,705	1.75%
Humana	34,367,185	10,148,909	1,625,320	34%	179	2.7%	72.2%	1,521	0.42%
United Healthcare	142,405,042	44,410,845	7,900,248	37%	159	13.4%	67.4%	1,372	0.07%
Ambetter	18,765,631	3,905,572	1,131,586	27%	220	7.8%	80.1%	1,048	1.79%
Third Party Administrator	1,316,076	557,553	354,085	69%	389	13.3%	77.4%	1,035	0.68%
Tricare	4,412,349	1,322,594	108,998	32%	60	6.2%	74.1%	881	
Aetna	76,123,971	20,559,869	3,185,330	31%	112	6.4%	61.5%	855	0.17%
Centene	201,030	51,088	5,793	28%	72	1.9%	80.8%	657	
Liability Insurance	40,966	28,115	6,756	85%	95	8.3%	86.1%	642	
Other	12,504,785	2,425,578	970,874	27%	188	22.2%	70.9%	605	0.37%
Medicaid FFS	6,390,514	1,747,234	50,630	28%	20	7.5%	52.3%	373	0.13%



Denials Data – Kansas Payer Specific

- Dollar impact of denials from the 28 hospitals submitting data - \$419m
- Full Denial Rate in KS – 4% compared to peers at 6%
- UHC full denial rate at 13% compared to peers at 6%.
- UHC is highlighted in several breakout comparisons as this payer denies a large number of partial denials compared to peers.



Payer	Total Remits	# Remits Clean	Full Denial		Partial Denial		Partial Denial Remit %	Full and Partial Denial %	
			Remits (#)	Full Denial (\$)	Remits (#)	Partial Denials			
Other	8,004	5,676	1,780	3,907,526	22.2%	652	2,169,182	8.1%	30%
Cigna	942	632	144	325,528	15.3%	180	432,063	19.1%	34%
United Healthcare	92,932	62,624	12,424	25,419,542	13.4%	19,814	56,902,703	21.3%	35%
Third Party Administrator	886	686	118	256,932	13.3%	196	415,124	22.1%	35%
Liability Insurance	72	62	6	5,244	8.3%	2	15,247	2.8%	11%
Ambetter	10,394	8,324	806	2,309,845	7.8%	1,038	4,753,492	10.0%	18%
Medicaid FFS	7,818	4,088	586	578,751	7.5%	2,248	3,607,004	28.8%	36%
Aetna	56,340	34,670	3,614	4,949,904	6.4%	15,242	45,737,221	27.1%	33%
Tricare	2,722	2,018	170	186,587	6.2%	528	2,471,374	19.4%	26%
Veterans Administration	7,656	5,188	312	759,511	4.1%	2,042	10,328,869	26.7%	31%
Humana	18,418	13,294	500	2,317,242	2.7%	1,968	10,574,089	10.7%	13%
Centene	104	84	2	16,719	1.9%	14	58,435	13.5%	15%
Blue Cross/Blue Shield	175,652	164,966	3,220	7,741,673	1.8%	3,588	11,653,587	2.0%	4%
Original Medicare	337,248	226,296	5,188	8,381,305	1.5%	57,446	213,633,411	17.0%	19%



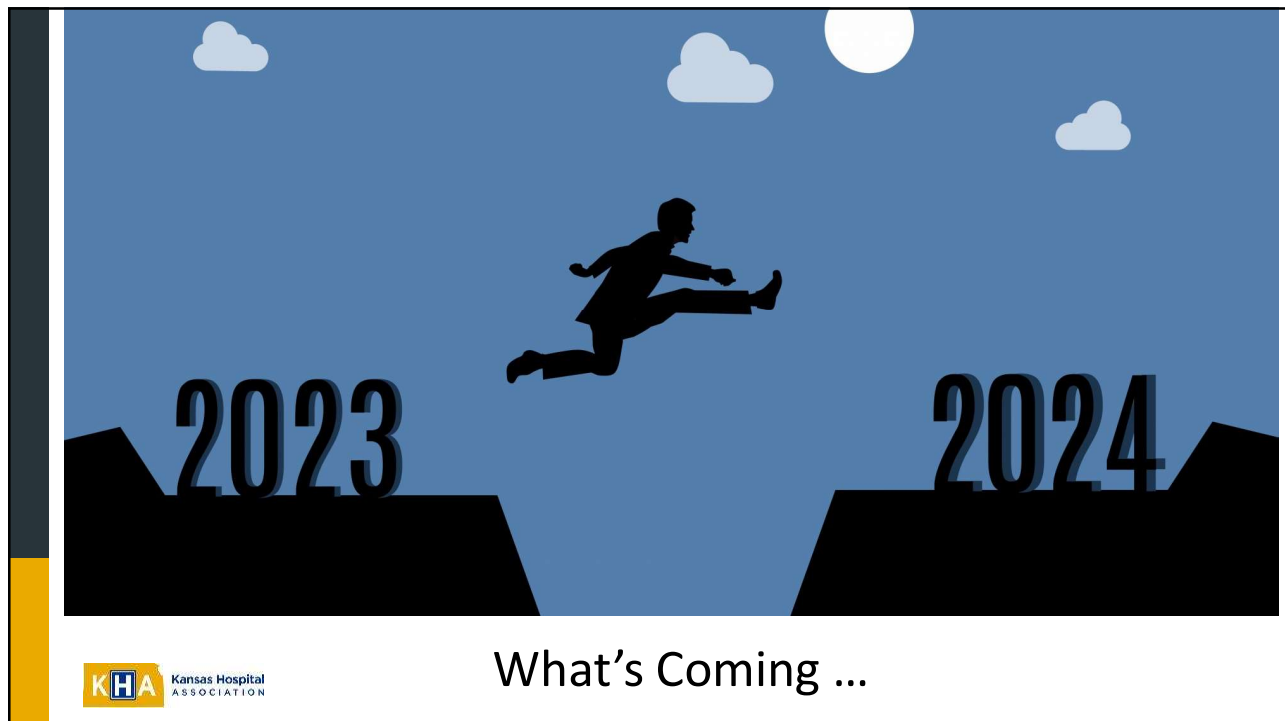


SHARING our BEST PRACTICES

bligonsbest.blogspot.com
(2016)

This slide features a central white box with the text "SHARING our BEST PRACTICES" in a bold, sans-serif font. To the right of the box is a group of seven stylized human figures, with one figure in the center highlighted in blue and the others in grey. The background is a solid grey color.

41



2023 2024

What's Coming ...

KHA Kansas Hospital ASSOCIATION

This slide features a blue background with a silhouette of a person in mid-air, jumping from a platform labeled "2023" to another platform labeled "2024". The sky is blue with white clouds and a white moon. The text "What's Coming ..." is centered at the bottom. The KHA logo is in the bottom left corner.

42

WORKFORCE STRATEGIES



43

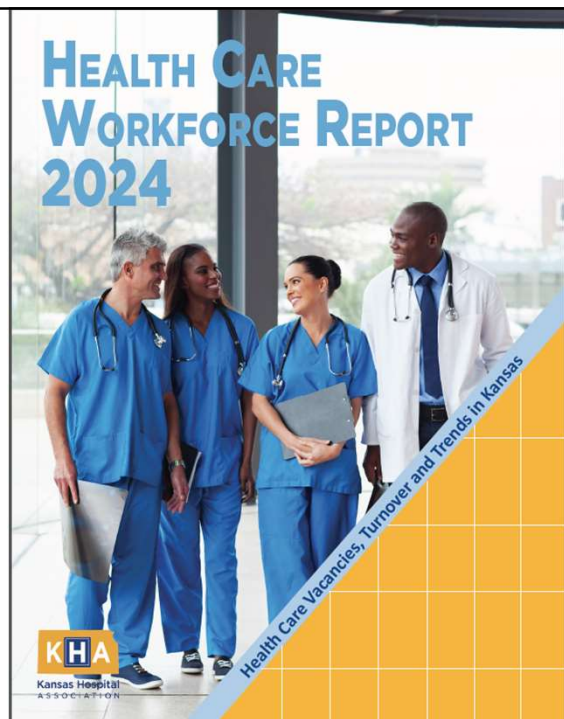
Health Care Workforce Report Now Available

KHA Workforce Survey

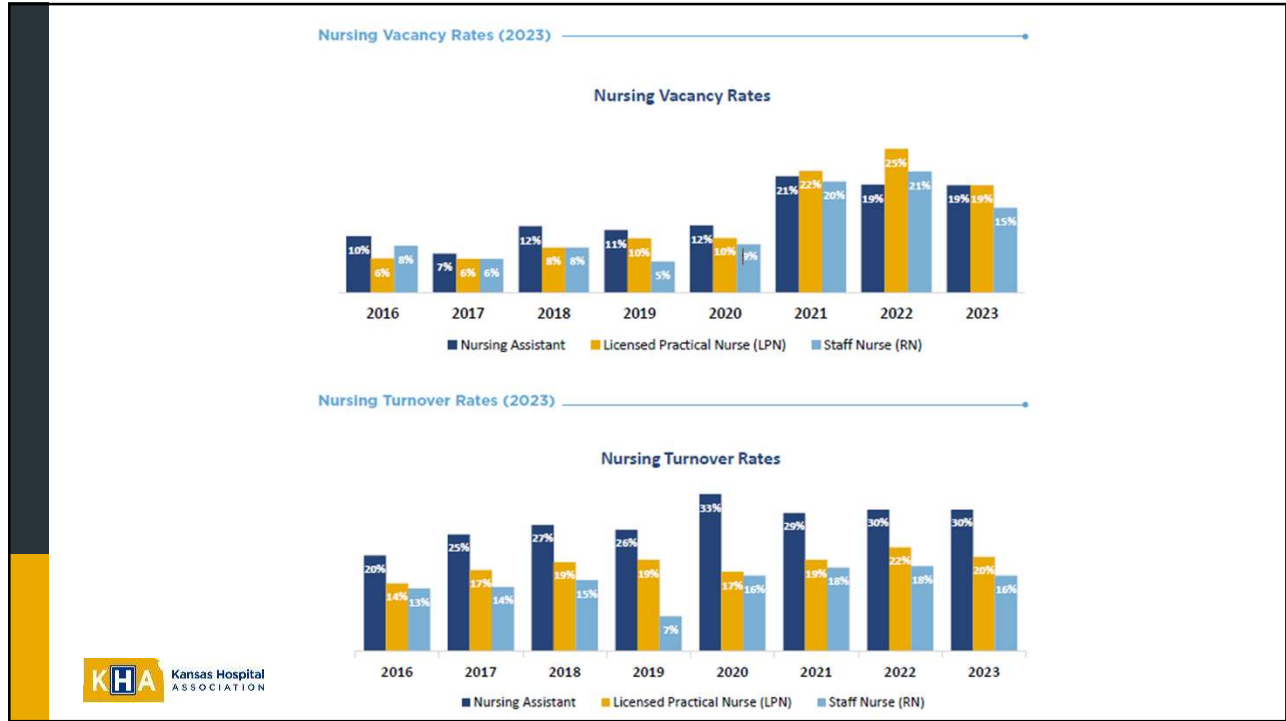
- Workforce survey measuring vacancy and turnover rates (data on KHASTAT.org)
- January 2024 survey
- 110 hospitals participated

New Report Also Features

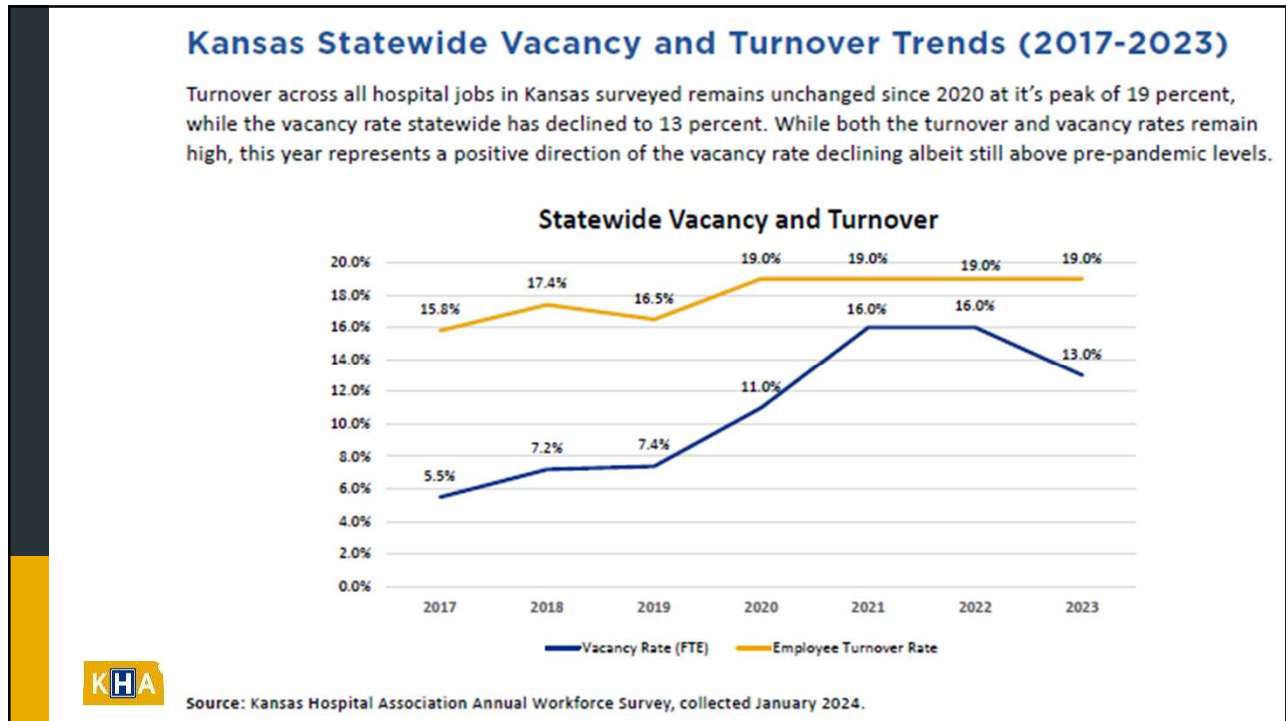
- Enrollment data, attrition rates, regional breakouts and solutions and opportunities



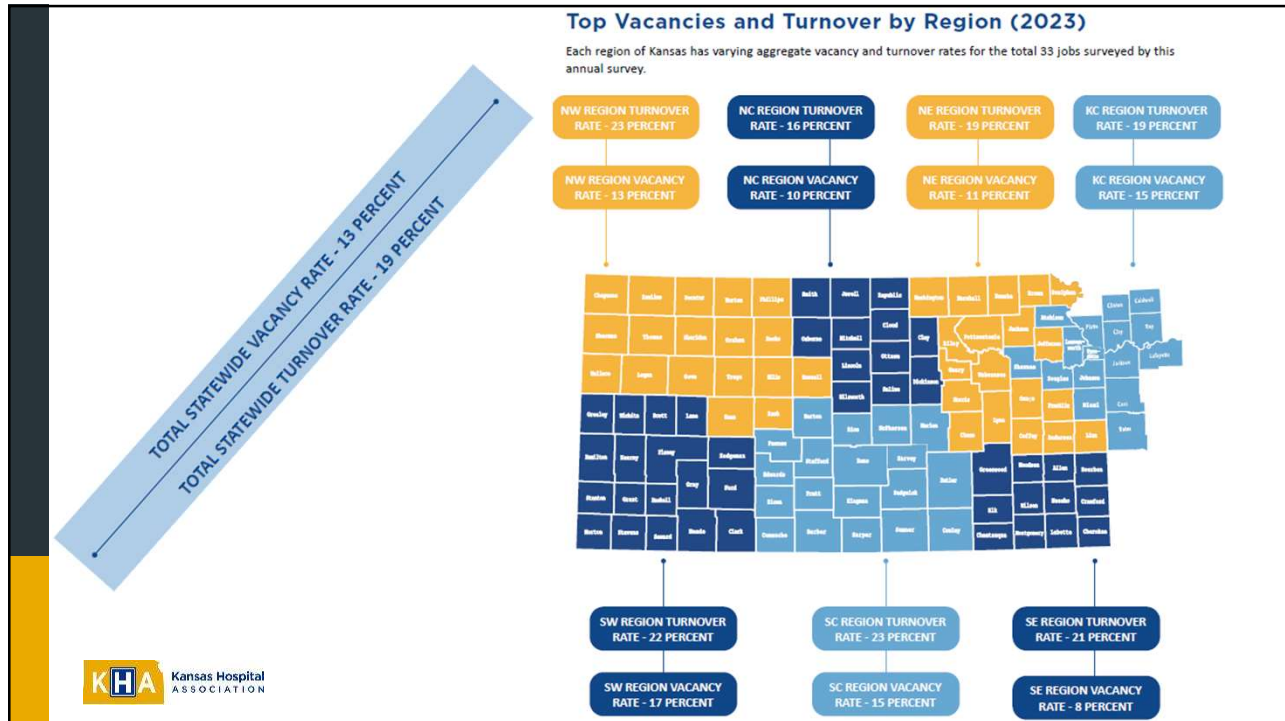
44



45



46



47

AGENDA

8:00 a.m. – Opening Remarks

8:15 a.m. – Physical Therapy
Logan County Health Services, Colby
Whether it's a sports injury, accident or age-related issue, physical therapy brings change to lives by helping build strength, mobility and address to individuals who are recovering from injuries, falls and breaks. You can start in physical therapy with a two-year degree or move up to a medical degree.

9:30 a.m. – Radiology Technologists
LIFE Health, Lawrence
Using a little bit of detection and a whole lot of cool tech, radiology technologists utilize curiosity and discovery to get beneath the surface and help diagnose problems.

9:50 a.m. – Business Office
Kansas Rehabilitation Hospital, Topeka
Hospitals are filled with administrators, coders and health information specialists tapping into their writing, math, creative and IT skills making sure the business side of health care is running smoothly.

10:10 a.m. – Behavioral Health
Phillips County Health System, Phillipsburg
Behavioral health professionals practice empathy and insight to help at-risk and in-crisis individuals navigate a path to mental health wellness. In a hospital setting, these professionals include social workers, crisis counselors and family and child therapists.

10:40 a.m. – Nursing
Covenant Health, Colby
Hands down, pursuing a career in nursing offers job opportunities, career advancement and an easy mobility. Entry level or advanced, a career nursing takes you wherever you dream to go.

HEALTHCARE 2024 KS 24 VIRTUAL CAREER DAY
Feb. 1, 2024
9:00 a.m. to 12:30 p.m.

Download the **Virtual Career Day** app today for the salary, demand and demand for the most sought after health care jobs.

11:00 a.m. – Laboratory
Memorial Health System, Adrian
When you work in a lab, a splash of this and drop of that and the chemist inside you will help reveal important medical results. Learn how the laboratory is the hospital's center of diagnosis and discovery.

11:20 a.m. – EMT/Paramedic
Anderson County Hospital, Garnett
A dash of unknown and a shot of adrenaline keeps EMTs and paramedics on the frontlines of care. Emergencies happen and the field needs steadfast individuals who can provide comfort and care under high pressure events.

11:40 a.m. – Surgery
HCA Midwest Health, Overland Park
You want to be in the heart of health care? Step into a surgical career. Surgery teams consist of technicians, nurses, anesthesiologists and surgeons. They all play a vital role in the delivery of high stakes care.

12:00 p.m. – Taking Your Next Steps in Health Care
Kansas State Department of Education, Kansas Board of Regents and host partners
Need a scholarship? Want to learn more about important courses and opportunities to shadow careers? We want to help you on your journey.

HEALTHCARE 2024 KS 24 VIRTUAL CAREER DAY

Second annual event to promote awareness of the wide variety of health care careers to students of all ages across Kansas.

- 3,000+ Students Registered
- 160+ Schools
- Hundreds of homeschooolers, college students, and adult learners

Thank you to our sponsors

Platinum Level
CareSource

Gold Level
Children's Mercy KANSAS CITY
HEALTH WORKS
SMITH COUNTY HOSPITAL
BARTON AdventHealth
Health Forward FOUNDATION
KANSAS DEPARTMENT OF EDUCATION

Silver Level
Nemaha Valley Community Hospital
United Methodist Health Ministry Fund

Want to sponsor the 2024 Health Care Career Day?
Visit: HappyInHealthCare.org for opportunities.

Register Here

The 2024 Health Care Career Day is presented by the Kansas Hospital Association, Kansas Board of Regents and the Kansas Department of Education. Your Hospital/Healthcare.org to discover schools, careers and scholarships dedicated to building a robust and thriving health care workforce

KHA Kansas Hospital Association
KANSAS EDUCATION
HappyInHealthCare.org

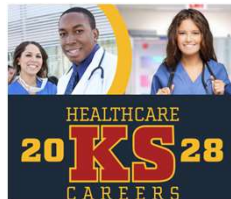
KHA Kansas Hospital Association

48

Have you seen an impact at the local level?



What tools/resources can KHA provide?



49

slido



Requests for shadowing:

① Start presenting to display the poll results on this slide.

50

slido



**Requests for engagement with classrooms
or student groups:**

① Start presenting to display the poll results on this slide.

51

slido

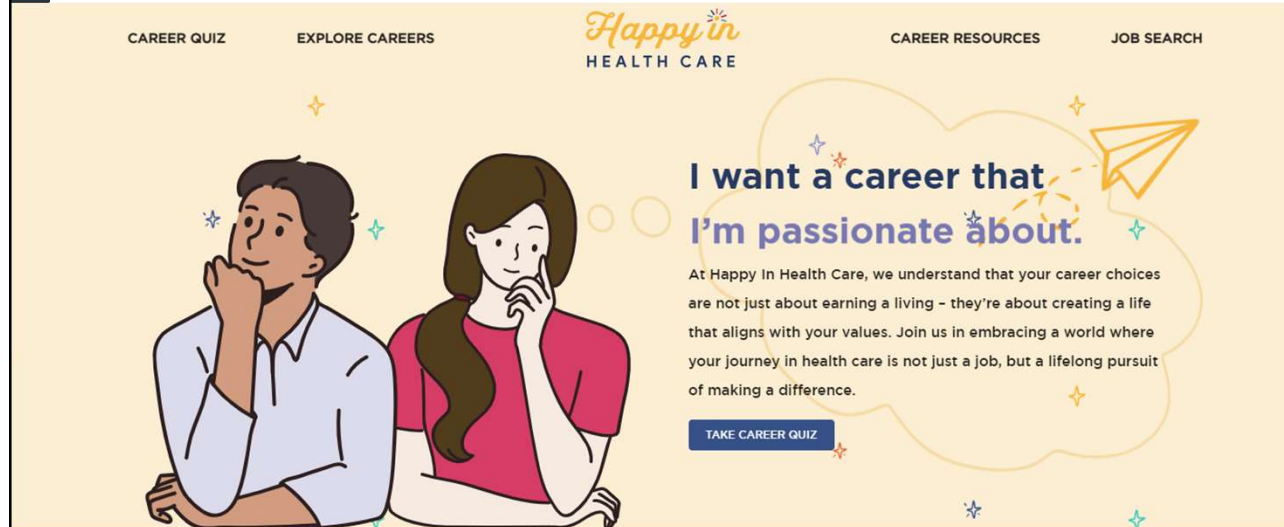


**Applications from students for
summer/part-time jobs:**

① Start presenting to display the poll results on this slide.

52

Kansas' NEW Health Care Careers Website HappyInHealthCare.Org



53

Kansas Health Care Preceptor Academy

- **What:**
 - This one-day in person interactive program provides information and practical tools to improve preceptor abilities in orienting/onboarding new staff or students to the profession
- **Who:**
 - Any nursing or allied health employee serving as a preceptor in a health care setting
- **When:**
 - May 23, @ HaysMed
 - More to come in 2024
- **Goal:**
 - Better prepare and equip clinicians to serve as preceptors/mentors to **increase capture of students** during rotations & **improve retention of staff**



54

Health Care Apprenticeship

Grow Your Own

- 10 hospitals have launched with apprentices
- 4 hospitals are onboarding
- Occupations launched:
 - CNAs, Medical Assistants, Medical Biller/Coder, Surgical Tech, CDM
 - Post-licensure LPN Nurse Residency Apprenticeship



KANSAS APPRENTICESHIP ACT (HB 2292)

- **Not-for-Profit Employers**
 - Grants awarded to individual employers
 - **\$2,750 for each apprentice employed**
 - Up to 20 apprentices annually
 - Cannot award funding for the same apprentice more than 4 successive years
 - Maximum of \$55,000 annually
- **For-Profit Employers:**
 - Can claim the apprenticeship tax credit
 - **\$2,750 for each apprentice employed**
 - Up to 20 apprentices annually
 - Cannot award funding for the same apprentice more than 4 successive years
 - Maximum of \$55,000 annually

55

Health Care Occupations Available to Apprentice

- **Clinical Roles Include:**
 - CNA/PCT
 - Medical Assistant
 - Post-Licensure LPN/RN Residency
 - Phlebotomists
 - Surgical Technicians
 - Sterile Processing Technicians
 - Medical Laboratory Technicians (MLT)
 - Pharmacy Technicians
 - Paramedical/EMT
- **Non-Clinical Roles Include:**
 - Dietary Aide
 - Certified Dietary Manager
 - Maintenance
 - Management
 - Medical Billers/Coders/Admin Assistants
 - IT-HIT/HIM/HIA and Help Desk
 - Community Health Workers
 - Unit Clerks

And many more!



56

PUBLIC PERCEPTION CAMPAIGN



57



Public Perception Campaign We Put Our Hearts Into It!

Statewide campaign to improve the public perception of health care in Kansas and Kansas hospitals. The campaign has two target audiences:

- Counters negative perceptions about health care with positive messages. Targets adults 35+
- Leverages message testing to help Kansas hospitals better position career opportunities within their communities. Targets high school students (14-17), college students (18-22) and young adults (23-34).



58

Public Perception Campaign We Put Our Hearts Into It!

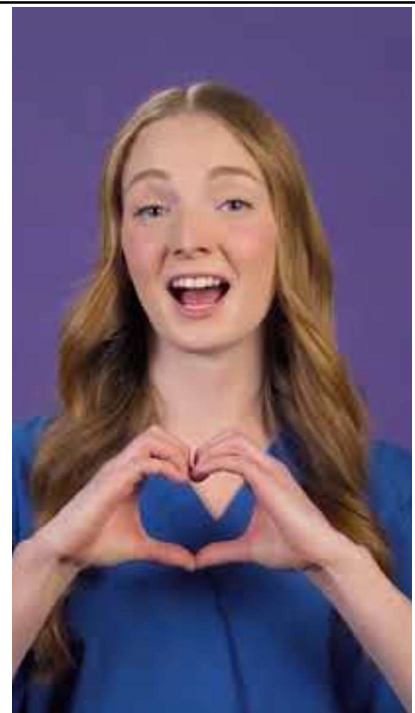
Soft-launched on Valentine's Day, the statewide campaign, now running, has a goal to improve the public perception as well as relay the rewards of health care careers within Kansas hospitals.

- Based on the public opinion poll and message testing conducted in 2023.
- KHA statewide campaign efforts are in paid media on Facebook, Instagram and Snapchat.
- Ads will run for at least three months.




59

Public Perception Campaign We Put Our Hearts Into It!



60




Curt Sudbeck
Director of Ancillary Services


Public Perception Campaign

We Put Our Hearts Into It!

Featuring Kansas health care providers across the state.

Encouraging members to feature their team members.






61

Member Toolkit

KHA Communications Committee suggested and reviewed resources for members to launch local public perception campaigns to complement the statewide efforts.

Key messages, photos, videos, storyboards, social posts and scripts have now been added to a shared folder for KHA members.

Hospitals are encouraged to make the resources their own.



box

Public Perception Campaign Toolkit

NAME
Photography
Videos
KHA Public Perception Campaign - SOCIAL POSTS.pdf
I love healthcare Logo FINAL.ai
I love Kansas health care logo.jpg
KHA Public Perception Campaign - VIDEO STORYBOARD.pdf
KHA Public Perception Campaign - KEY MESSAGES.pdf
KHA Public Perception Campaign - RADIO.pdf
KHA Public Perception Campaign - SPORTING EVENTS.pdf

62



Kansas Hospital
ASSOCIATION

Networking Lunch



Qualivis



63

KHA 2025-2027 STRATEGIC PLANNING



64

Current Plan



KHA STRATEGIC PLAN

2022-2024

Updated January 2024

VISION:
Optimal health for Kansans

MISSION:
To be the leading advocate and resource for members

VALUES:
Excellence: Exceeding Expectations
Innovation: Pursuing and Shaping Solutions
Integrity: Upholding Respect and Trust
Knowledge: Sharing Insights and Developing Expertise

2022-2024 STRATEGIC AIM: Improve Kansas' statewide health ranking with a focus on preventive health services.

STRATEGIC PRIORITIES

POLICY INFLUENCE

- Advocate for policies that expand access, including workforce development and KanCare expansion.
- Advance policies that reduce administrative burden.
- Mitigate the impact of behavioral health crisis patients in emergency departments.
- Expand grassroots advocacy network.

FINANCIAL STABILITY

- Advocate for improved reimbursement and insurance accountability.
- Educate legislators and consumers about the cost and complexity of health care.
- Share the impact of prior authorizations with policymakers and the public.
- Engage with KDHE on the Medicaid Centralized Credentialing Process.

WORKFORCE

- Promote hospital and health care careers.
- Collaborate with stakeholders to develop tools to increase health care graduates.
- Develop strategies to recruit and retain health care providers and staff.
- Provide education and resources to support those engaged in health careers.

Current Plan



KHA STRATEGIC PLAN 2022-2024

Updated January 2024

Kansas Hospital Association

STRATEGIC FOCUS:

L

Leadership
Leading the development and implementation of health care policy through membership engagement and partnerships.

E

Education
Develop, market and deliver education and networking opportunities for members, the public and others.

A

Advocacy
Influencing policy development through effective representation that achieves positive outcomes for KHA members.

D

Data and Information
Inform and inspire our members and the communities they serve with reliable, accurate and actionable information.

STRATEGIC PRIORITIES

MEMBER AND PARTNER ENGAGEMENT

- Collect and share best practices among members and partners.
- Engage and involve members in guiding the work of the association.
- Strengthen relationships and collaborate with health care stakeholders and industry leaders.
- Help members facilitate critical conversations and build local partnerships.

HEALTH CARE VISIONING

- Promote and provide resources to support alternative models of health care delivery.
- Develop resources to educate members on emerging and future trends.
- Convene stakeholder conversations on innovative ways to increase access to care.
- Engage in activities that promote high-quality, reliable broadband in Kansas.

ADVANCING HEALTH

- Develop resources and education to reduce disparities in care and improve health.
- Collaborate with stakeholders to address quality and safety issues.
- Work with stakeholders to enhance and provide tools that support community health improvement.
- Engage with partners to address Kansas health rankings.

Kansas Hospital Association • www.kha-net.org • (785) 233-7436

slido




KHA's Vision is "Optimal Health for Kansans."

① Start presenting to display the poll results on this slide.

67

slido




KHA's Mission is "To be the leading advocate and resource for members."

① Start presenting to display the poll results on this slide.

68

slido




KHA's Values are "Excellence, Innovation, Integrity and Knowledge."

① Start presenting to display the poll results on this slide.

69

slido



KHA established a Strategic Aim in 2022, to "Improve Kansas' statewide health ranking with a focus on preventive health services."

① Start presenting to display the poll results on this slide.

70

Based on general topics from members, other associations and staff, please select the top three issues in which KHA can support you in 2025-2027:

Advocacy and Regulations
 Behavioral Health
 Finance and Reimbursement
 Governance and Trustees Resources
 Health Care Delivery / New Models
 Population Health / Health Equity
 Quality and Patient Safety
 Technology and Innovation
 Public Trust and Confidence
 Workforce Recruitment and Retention



71

slido



Based on general topics from members, other associations and staff, please select the top three issues in which KHA can support you in 2025-2027:

① Start presenting to display the poll results on this slide.

72

Discussion Questions

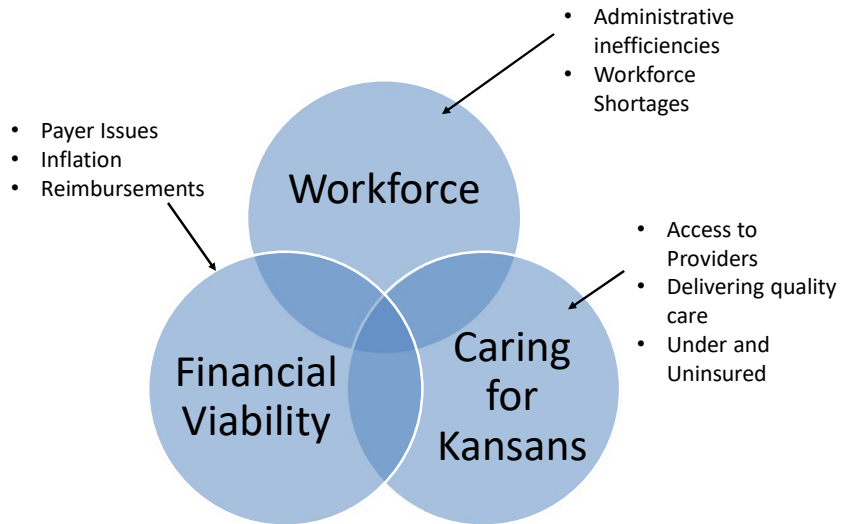
What priority is missing from KHA's current strategic plan that should be included in the 2025 – 2027 plan?

What is the top issue (resource or activity) in which your hospital / health system needs KHA's support?



STATE AND FEDERAL ADVOCACY

What Issues Are Driving the Conversation?



75

slido



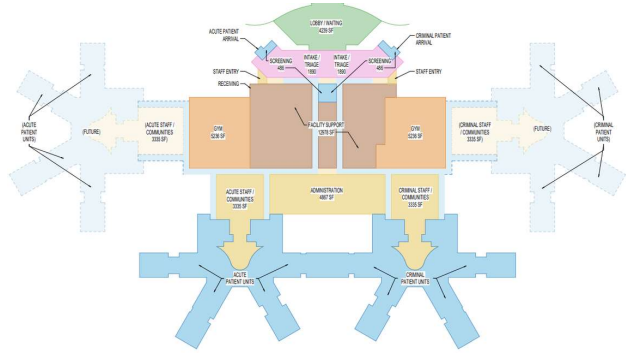
The State of Kansas is building and investing in a new state mental health hospital?

① Start presenting to display the poll results on this slide.

76

Behavioral Health Investments

- KDADS and Sedgwick County have selected a site for a 50-bed hospital
- Groundbreaking in 2024/Slated to be completed in 2026
- Northwest Corner of MacArthur & Meridian in Southwest Wichita
- The County has taken on the construction
- \$40 million in state funds dedicated to building
- Half the beds will be acute in-patient care
- Half the beds will be for people charged with crimes who need to be evaluated for competency to stand trial
- Discussions on the possibility of 50 additional beds



Behavioral Health Investments

Reimbursement for Observation and Transportation for Patients Awaiting SIA or State Hospital Admission.



Hospitals Have Financial Challenges

IN THE LAST THREE YEARS, HOSPITAL EXPENSES HAVE INCREASED BY MORE THAN 35%.

73 percent of hospitals in Kansas had a negative operating margin going into 2023.



National average of cash on hand is 265 days.



Kansas average of cash on hand is 62 days.

Medicaid Rates

Included at varying rates in both House and Senate.

Medicaid Expansion

Hearings held for the first time in four years. The House Health Committee did not recommend it.



79

slido



Who has proposed more investments in the State Medicaid Outpatient Codes for Hospitals?

① Start presenting to display the poll results on this slide.

80

BUDGETS

House

- \$45.2 m, including \$17.9 m SGF for Medicaid outpatient codes in hospitals
- \$33.9 m, including \$13.6 m SGF for 15% Medicaid physician provider increase
- Increase Medicaid OBGYN Codes by 15%
- \$2.0 m for REH
- 340B Language
- **Provider Assessment Increase**

Senate

- \$78.7 m, including \$30 m SGF for Medicaid outpatient codes in hospitals FY 25
- \$157.4 m, including \$60 m SGF for Medicaid outpatient codes in hospitals FY 26
- \$25.7 m, including \$10.3 m SGF for 8% Medicaid provider increase
- \$10 m for adult mental health beds in hospitals
- 340B Language

Conference – SB 28

- \$50 m, including \$20 m SGF for Medicaid outpatient hospital rates in FY 2025
- \$30 m, including \$12 m SGF for Medicaid physician rates in FY 2025
- \$5 million SGF in one-time expenditures to support hospitals providing adult inpatient behavioral health services in FY 2025
- \$2 million SGF as one-time funding to reimburse hospitals operating as REH without the designation for FY 2025.
- Language directing the AG to enforce the Kansas Consumer Protection Act against manufacturers interfering with the acquisition of 340B drugs by pharmacies in FY 2025 and FY 2026



81

Workforce Issues

Bill	Description	Passed the House	Passed the Senate	Signed by the Governor
HB 2484	Enacts the Social Work Licensure Compact	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
HB 2565	Occupational licensing; providing that military spouses of active military servicemembers shall be exempted from all such fees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HB 2645	Nursing Service Scholarship	<input checked="" type="checkbox"/>		
Sub for SB 28	\$2.2M Osteopathic Medical Service Scholarship \$750,000 for family residency programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	



82

slido



Language requiring drug manufacturers to not interfere with 340B pricing or contracting can be found where? (Choose all that apply)

① Start presenting to display the poll results on this slide.

83



- SB 531, imposing restrictions concerning federal 340B drug pricing program and prohibiting certain discriminatory actions. – in Senate Financial Institutions and Insurance
- Call for RFI on Federal 340B
- Working with Senator Moran

84

Other Issues

Scope

SB 490 Optometry Scope – Not Worked
 SB 496, Naturopathic Doctors Scope – Blessed
 SB 112 –Independent Practice of Nurse Anesthetists – passed Senate, in House Committee

SB 391, Takes away Secretary of KDHE and Local Health Officer Quarantines – passed Senate, in House Committee
 SB 352, Hospital Visitation and Civil Cause of Action – passed Senate, stricken from House calendar; Included in House sub for SB 287

COVID

Social

Abortion: SB 527 (exempt) crime to coerce; and SB 528, requiring ultrasounds; HB 2515 (exempt) creating civil cause of action against healthcare provider; HB 2737 (exempt) criminal prosecution for death of unborn child – Not worked
 HB 2749, reporting on reasons for abortion – passed both chambers, headed to the Governor
 Gender Identity Care: HB 2792 (exempt), prohibiting surgery on minors and discipline.SB 353 civil cause of action for services, HB 2791(exempt), enacting forbidding child transitions – not worked

SB 430, increases benefits on death, permanent total disability, temporary total disability, permanent partial disability, temporary partial disability and functional only. It would begin 7/1/27 as a formula adjustment to increase benefit cap by 5-yr average. – headed to the Governor

Worker's Comp

Taxes

HB 2036 – 2 tax brackets – 5.15 and 5.55 percent; increase in the standard deduction; increase personal exemption, exempt Social Security from income tax, increase exemption from statewide uniform school finance levy and end food sales tax July 1, 2024



85

slido



Which is true about the hospital pricing transparency bill introduced in Kansas? (Choose all that apply)

① Start presenting to display the poll results on this slide.

86

Other Issues

Fire Marshal

HB 2777, as amended, would prohibit the State Fire Marshal (Marshal) and any of the Marshal's representatives from wearing or operating a body camera or other audio or video recording device during an on-site inspection in a licensed care facility or community-based locations where individuals with intellectual and developmental disabilities (I/DD) receive habilitation services. Passed the House and Senate committee

SB 272, Transfers additional funds from the State Highway Fund for State Aviation Program investments. Passed the Senate on House general orders.

Air Investments

Childcare

HB 2569, replace licensing service – not worked
SB 501/HB 2785 (exempt) combining state agency functions in office of early childhood.
Not worked in the Senate, heard in the House

SB 355/HB 2556: Expands Medicaid, Includes Hospital Surcharge but not in effect after 1/1/27, Includes work provisions, includes coverage currently occurring at the expense of county jails, adds reporting and oversight committee meetings. Hearing held.

Expansion

Transparency

HB 2825 would penalize hospitals \$250/day for not meeting federal compliance at the state level and would stop hospitals from being able to collect on any procedure under protest from a patient. Motion to recommend favorably failed on the House floor.



87

slido



Site neutral payments are included where?

① Start presenting to display the poll results on this slide.

88

Telehealth
No geographic restrictions and all providers can bill as distant sites – extended from the PHE – through December 31
Goal: Permanent application of PHE flexibilities.

MDH and LVH Extension
• Both are extended through September of 2024.
• MDH extension continues the existence of the program
• LVH extension continues the increased threshold for payment adjustment to 3,800 discharges.
Goal: Permanent extension of programs.

Challenges Federal Funding

Delay in ACA DSH Cuts
The delay is continued through March 8 with the continuing budget.
Goal: Permanent delay of cuts.


340B Waiver
Eligible entities received a waiver during the PHE to maintain eligibility for the program.
Goal: 2-year extension due to the impact of the PHE and Medicaid redeterminations.

Site-Neutral Payment Policies
Stop Congress for limiting payments to outpatient hospital departments to the same level as doctor's offices.
Goal: Stop site-neutral payment policies.

KHA Kansas Hospital Association

89

slido

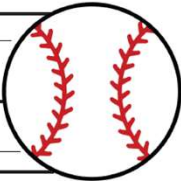


Do you have someone on your team who could benefit from training on how to advocate for issues important to your hospital?

① Start presenting to display the poll results on this slide.


90

Advocacy All-Star Training




Step Up to the Plate!
It's training season and it's your turn at bat! Advocacy All-Star Training gets you ready to rally and advocate on issues that impact your hospital.

Your Coaches



Audrey Dunkel
Vice President
Government
Relations



Tara Mays
Vice President
State Legislative
Relations

Once completed you will be able to **take to the field and hit a solid run** with elected officials at the local, state and federal levels.


Like America's great pastime, Advocacy All Star Training is for everyone - clinical, non-clinical, entry-level or veteran, trustees or employees.



Advocacy All-Star Training is held every year. There is a fee to enroll and registration is limited.

Major League Prep


- Three in-person training sessions with the last one being held during KHA's Advocacy Day in January.
- Interaction with current and former elected officials and staffers at all levels of government.
- Historical and political context around milestone Kansas legislation.
- Participation in immersive activities, including tours of Topeka landmarks and a mock bill hearing.


Home Run Ready
Advocacy All-Star Training will help you to tell the story of your hospital to elected officials and community partners in a way that resonates and prepares you for the big show. [Learn more.](#) →



91





Have you donated to the KHA-PAC?

① Start presenting to display the poll results on this slide.

92



KHA-PAC PURPOSE

- KHA-PAC enhances advocacy efforts
- KHA-PAC only supports candidates who support hospital issues, regardless of political affiliation
- State-only PAC with partnership to AHA’s federal PAC

2023-2024 Campaign Goals

KHA-PAC contributions	\$168,000
To Date	\$83,140



2024 Toolkit Coming Soon

Advocacy Contacts

Chad Austin caustin@kha-net.org (785) 213-0904 (cell)	Audrey Dunkel adunkel@kha-net.org (785) 221-8789 (cell)	Tara Mays tmays@kha-net.org (785) 969-9270 (cell)
---	---	---



★ 2024 ELECTION DATES ★

★ 2024 PRIMARY ELECTION ★

MONDAY, JUNE 3 (12:00 p.m.)
Deadline to change your party affiliation to participate in the 2024 primary election.

TUESDAY, JULY 16
Deadline to register to vote or update your voter registration information to participate in the 2024 primary election.

WEDNESDAY, JULY 17
First day of advance voting. Advance ballots by mail are transmitted. In-person advance voting may begin. Check with your county election officer for specific times and locations.

TUESDAY, JULY 30
Last day to apply for an advance voting mail ballot.

MONDAY, AUGUST 5
In-person advance voting ends at 12:00 p.m.

TUESDAY, AUGUST 6
PRIMARY ELECTION
(All advance ballots by mail must be postmarked by Election Day and received by Friday, August 9.)

★ 2024 GENERAL ELECTION ★

TUESDAY, OCTOBER 15
Deadline to register to vote or update your voter registration information to participate in the 2024 general election.

WEDNESDAY, OCTOBER 16
First day of advance voting. Advance ballots by mail are transmitted. In-person advance voting may begin. Check with your county election officer for specific times and locations.

TUESDAY, OCTOBER 29
Last day to apply for an advance voting mail ballot.

MONDAY, NOVEMBER 4
In-person advance voting ends at 12:00 p.m.

TUESDAY, NOVEMBER 5
GENERAL ELECTION
(All advance ballots by mail must be postmarked by Election Day and received by Friday, November 8.)



APS AND KHSC SPOTLIGHT SERVICES



95



96



ARTHUR | MARSHALL
DENTAL · PHYSICIAN · MEDICAL SEARCH
BUILDING YOUR SUCCESS



APS
SHARE · SOLVE · SAVE

Arthur Marshall

- 📦 **A Comprehensive Approach to Physician Recruiting**
- 📦 **Knowledge-Driven Strategies**
- 📦 **Multi-Channel Sourcing**
- 📦 **Hands-On Engagement**
- 📦 **Candidate Guarantee**

Contact:
Rich Gehrke, Vice President
Partner Success | Dental
(573) 673-9630
rgehrke@arthurmarshall.com

97



GREENSTAFF
MEDICAL



APS
SHARE · SOLVE · SAVE

- 📦 **Medical Technologist**
- 📦 **Long-Term Nurse Staffing Solutions**
 - Including Allied Health
- 📦 **Temp-to-Permanent Employment**
- 📦 **Comparable Pay**
 - Fit in local salary system
- 📦 **Global Recruiting**
- 📦 **Canadian TN Visa Access**
 - Greenstaff candidates are recruited from around the world, including the United Kingdom, South Africa, the Philippines, Nigeria and Nepal. Many, however, come from Canada, where they may have previously immigrated from other countries. Because of the North American Free Trade Agreement and the nurses' ability to come to the U.S. on the TN visa, candidates from Canada often can start work in three-to-five months. That compares to eight-to-12 months for nurses from overseas. To help ensure success, Greenstaff recommends that hospitals provide new contract nurses with eight-to-10 weeks of orientation overseen by a consistent preceptor.
- 📦 **F1 Students**

98

bio-electronics



- 📁 **Preventive Maintenance/Labor**
- 📁 **Preventive Maintenance/Labor + Repair**
- 📁 **In-House Programs**
- 📁 **Accreditation Support**
- 📁 **Vendor Partnerships**

- 📁 **Contact:**
- 📁 Christine Widman
- 📁 Senior Director of Operations (402) 742-8161
- 📁 cwidman@bio-electronics.com

99



Full-Service Provider Credentialing and Enrollment



📁 Full-Service Provider Credentialing and Enrollment

- Clinician credentialing and enrollment are essential first steps in the delivery of high-quality, appropriately reimbursed healthcare. Yet both processes are complicated and time-consuming, and delays or mistakes can have serious consequences.
- That's why a growing number of hospitals and other healthcare facilities are turning to qualified third parties for help in executing these mission-critical tasks. Hospital Services Corporation (HSC) is a certified credentials verification organization (CVO) now offering comprehensive credentialing and enrollment services to APS members.

📁 Provider Enrollment

- Enrollment is provided for Medicare, Medicaid, and all commercial plans. Pricing is per provider, per insurance company, not per line of business within the insurance company.
- We keep you informed of any issues that may adversely impact practitioner approval.

📁 *When combined with our Credentials Verification Service:*



- HSC can closely manage and monitor the re-enrollment process to prevent billing interruptions.
- We can establish and manage CAQH accounts for your providers - updating any data for expiring items and re-attesting to the accuracy and completeness of the CAQH account every 120 days, or more frequently as necessary.

📁 When speed and accuracy count

- Time is of the essence when it comes to credentialing and enrollment. The faster these tasks are completed, the sooner

📁 For more information visit HSC's website or contact: Bernadette Armijo Business Relationship Specialist
barmijo@nmhsc.com www.nmhsc.com (505)346-0201

100

- 📁 Are you prepared for “AI” software
- 📁 Where is the service housed?
- 📁 What Cloud Service?
- 📁 Is there PHI?
- 📁 What is Their Security Plan?
- 📁 Who has access to the software?
- 📁 Who do they connect with?
- 📁 BBA is important.


- 📁 AI in CyberSecurity


- 📁 CyberSecurity event at The University Of Kansas Hospital - April 23, 2024

101


The Digital Platform for your Total Workforce

CONFIGURED TO YOUR NEEDS







Reporting & Analytics




Permanent Hiring




Workforce AI




MSP Services




Nurse & Allied Staffing




Vendor Management




Provider Solutions



In-House Agency Tools



Float Pool



Gig Workforce Transformation Tools

102

DocCafe

- Premier talent acquisition platform used by physicians
- SaaS marketing platform to fill your permanent physician hires
- Unlimited job postings
- Extensive database of qualified, active physicians



100K+ active physician job seekers in the past 12 months



1.5K+ new physician registrations a month



13K+ monthly physician applications



103

AI-Driven Workforce Planning Framework



 **flexwise**

Prescriptive guidance for long-range planning and daily scheduling for in-patient settings and float pools.

 **polaris**

AI-generated staffing model based on hour-by-hour volume prediction for ER, OR and Ambulatory settings.

104

APS is here to Serve you!

Share—Solve—Save

Contact:

Kathi Branyon, Vice President, Client Services
 Traci Parsons, Director, Regional Services
 Bruce Frerking, Senior Director, Client Services
 Barb Bogart, Senior Director, Client Services
 Dennis George, CEO
 Call us at 888-941-2771

Or visit us at:

www.apskc.org

www.apstaffing.org

www.vizientinc.com



105



106



AblePay®



https://us02web.zoom.us/rec/share/XlnLd_aDrHDYbVHkbre3HxUssLPC6ksv3UVTfdWHpvQfKPfsaPUGiy14YYGuI4Ty.q8qYDNEhq0xa6L-z



107



AblePay®

Shelly Soupir
402-651-2103
Shelly.Soupir@ablepayhealth.com



108



109



Program Outcomes to Date

- 11 hospitals active by end of 2023; 15 currently active hospitals
- 4,982 patients enrolled
 - 53,763 outbound Chronic Care Management calls in 2023
 - 298 Social Determinant of Health screenings completed
 - 10,342 hours of Chronic Care Management services performed by ChartSpan
- Average annual revenue per hospital: \$151,719



110



Is ChartSpan CCM right for you?

- Receive your no-obligation analysis today!
- Contact Chris Miller, 816-588-4650
 - Chris.Miller@strategichealthcareadvisors.com



111



Kansas Hospital
ASSOCIATION

REGIONAL AND STATE RESOURCES AND STRATEGIES



112

Health Equity and SDOH Strategies Discussion



113

Health Equity Requirements Guidance Document



Regulatory Requirements Related to Health Equity & Social Determinants of Health

Centers for Medicare & Medicaid Services (CMS) Health Equity Requirements
CMS's Hospital Commitment to Health Equity is a structural measure that requires hospitals to attest to reviewing and prioritizing equitable care. This measure was required in CMS's Inpatient Prospective Payment System (IPPS) Final Rule for CY2023 and is mandatory as part of the 2023 Inpatient Quality Reporting (IQR) requirements. For Critical Access Hospitals, CMS has included this measure in the Medicare Beneficiary Quality Improvement Project (MBQIP) 2023 Measure Core Set. Additionally, hospitals participating in the CMS Funded Hospital Quality Improvement Contractor Project (HIC) have attested to Health Equity Organizational Assessment (HEOA) since the inception of the HIC.

CMS also has introduced two equity-focused process measures: Screening for Social Determinants of Health and Screen Positive Rate for Social Determinants of Health. For hospitals participating in IQR, these measures became required in 2024. For Critical Access Hospitals, these measures are required along with the Hospital Commitment to Health Equity measure for CY 2025, with reporting due 5/15/2026.

Hospital Commitment to Health Equity Measure:
Hospitals will receive points for responding to questions in five (5) different domains of commitment to advancing health equity. Hospital score can be a total of zero (0) to five (5) points (one point for each domain, must attest "yes" to all sub-questions in each domain, no partial credit).

Domain 1: Equity as a Strategic Priority
The hospital has a strategic plan for advancing health care equity that accomplishes the following:

- Identifies priority populations who currently experience health disparities.
- Establishes health care equity goals and discrete action steps to achieve them.
- Outlines specific resources that are dedicated to achieving equity goals.
- Describes an approach for engaging key stakeholders, such as community partners.

Domain 2: Data Collection
The hospital is actively engaging in the following three key data collection activities:

- Collecting demographic information, including self-reported race and ethnicity, and SDOH information, on a majority of patients.
- Training staff in the culturally sensitive collection of demographic and SDOH information.
- Inputting patient demographic and/or SDOH information into structured interoperable data elements using a certified electronic health record technology.

Domain 3: Data Analysis
The hospital stratifies key performance indicators by demographic and/or SDOH variables to identify equity gaps and includes this information on hospital performance dashboards.

Domain 4: Quality Improvement
The hospital participates in local, regional or national quality improvement activities that are focused on reducing health disparities.

Domain 5: Leadership Engagement
The hospital's senior leadership, including the chief executives and the entire hospital board of trustees, demonstrates a commitment to equity through the following two activities:

- Annual review of the hospital's strategic plan for achieving health equity.
- Annual reviews of key performance indicators stratified by demographic and/or social factors.

Screening for Social Determinants of Health Measure (SDOH Screening)
The Screening for Social Determinants of Health Measure assesses whether a hospital implements screening for all patients that are 18 years or older at time of admission for the following health related social needs (HSNs): food insecurity, housing instability, transportation needs, utility difficulties and interpersonal safety. A specific screening tool is not required to be used, but each of the specified HSNs must be included. To report on this measure, hospitals will provide:

- The number of patients admitted to the hospital who are 18 years or older at time of admission and who are screened for each of the five HSNs noted above; and
- The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted.

Screen Positive for Social Determinants of Health Measure (SDOH Screening Positive)
The Screen Positive Rate for Social Determinants of Health Measure provides information on the percent of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HSN, and who screen positive for one or more of the following five HSNs: food insecurity, housing instability, transportation problems, utility difficulties or interpersonal safety.

Accrediting organizations, such as TIC, also require health equity measures. For example, the new and revised TIC requirements to reduce health care disparities went into effect Jan. 1, 2023. Here are the TIC six elements of performance.

Element of Performance 1:
The organization designates an individual to lead activities aimed at reducing health care disparities.

Element of Performance 4:
The organization develops a written action plan that describes how it will address at least one of the health care disparities identified.

Element of Performance 2:
The organization assesses the patient's health-related social needs and provides information about community resources and support services. Examples of health-related social needs may include the following:

Element of Performance 5:
The organization acts when it does not achieve or sustain the goal(s) in its action plan to reduce health care disparities.

Element of Performance 3:
The organization identifies health care disparities in its patient population by stratifying quality and safety data. Examples of sociodemographic characteristics may include but are not limited to the following:

- access to transportation
- difficulty paying for prescriptions or medical bills
- education and literacy
- food insecurity
- housing insecurity
- gender
- preferred language
- race and ethnicity

Element of Performance 6:
At least annually, the organization informs key stakeholders, including leaders, licensed practitioners and staff, about its progress to reduce identified health care disparities.

Sources:
Peer Quality Improvement Technical Assistance (PQIT) Resource Center. (2024, January 15). MBQIP 2023 Measure Core Set Information Guide. Retrieved from <https://www.cms.gov/medicare/quality/mbqip/2023/2023-MBQIP-2023-2024-Information-Guide-2024-01-15.pdf>

<https://www.kha.net/87/CriticalIssues/QualityandPatientSafety/Quality/QualityKCHResources/d169572.aspx?type=view>

114

Health Equity and SDOH Resources

SDOH and Health Equity Resources



Health Equity and SDOH Regulatory Requirements

- Health Equity Requirements Fact Sheet
- Attestation Guidance for the Hospital Commitment to Health Equity Measure (v.1.2) (January 2024) – CMS IQR
- FAQs - Hospital Commitment to Health Equity Structural Measure – CMS IQR
- MBQIP 2025 Measure Core Set Information Guide



<https://kha-net.org/CriticalIssues/QualityandPatientSafety/health-equity-resources/>

Community Health Workers Reimbursement Tools and Resources

- CHW Toolkit – Reimbursement Strategies for Employers of Community Health Workers
- Community Health Workers: Evidence of Their Effectiveness Fact Sheet

Health Equity Services Reimbursement Tools and Resources

- MLN Health Equity Services in the 2024 Physician Fee Schedule Final Rule (Medicare)
- Health Equity Resource Series - AHA Institute for Diversity and Health Equity
- Health Equity Technical Assistance - CMS
- NRHA Rural Community Health Initiative
- Health Equity Resource Hub - KFMC

Social Determinants of Health (SDOH) Screening Tools

- SDOH Assessment and Action – AAFP
- SDOH Guide to Social Needs Screening – The EveryONE Project
- Tools to Assess and Measure Social Determinants of Health - RHHub
- Health-Related Social Needs (HRSN) Screening Tool - CMS
- PRAPARE Implementation and Action Toolkit

Z-Codes

- Using Z Codes Infographic – CMS
- Social Determinants of Health (SDOH) Data with ICD-10-CM Z Codes Infographic - CMS
- Hierarchical Condition Category (HCC) Coding and Z-Codes – AAFP

115

Medicaid and Medicare Reimbursement – Health Equity and SDOH

SOCIAL DETERMINANTS OF HEALTH REIMBURSEMENT & CODING TOOL				
CODE	DESCRIPTION	MODIFIER	NON-FACILITY PRICE	FACILITY PRICE
MEDICARE				
Caregiver Training Services				
96202	Multi-family group behavior management for guardians of patients with mental or physical health diagnosis, initial 60 minutes		\$ 22.27	\$ 19.89
96203	Multi-family group behavior management for guardians of patients with mental or physical health diagnosis, add 15 minutes		\$ 5.41	\$ 5.91
97550	Caregiver training, initial 30 minutes		\$ 49.89	\$ 43.07
97551	Caregiver training, add 15 minutes		\$ 24.98	\$ 23.20
97552	Group Caregiver training		\$ 20.46	\$ 10.08
Community Health Integration				
G0019	Community Health Integration Services performed by CHW, 60 min per calendar month		\$ 74.03	\$ 46.44
G0022	Community Health Integration Services performed by CHW, 30 min per calendar month		\$ 46.35	\$ 32.41



Principal Illness Navigation				
G0023	Principal Illness Navigation Services performed by a CHW, 60 min per month		\$ 74.03	\$ 46.44
G0024	Principal Illness Navigation Services performed by a CHW, add 30 min per calendar month		\$ 17.34	\$ 8.44
G0140	Principal illness navigation peer support, initial 60 min per calendar month		\$ 74.03	\$ 46.44
G0146	Principal illness navigation-peer support, add. 30 minutes per calendar month		\$ 46.35	\$ 32.41
Social Determinants of Health Assessment				
G0136	Standardized, SDOH Risk Assessment, 5-15 minutes, not more often than every 6 months, 60 minutes		\$ 46.35	\$ 32.41
MEDICAID				
CODE	DESCRIPTION	MODIFIER	MAX FEE	
98960	education for patient self-management, 30 min, 1 patient	U7	\$ 9.70	
98961	education for patient self-management, 30 min, 2-4 patient	U7	\$ 4.60	
98962	education for patient self-management, 30 min, 5+ patient	U7	\$ 3.43	

116

116

Addressing SDOH in Rural Kansas Communities

Tuesday, April 30, 2024, 10:30am - 11:30am

by Jill Daughhetee **Contact** jdaughhetee@khconline.org



Incremental change, exponential impact.

[Register Here](#)

This webinar is presented in collaboration between KHC and KFMC Health Partners as a part of KFMC's 2024 Health Equity Webinar Series.



<https://www.khconline.org/events/full-events-list/eventdetail/34/-/addressing-sdoh-in-rural-kansas-communities>

117

Health Equity and SDOH Covered Services Webinar

- Webinar planned late spring
 - Coding/billing/reimbursement
 - In partnership with KHIMA and PYA



Health Equity Services in the
2024 Physician Fee Schedule Final Rule



Information for Rural Health Clinics



Health-Related Social Needs FAQ

This document answers frequently asked questions about a set of codes Medicare adopted for physician payment beginning in 2024 to further address health-related social needs of Medicare beneficiaries: Caregiver Training Services (CTS), Community Health Integration (CHI) services, Principal Illness Navigation (PIN) services, and Social Determinants of Health Risk Assessment (SDOH RA).

<https://www.cms.gov/files/document/health-related-social-needs-faq.pdf>



118

New Project!

Grant Writing Support

- Monthly newsletter
- Quarterly webinars
- On-demand assistance
- Introduction webinar
May 10 – noon to 1 p.m.
- Questions: jfindley@kha-net.org



HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION





Affiliated Enterprise Solutions




119


Rural Emergency Hospital

- 21 REHs across the United States
- Two REHs in Kansas
- Website resources
- Updates Webinar
April 24 - noon to 1:00 p.m.
- More info: jfindley@kha-net.org

 Clinic <small>Limited hours No Emergency Services No Inpatient Stays Primary Care Telemedicine</small>	 Rural Emergency Hospital <small>Open 24/7 Emergency Services Limited Stays Primary Care Telemedicine</small>	 Hospital <small>Open 24/7 Emergency Services Inpatient Stays Telemedicine</small>
---	---	--

Annual average length of stay cannot exceed 24 hours per patient.



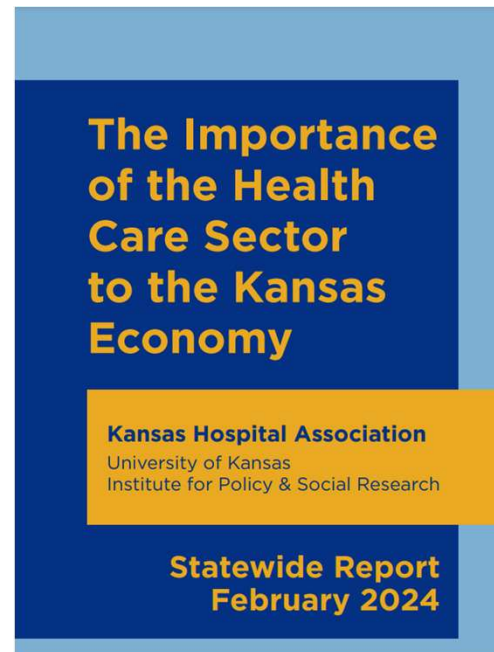


120

We Contribute to the Economy

Hospital's contribution to the local economy is critical to economic viability of communities:

- As a major source of employment
- As a purchaser of goods and services
- As a provider of health care services



121

Major Employers in Kansas

- Hospitals alone employ nearly 73,000 Kansans and direct labor income of more than \$6 billion.
- The hospital sector has large multiplier effects.
- Every 100 hospital jobs support an **additional 72 jobs** in non-health care sectors.
- And every \$1000 in current hospital wages and salaries sustains an **additional \$458** in income for employees of grocery stores, restaurants, gas and electric utilities, and other industries used by hospitals and their employees.

County Reports from October 2023 are also available at www.kha-net.org.



122

KHA Awards – Nominations Due June 1

Charles S. Billings Award – The award recognizes a hospital leader for his or her lifetime of service and continuing contribution to the health care of Kansas.

Distinguished Health Care Advocate Award – The award honors individuals, organizations or groups that have demonstrated their commitment to health care through participation in the public domain.

Donald A. Wilson Visionary Award – The award recognizes hospital-related individuals who have made outstanding, innovative contributions to health care delivery, health care financing or initiatives that improve the health and clinical outcomes of their community.



123

KHA Awards – continued ...

Trustee of the Year Award – The award recognizes and honors a hospital board member from each facility who is a leader, gives back to the community and routinely goes beyond the call of duty.

Heart of Health Care Award (Health Care Worker of the Year) – The award recognizes and honors the excellence of health care workers statewide. This year we will also have a “Rising Star” category which will recognize individuals who have been employed less than five years.

Workforce Strategies Award – The award recognizes a team of employees, providers or volunteers who worked collaboratively to make a significant contribution to the wellbeing, retention or recruitment of health care workers at their facility(s) or in Kansas.



124

2024 KHA ANNUAL CONVENTION

**Room Block
Now Open!**



Champions of change

September 5-6, 2024
Sheraton Overland Park/
Overland Park Convention Center
Overland Park, Kansas



125



KHA Annual Convention Speakers



Justin Wren



David Agus, MD



Erin Stafford



Marcus Engel



Dan Meers



126

UPCOMING EVENTS

- AHA Cybersecurity Workshop (April 23)
- Kansas Healthcare Preceptor Academy (May 23)
- Defending Your Revenue Webinar (June 18)
- KHA Leadership Institute (June, Aug., Sept.)
- Fall District Meetings (Sept. 30 – Oct. 11)
- Rural Health Symposium (Nov. 21)



127

District Discussion



128

Please Give Us Your Feedback

KHA 2024 Spring District Meetings



129

QUESTIONS

THANK YOU TO OUR SPONSORS



130