



Kansas Hospital
ASSOCIATION

KHA District Meetings Spring 2025



Qualivis

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Today's Agenda

- Finance and Reimbursement
- Quality and Safety
- Advocacy and Regulations
- Networking Lunch
- KHSC and APS Spotlight Services
- Health Care Workforce
- Member Updates and District Discussion



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New Strategic Plan in 2025



Vision
Optimal health for Kansans and Kansas hospitals.

Mission
To be the leading advocate and resource for members.

Values
Excellence - Exceeding Expectations
Collaboration - Building and Fostering Partnerships
Integrity - Upholding Respect and Trust
Knowledge - Pursuing Innovation and Developing Expertise

Strategic Aim
Improve Kansas' statewide health ranking with a focus on preventive health services.

Strategic Priorities
Advocacy and Regulations
Finance and Reimbursement
Health Care Workforce
Quality and Safety

January 2025

Strategic Priorities

Advocacy and Regulations

- Advocate for and initiate policies to maintain and expand access to health care with a focus on workforce and financial viability.
- Collaborate with partners to showcase the importance of health care to the state economy.
- Advance and initiate policies that reduce the administrative burden in health care.
- Increase the number of hospital advocates engaging on health care issues.

Finance and Reimbursement

- Create an environment where hospitals are financially healthy.
- Hold payers accountable for inequitable policies and practices.
- Advance state and federal programs that support hospitals.
- Foster new models and technology to improve financial sustainability.


Health Care Workforce

- Promote hospital and health care careers.
- Develop and share tools to enhance hospital recruitment and retention efforts.
- Collaborate with stakeholders to optimize the number of health care graduates who stay in Kansas.
- Identify and communicate innovative and emerging trends and technologies.

Quality and Safety


- Provide and promote data, tools and technologies to reduce disparities in care.
- Foster innovation and partnerships to improve health care quality and safety.
- Engage with stakeholders to support health equity and community health improvement.
- Focus on preventive services and engage partners to address Kansas health rankings.

www.kha-net.org



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FINANCE AND REIMBURSEMENT



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Hospital Economic Pressures

2023 Total Average Operating Margin: -7.0%
67% of hospitals in Kansas had a negative operating margin in 2023
Hospitals were funded by tax allocations from County, District, and City taxes by \$156 million
Payroll expense increase between 2022 & 2023: 16%
Drug expense increased between 2022 & 2023: 26%
Hospital's bad debt that came from patients with insurance: 21%
Hospital financial assistance in 2023 - \$465 million

Newly updated model to detect financially distressed hospitals (FDI)

- Financial Performance:**
 - Profitability (years t, t-1, t-2)
 - Outpatient revenue
 - Uncompensated care
 - Benchmark performance
- Government Reimbursement:**
 - Medicare (CAH, payer mix, MA)
 - Medicaid (Fee index, payer mix)
- Hospital Characteristics:**
 - Ownership
 - Size
 - System affiliation
- Market Characteristics:**
 - Competition
 - Economic condition
 - Market size
 - Medicare Advantage



* Data Sources: FY23 Cost Reports and FY23 AHA Survey

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Strategy #1

CREATE AN ENVIRONMENT WHERE HOSPITALS ARE FINANCIALLY HEALTHY

Research and evaluate opportunities that may permit collective payer relationships.



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Clinically Integrated Networks

- What is a Clinically Integrated Network
- National Trends
- Are There Options for Rural Providers
- Think Farmers Cooperative
- KHA's research



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Definition

- A clinically integrated network is an organized system of care that allows providers to negotiate jointly with payers.
- CIN participants must share **substantial** risk and/or share protocols to demonstrate the interdependence needed to achieve 'clinical integration' and survive FTC scrutiny.

FTC Enforcement Memo:
 CIN members must
 "share substantial risk."
or
 "Implement an active and
 ongoing program to evaluate
 and modify practice patterns."
to
 "Create a high degree of
 Interdependence."
 (1996)



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National Trends

- National companies are building health systems without hospitals.
 - Significant investment in primary care – estimated \$40b in 2024
 - CVS, Amazon, Optum, Mainstreet, etc.
- Large health care systems continue to expand.
- Transition to Value-Based Payment.
 - 100% of Traditional Medicare enrollees in some sort of Accountable Care Relationship
 - 50% Medicare Advantage penetration by 2030
 - Commercial health insurers moving to value-based payment models
 - Medicare Advantage challenges



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Options for Rural Independents

- Historic trend
 - Joining an integrated delivery network is increasingly attractive
- Emerging trend
 - Collective scale through networking
 - Independence through interdependence
 - Rural has untapped potential – strength realized by economies of scale
- Kansas connections
 - Two steps already completed
 - ✓ APS (group purchasing organization)
 - ✓ Legislative authority to form rural integrated networks



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Think Farmers Cooperative

- A cooperative is a membership organization, whose members work together to achieve common goals.
- Members have mutual authority, collective accountability, shared savings/profits.
- Current Clinically Integrated Networks
 - ✓ Rough Riders Network – North Dakota
 - ✓ Headwaters Network – Minnesota



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KHA's Research

- Formed a team to evaluate and investigate
- Meeting with legal professionals
- Meetings with other CIN's
- Investigating other State Models
- Educating the members on the opportunities and risks



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Strategy #2

CREATE AN ENVIRONMENT WHERE HOSPITALS ARE FINANCIALLY HEALTHY

Public awareness campaign that focuses on the economic impact of hospitals, financial challenges and the barriers to the reimbursement sector.



Overall Financial Health of Hospitals

- January 2025
- Infographic
- How to for Members
- Social Posts

SUPPORT KANSAS HOSPITALS
Stagnant reimbursement and increases in labor costs and inflation are creating financial stress.

- NATIONAL STUDIES SHOW 60 KANSAS HOSPITALS ARE AT RISK OF CLOSING.**
- IN THE LAST THREE YEARS, HOSPITAL EXPENSES HAVE INCREASED BY MORE THAN 35 PERCENT.**
- 67 percent of hospitals in Kansas had a negative operating margin going into 2024.**
- AVERAGE OPERATING MARGINS -7.0%**
- TODAY, KANSAS HOSPITALS MUST RELY ON \$78 MILLION OF ADDITIONAL COUNTY AND CITY TAXES TO REMAIN OPEN.**
- REIMBURSEMENT RATES BY ENTITY:**
 - Medicaid payments to hospitals only cover about 65 percent of costs.
 - Medicare payments to hospitals only cover about 69 percent of costs.
 - Private insurance payments to hospitals barely cover the costs with a margin of less than one percent.
- UNCOMPENSATED CARE OVERWHELMS HOSPITALS:**
 - Kansas hospitals shoulder \$1.1 billion of uncompensated care leaving hospitals vulnerable to service lines and facility closures.
 - AVOIDABLE DAYS MUST BE PREVENTED:** Available days refer to hospital stays for patients, who would benefit from alternative care facilities such as mental health hospitals or long-term nursing care facilities. Due to the lack of these facilities and available beds, hospitals are increasingly the default location for these patients. In addition to the hospital stays being uncompensated, this jeopardizes the daily availability of beds for patients in medical crisis.
- TOTAL DAYS 138,000** (Aggregate total)
- TOTAL COST \$110 MILLION** (Aggregate total)

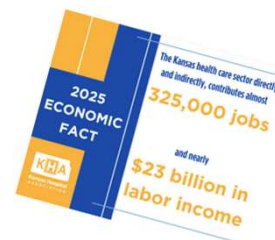
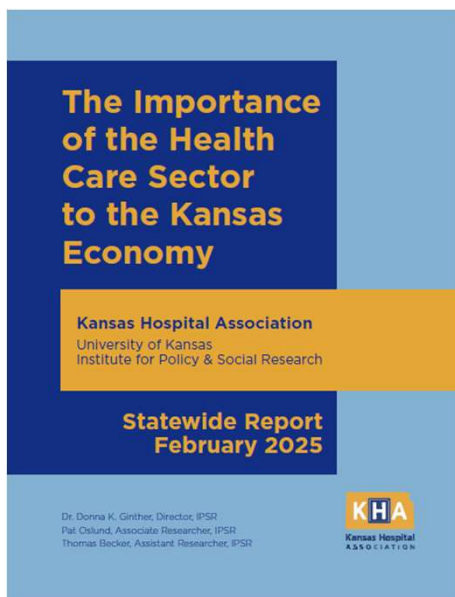
How Can I Use this Data to Have Important Conversations about Financial Challenges and Make Positive Changes?

- Local:**
 - Engage local businesses about the importance of choosing their insurance payer.
 - Use your *Economic Impact Report* to encourage support for your plans on hospitals.
 - Partner with local health care organizations to educate them on financial challenges.
 - Understand how local, city and county financial support impacts your hospital.
 - Know your local percentage of population that is 65 and older.
 - Forecast how many in your community will be eligible for Medicare by 2030.
 - Highlight your specific labor supply and drug costs, as well as solutions you are putting in place related to workforce, purchasing or other strategies.
 - Be transparent and share your financial statistics.
 - Pull data from other sources such as *Kansas Health Matters* or the *QIE Benchmarking* tool to expand on your challenges.
 - Peak with your local radio/newsletter to share what these numbers mean and the impact to your hospital.
- State:**
 - Communicate to insurance payers challenges and opportunities.
 - Champion Medicaid (KanCare) Expansion.
 - Encourage your leadership team, board members and staff to participate in PR advocacy efforts.
 - Schedule your state representatives to visit your hospital to discuss challenges and solutions.
 - Leverage contacts with the Kansas Insurance Department and the Kansas Department of Health and Environment.
 - Share patient stories that impact the financial condition of your hospital.
- Federal:**
 - Invite your U.S. Congressmen to your hospital to discuss challenges and solutions.
 - Advocate for legislative action to:
 - protect the CDH program;
 - safeguard SABS;
 - increase Medicare reimbursement;
 - provide additional oversight for Medicare Advantage plans; and
 - protect access to care.



Economic Impact of Hospitals

- February 2025
- Media Release
- Social Posts
- Targeted social media posts around Kansas Capital
- Box.com toolkit



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Medicaid in Kansas

- Early March 2025
- Infographic
- Social Posts
- Box.com toolkit



SUPPORT KANSAS HOSPITALS **KHA** Kansas Hospital Association

MEDICAID
 Medicaid provides critical health coverage to a wide variety of people in every community across Kansas. This coverage helps ensure patients can receive the medical services needed to live healthier and more productive lives.

Medicaid covers about **360,000** Kansans.

In 2023, Medicaid covered nearly **32%** of births in Kansas. It is a **VITAL SOURCE OF PRENATAL AND POSTPARTUM CARE** for women across Kansas.

Kansas Medicaid represents about **15%** of hospital patient volumes.

In 2023, Medicaid covered nearly **65%** of all nursing home residents.

RUN THE NUMBERS

In 2023, Medicaid only covered **\$0.65** of every dollar of care.

In 2023, the Medicaid shortfall was **\$264 million** that is the difference between Medicaid payments and cost.

SEE THE CONSEQUENCES

Any negative impact on Medicaid reimbursement is not limited to Medicaid beneficiaries. It stresses the availability of health care services for everyone. Hospitals that serve disproportionately high rates of Medicaid operate with negative margins and are often forced to discontinue service lines essential to their community.

KEY TAKEAWAYS

Medicaid's consistent underpayment for the care of the elderly, disabled and low-income population is leaving hospitals and health systems in a financially fragile position. Kansas hospitals have on average 15% of their inpatient days paid by Medicaid. Supporting the Medicaid program leads to access to more health care services for all Kansans and stabilizes hospitals and health systems in our communities.

Sources: Health of Kansas Periodic Data for Kansas 2023 HCAS Survey; 2023 HCAS Cost Report Data obtained by KHA; 2023 AHA Survey; 2023 HED Analytical Data from KHA.



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Medicare in Kansas

- Late March 2025
- Infographic
- Social Posts
- Box.com toolkit



Impact of Commercial Payers

- April 2025
- Infographic
- PYA Study
- Media Release/Interviews
- Social Media
- Box.com toolkit



Strategy #3

HOLD PAYERS ACCOUNTABLE FOR INEQUITABLE POLICIES AND PRACTICES

Utilize the data gathered through the All-Payers Scorecard to initiate meaningful payer conversations.



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Kansas Overall Payer Scorecard

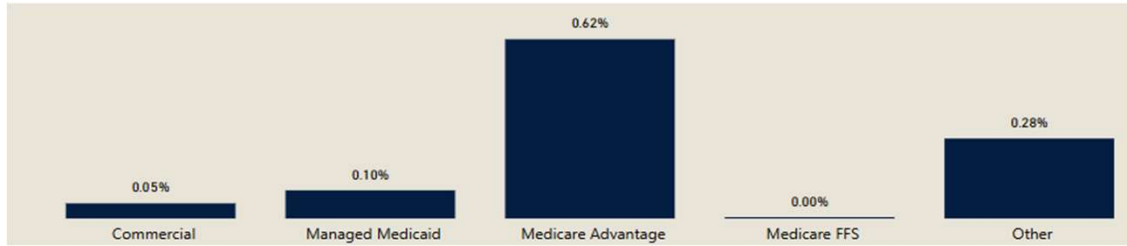


Description	Score	12 Mth Trend
Clean Claim Rate %	83.9%	↓
Discharge to Claim Days	16.9 days	↑
Observation Rate	23.1%	▬
MA Full IP Denial Rate Vol (%)	20.9%	↑
Inpatient Endocrine Specialty Full Denial (%)	23.1%	↑



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Downcoding %

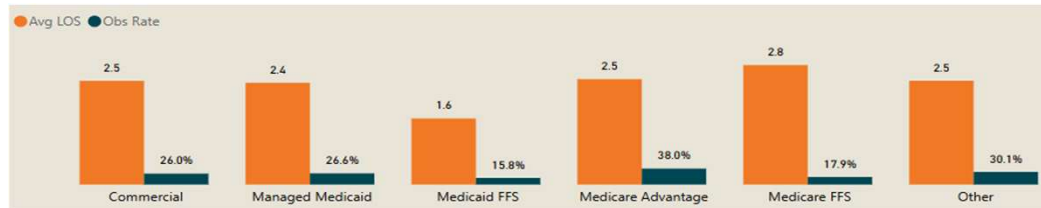


Payer Type	Patient Type	Specialty	Payer	Remit #	Downcoded %
Medicare Advantage	OBS Claims	Radiology	Optum-RCM	44	66.67%
Medicare Advantage	ED	Medicine	Humana	3,110	24.82%
Medicare Advantage	ED	Radiology	Humana	3,350	19.11%
Medicare Advantage	ED	Dermatology	Humana	330	13.33%
Medicare Advantage	ED	Pathology	Humana	346	13.04%



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Observation Rate



Payer Type	Payer	# Remits	Total Avg LOS (Inp+Obs)	Obs LOS	Obs Rate	> Two Days Stay
Medicare Advantage	Aetna	39,252	2.3	2.3	49.1%	86.5%
Medicare Advantage	UHC	83,298	2.7	2.4	35.2%	88.9%
Medicare Advantage	Humana	47,654	2.6	2.4	34.7%	89.7%
Managed Medicaid	Sunflower	34,666	2.4	2.1	27.3%	78.9%
Managed Medicaid	UHC	49,634	2.7	2.0	27.2%	57.4%



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Strategy #4

HOLD PAYERS ACCOUNTABLE FOR INEQUITABLE POLICIES AND PRACTICES

Review key payer policies, provide potential financial impacts to hospitals and engage in payer conversations.



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COMING SOON ...

DECEMBER 2024

MARTING LAW

PAYOR POLICY NEWSLETTER

INSIDE

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United Healthcare

UHC Adopts GA Modifier; January 1, 2025

the medical record. To be valid, consents should include: an estimate of the charges for that service; a statement of reason for your belief the service may not be covered; a statement that we have determined the service is not covered and that the member knows our determination and agrees to be responsible for those charges.

New Hospital Inclusive Charges Policy

Effective December 1, 2025 for commercial plans, UHC will apply a new policy that adopts Medicare program policies on which items or services are not eligible for separate reimbursement

UHC will begin requiring use of the -GA modifier for commercial claims if provider believes



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Strategy #5

ADVANCE STATE AND FEDERAL PROGRAMS THAT SUPPORT HOSPITALS

Leverage the provider assessment program to maximize Medicaid reimbursement for member hospitals.



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Provider Tax Update

- 2024
 - UCC Pool (PPS Only) Distribution Approved by CMS
 - KHA Sending Distribution Amounts Last Week of March
 - Payments from KDHE Through the MCOs First or Second Week of April
- 2025
 - UCC Pool (PPS Only) Distribution Not Yet Approved by CMS
 - Tax rate increase to 6% for PPS Only Not Yet Approved by CMS
- 2026
 - KS Legislature – Final Passage and Signature by of Governor of Either SB 126 or the Budget Has Not Occurred
 - Includes the addition of CAH and REH with Net Revenue of Over \$7 million
 - Will Require CMS Approval
 - Once Approved, the First Tax Payment Will Be Due on May 30, 2026



Contact: Audrey Dunkel – adunkel@kha-net.org

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QUALITY AND SAFETY



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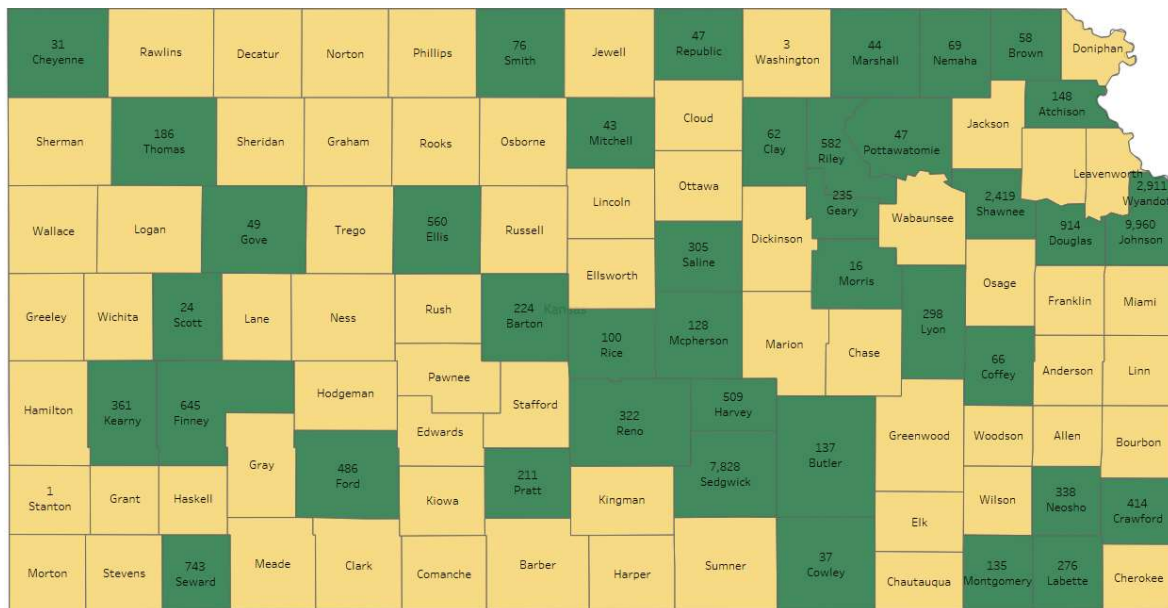
Maternal Health Initiatives and Supporting Population Health

- Maternal Health Initiatives
 - Trends in deliveries by county
 - Kansas Perinatal Quality Collaborative Initiatives
 - Fourth Trimester Initiative – completed September 2024
 - Severe Hypertension in Pregnancy – 2 years, enrollment completed in March
 - Other maternal health initiatives in Kansas
- Supporting Population Health
 - Immunization Resources
 - Optimizing Reimbursement for Addressing Social Determinants of Health
 - Kansas Health Matters
 - Kansas Fights Addiction Grant
 - Drive to Zero



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Births in Kansas Community Hospitals



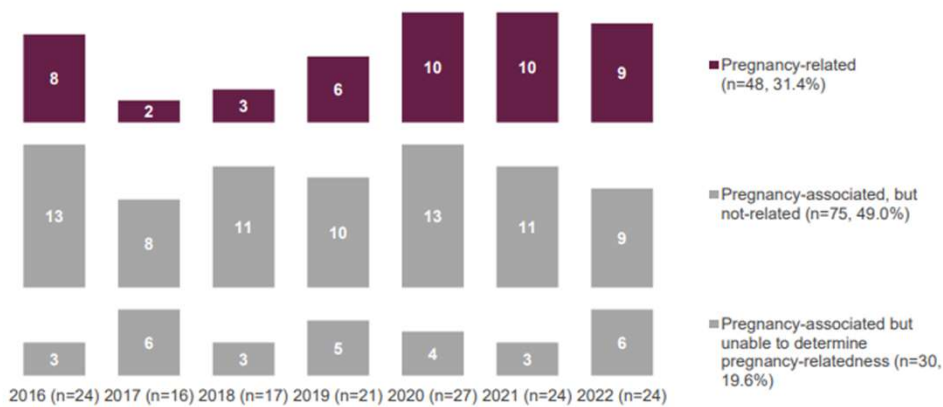
Source: Calendar Year 2024 KHA Hospital Discharge Data

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Kansas Maternal Mortality

Figure 1. Pregnancy-related deaths steadily increased from 2017 to 2020 but have remained stable since then.

Number of pregnancy-associated deaths by pregnancy-relatedness, Kansas, 2016-2022
 Source: Kansas Maternal Mortality Review Committee



Kansas Severe Maternal Morbidity and Maternal Mortality Report, 2016-2022.
<https://kmmrc.kdhe.ks.gov/wp-content/uploads/2024/12/KHSR-issue-99-KS-Severe-Maternal-Morbidity-Mortality-2016-2022.pdf>

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Fourth Trimester Initiative 2021 - 2024

Facility Recognition Criteria

9 Primary Aim Bundles:

- Postpartum Appointment prior to Discharge
- Postpartum Care Team
- Comprehensive PP Visit Template
- Community Resource List
- Birth Equity
- Patient Event Debriefs
- Social Determinants of Health
- ED Triage
- POSTBIRTH Resources and Education

- 0-3 Initiatives Completed:
Bronze
- 4-6 Initiatives Completed:
Silver
- 7-9 Initiatives Completed:
Gold



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- Ascension Via Christi Pittsburg
- Coffeyville Regional Medical Center
- Kearny County Hospital
- Labette Health
- Republic County Hospital
- Salina Regional Health Center



- AdventHealth South Overland Park
- Atchison Hospital Association dba Amberwell Atchison
- Newton Medical Center
- Overland Park Regional Medical Center
- Sabetha Community Hospital
- Smith County Memorial Hospital
- Southwest Medical Center
- University of Kansas Health System - St. Francis



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- AdventHealth Shawnee Mission
- Amberwell Hiawatha
- Ascension Via Christi Manhattan
- Ascension Via Christi Wichita St. Joseph
- Clay County Medical Center
- Citizens Medical Center
- Community Healthcare System
- Hays Medical Center
- Hutchinson Regional Medical Center
- Lawrence Memorial Hospital
- McPherson Center for Health
- Mitchell County Hospital Health System
- Nemaha Valley Community Hospital
- Neosho Memorial Regional Medical Center
- Newman Regional Health
- Pratt Regional Medical Center
- Stormont Vail Health- Flint Hills Campus
- Stormont Vail Health-Topeka Campus
- University of Kansas Health System- Great Bend
- University of Kansas Health System- KC
- University of Kansas Health System, Olathe Campus
- Wesley Medical Center



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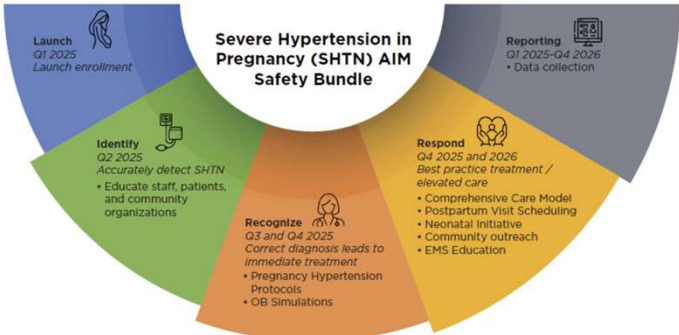
Kansas Perinatal Quality Collaborative

- Neonatal Abstinence Syndrome, 2018 - 2020
- Fourth Trimester Initiative AIM Post-Partum Bundle, 2021 - 2024
- AIM Severe Hypertension in Pregnancy Bundle launched in January, enrollment complete.



Action Plan

Severe Hypertension in Pregnancy (SHTN) AIM Safety Bundle





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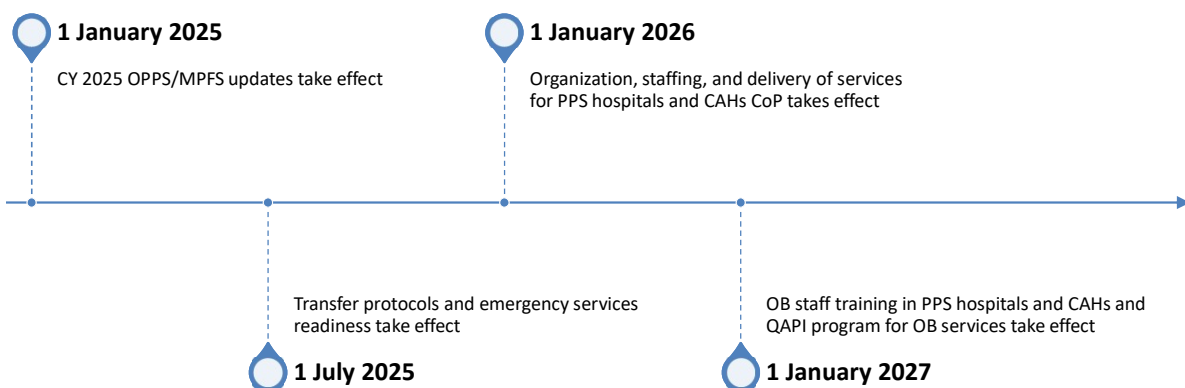
Other Maternal Health Initiatives in Kansas

- Sunflower R-MOMS
- KU Care Collaborative HRSA Rural Maternal Health Initiative
- KDHE Transforming Maternal Health (TMaH) Grant
- KC Metro - focus on maternal health with partners at KC Health Collaborative, Health Forward, KCMHC, HI-IQ, and MHA



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Obstetrical and Emergency Services CoPs Implementation Phases



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Supporting Population Health

- Immunization Resources
 - Measles / MMR Vaccine Resource Hub
 - Immunization Enhancement Grant through KDHE/CDC
- Addressing Social Determinants of Health
 - Optimizing Reimbursement
 - Community Health Workers
 - KRHOP Population Health Focus Group in 2025
- Kansas Health Matters
- Be the Light – Kansas Fights Addiction Grant
- Drive to Zero




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Immunization Resources



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Reportable Infectious Disease Statistics

[Return to Overview](#)

Data last updated: March 26, 2025

Select MMWR Year
 2025 (provisional)

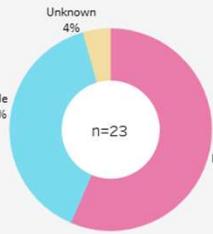
Select Disease to View
 Measles

Download Data


Total 2025 Cases	Rate Year-to-Date	Current Month	Previous Month
23	0.8 per 100,000 population	21 March 2025	1 February 2025

These are provisional case counts because of ongoing revision of information. Numbers are expected to change once case data has been verified. Refer to Overview Page for important data notes. Diseases missing from the select disease view do not have any cases reported for the current period. Diseases marked with an asterisk (*) include confirmed and probable cases; otherwise, counts include only confirmed cases.

Cases by Patient Birth Sex
Disease: Measles | MMWR Year: 2025 (provisional)




Cases by Case Classification
Disease: Measles | MMWR Year: 2025 (provisional)






Trending up.
10 cases on 3/24.



As of March 26, 2025



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[Connect with Us](#)
[Education Modules](#)



[Measles Resources](#)
[Facts Over Fears](#)



Info For...
Diseases
Resources
Outreach
Data
About IKC

Kansas Health Alert Network (KS-HAN): Stay Alert — Increase in Domestic Measles Cases and Outbreaks



IKC is pleased to share the latest measles/MMR vaccine information and resources. We will continue to evolve. Check back often.

Jump to "Protect Against Measles" Campaign

News:

- One Case of Measles Confirmed in a Kansas Resident (March 13, 2025)
- Now 6 Confirmed Measles Cases in Kansas (March 19, 2025)
- New Measles Data - Kansas Has 10 Cases (March 21, 2025)

Cases, Current Outbreaks, and News

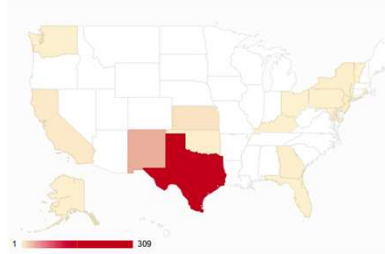
To follow current measles cases in Kansas, use KDHE's Infectious Disease Dashboard. Then, select "Measles" as the disease to view for further data.

- KDHE One Case of Measles Confirmed in a Kansas Resident
- CDC Measles Cases and Outbreaks
- AAP "Leaders Combating Misinformation Amid Measles Outbreak, Stress Importance of Vaccination"
- IKC News IKC Launches New Pages Amid Rising Cases and Outbreaks


About Measles

- KDHE Measles (Rubeola)
- VaccineInformation.org Measles Info
- HHS MMR Vaccine Info
- NFID Measles (FAQ)
- Healthy Children Measles: What Parents Need To Know




2025 Confirmed Measles Cases*



*Sources: CDC (last updated March 24, 2025) Kansas, New Mexico, Oklahoma & Texas (last updated March 21, 2025)



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Tools for healthcare professionals






Welcome! If you are a healthcare professional who wants to help raise immunization rates in Kansas, you've come to the right place. Below, we provide a toolkit of materials and assets you can use to help spread the word about the importance of vaccines for healthy living. Thank you for joining our effort to make Kansas healthier than ever.

Social media and video

Click below for shareable content you can use to promote healthy immunization on web and social media channels.

Download and print an 8.5x11" flyer you can distribute or showcase in your workspace to promote immunization. To request a complimentary flyer poster by mail, [contact us](#).


Printable flyer >

Printable flyer >


Printable flyer >

Printable flyer >

Printable flyer >



To learn more about the MMR vaccine or other routine immunizations for your family, talk to your primary care provider or visit beimmunekansas.org.



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CLINICAL CALL - MEASLES

Date: Friday, April 11

Time: Noon – 1:00 p.m.

The University of Kansas Health System, The University of Kansas Health System Care Collaborative, the Kansas Department of Health and Environment and the Kansas Hospital Association are hosting a live discussion on the latest updates regarding measles. This call will cover prevention, vaccination, and treatment strategies for measles, addressing key concerns and emerging trends.

Speakers

- Dereck Totten, MD, Chief Medical Officer, Kansas Department of Health and Environment
- Dana Hawkinson, MD, The University of Kansas Health System
- Brandan Kennedy, MD, Children's Mercy Hospital

Registration Link: https://us06web.zoom.us/meeting/register/K9Ho42V5Rq-MjH_gQPXKxg



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Optimizing Reimbursement for Addressing Health Related Social Needs

Past Educational Webinar:



Getting Paid for Doing Good Work
Optimizing Coding and Billing for Addressing Social Determinants of Health

May 22, 2024



White Paper: "Providing and Billing Medicare for SDOH-Related Services"

April 16, 2024



JUNE 2024

KMAP GENERAL BULLETIN 24105

Community Health Worker Services Rate Increase

Effective with dates of service on and after July 1, 2024, Community Health Worker (CHW) service rates will be increased for the codes below. The current coverage criteria, limitations, and billing instructions will remain the same.

Procedure Code	Rate*
98960 U7	\$22.20
98961 U7	\$10.78
98962 U7	\$7.77



Health Equity Services in the 2024 Physician Fee Schedule Final Rule



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Population Health Focus Group
in planning for 2025



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Kansas Health Matters

DATA - TOOLS - PROMISING PRACTICES - RESOURCES - INITIATIVES -

The Premier Data Resource for Kansas - Find Data for your Location

Monthly Focus: Healthy Living

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Kansas Fights Addiction

- Project lead: KU School of Medicine, Wichita
- Partners:
 - DCCCA
 - Kansas Board of Pharmacy / K-TRACS
 - KHA/Healthworks
- Time period: March 1, 2025 – February 28, 2026
- Project purpose
 - Increase access to SUD treatment
 - Reduce stigma
- Project components
 - Qualitative interviews (KU SoM) Apr – May
 - Survey Jun - Jul
 - Learning collaborative Sept - Jan

Be the LIGHT

Be the LIGHT

People with substance use disorder may be walking alone on a dark path and they need someone to help light it for them. Physicians can offer that light.

Language
Use person-first, medically appropriate language.

Intervene
Use a validated screening tool, which takes seconds for a patient to complete, to assess the severity of use (Screen). Then, conduct a brief intervention to increase patients' insight regarding substance use (Brief Intervention).

Guide
Guide or refer patients to treatment.

Help
Offer to help, without conveying judgment. When a person feels accepted for who they are, regardless of how unhealthy their current behavior is, it allows them the freedom to consider change, rather than needing to defend against it.

Treat
Provide medication assisted treatment and connect patients with substance use disorder counselors.

For more information and resources on how you can be the light go to: kumc.edu/ppia

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ADVOCACY AND REGULATIONS

KHA Kansas Hospital ASSOCIATION

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FEDERAL UPDATES

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Telehealth
No geographic restrictions and all providers can bill as distant sites – extended from the PHE – through September 30, 2025.
Goal: Permanent application of PHE flexibilities.

MDH and LVH Extension
• Both are extended through September of 2025.
• 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.

Delay in ACA DSH Cuts
The delay is continued through September 30 with the continuing budget.
Goal: Permanent delay of cuts.

340B Waiver
Certain hospitals in non-Medicaid expansion states risk losing eligibility due to Medicaid waiver nuances.
Goal: Allow hospitals in non-expansion states to have eligibility flexibilities.

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.

Challenges
Federal Funding & Reconciliation

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Potential Medicaid Changes

- Restricting/limiting use of provider taxes
- State directed payment reforms
- Eliminating fraud, waste, and abuse
- Work requirements
- Block grants
- Per-capita-caps
- FMAP changes



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Other Issues

Enhanced Premium Tax Credits

The enhanced premium tax credits are vital to making health insurance more affordable for nearly 160,000 Kansans and to reduce uncompensated care borne by hospitals. If Congress does not extend these enhanced tax credits, individuals, families and small businesses who buy their own health coverage could see a significant cost increase and risk losing coverage.

Support for policies that provide greater oversight of MA plans, protect patients and align MA plans more closely with Original Medicare.

- Prior authorization reform
- Preserve CAH cost-based reimbursement
- Enable beneficiaries to switch back to Original Medicare without being denied Medicare supplemental coverage

Medicare Advantage

Rural Emergency Hospitals

Legislation is necessary to fix essential tweaks in the REH program.

- Clarify to allow REHs to have skilled nursing beds similar to CAHs
- Allow REH participation in the 340B program
- Allow REHs to be a HPSA facility
- Clarify that REHs are hospitals under Medicaid – not clinics
- Allow hospitals that close prior to 2020 to be eligible to reopen as an REH
- Allow REHs to be able to regain its status as a necessary provider if it reverts to a CAH



52

2025 SESSION STATE ADVOCACY UPDATES

KHA Kansas Hospital ASSOCIATION

53

NEW AT THE STATEHOUSE: THE CADENCE

```

    graph LR
      A[Step 1: Jan. 13  
•Session Starts  
•KHA Advocacy Day Jan. 23] --> B[Feb. 20 Turnaround Deadline  
•Non-exempt bills must be passed by their chamber of origin]
      B --> C[March 21/March 28 First Adjournment  
•Last day to consider non-exempt bills not in the originating chamber]
      C --> D[April 10  
•Veto Session  
•Can Override Vetoes or deal with omnibus budget items  
•Day 90: April 12]
  
```

The legislative break from MARCH 29 thru APRIL 9 is a great time to contact legislators!

KHA Kansas Hospital ASSOCIATION

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NEW AT THE STATEHOUSE: MAKE-UP OF THE LEGISLATURE

KANSAS LEGISLATURE

Kansas Senate:

- 31 Republicans
- 9 Democrats



Kansas House:

- 88 Republicans
- 37 Democrats



55

NEW AT THE STATEHOUSE: FRESH FACES

- More than 30% turnover in the Kansas Senate
- Just under 20% in the Kansas House



56

NEW AT THE STATEHOUSE: LEADERSHIP

Kansas Senate



Sen. Ty Masterson
Senate President

Sen. Tim Shallenburger
Senate Vice President

Sen. Chase Blasi
Majority Leader

Sen. Dinah Sykes
Minority Leader

Kansas House



Rep. Dan Hawkins
Speaker of the House

Rep. Chris Croft
Majority Leader

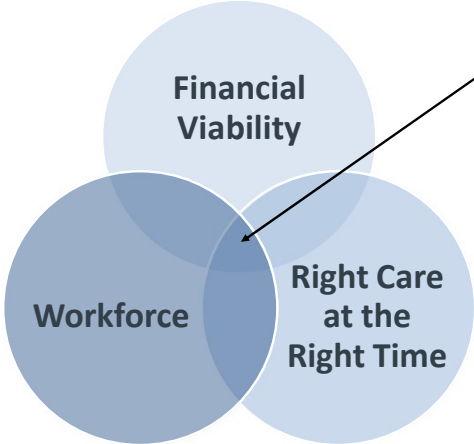
Rep. Blake Carpenter
Speaker Pro Tem

Rep. Brandon Woodard
Minority Leader




57

WHAT ISSUES ARE DRIVING THE CONVERSATION?



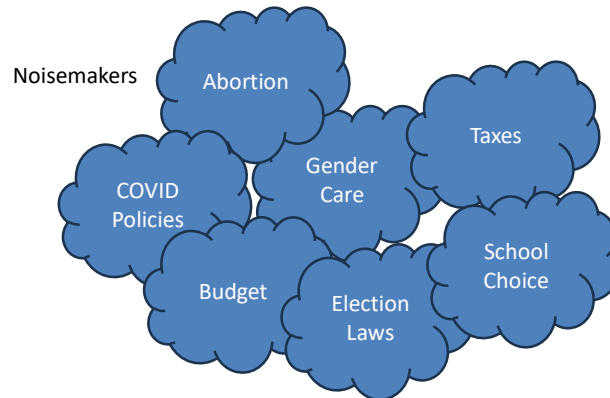
- **Legislative priorities live here**



58

2025 DEFENSE POLICY ISSUES

- Price Transparency: HB 2246
- Lay Caregiver Audits: SB 3, HB 2002



2025 ISSUES MOVING

Financial Viability

- Provider Assessment
- Rural Emergency Hospital

Workforce

- Rural Opportunity Zones
- EMS
- Maintained Money for Nurse Educator Grant and Nursing Student Scholarship
- Funds for 24-hour childcare facility accelerator grants for Dodge City

Right Care, Right Time

- Behavioral Health Funds
- Guardianship Bill
- 340B Protections

KHA-PAC

KHA-PAC Goal:
Raise **\$175,000** over two years

Why?
Big Pharma \$\$\$
Big Insurance \$\$\$
We must donate to keep up
with changing political
climate.

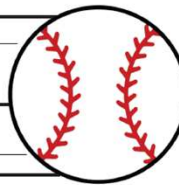


Scan me to Join in the Fun
and Donate Today!



61

Advocacy All-Star Training



The next
Advocacy All-Star
Training will be
Oct. 21-22, 2025,
in Topeka.

Graduation
will occur at
Advocacy Day
Jan. 22, 2026, in
Topeka.

Your Coaches



Audrey Dunkel
Vice President
Government
Relations



Tara Mays
Vice President
State Legislative
Relations

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.

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.



62

**THANK YOU
TO OUR 2025 ADVOCACY LEADERS**

Committee on Policy and Advocacy
Chair: Aimee Zimmerman, Logan County Health Services
Vice-Chair: Sandy Dickerson, Greenwood County Hospital

KHA Political Action Committee
Chair: Tammy Peterman, The University of Kansas Health Systems
Vice-Chair: Val Gleason, NMC Health

Top 2024 VoterVoice Advocates:
Dee Dee Dewell, Pioneer Health Network
Harold Courtois, Memorial Health System
Curtis Hawkinson, Community Memorial Healthcare, Inc.
Robert Copple, Ascension Via Christi Manhattan

Allied Advocates of the Year:
Kansas Organization of Nurse Leaders




63

PUT ME IN COACH: TAKE ACTION TODAY!!!


Call or e-mail House of Rep Members Today:

- As you wrap up the 2025 Session please look for ways to encourage your house leadership to hold a vote on the topic of 340B.
- This critical non-taxpayer funded program provides life-sustaining treatments, screenings and medications for Kansans.
- You deserve a vote to protect 340B for your Kansas communities.



Leadership Says No:

- Your leadership is going to ask for your support on things, and we hope you keep this important program at the front of your mind when they need you.
- The House has already voted on this in a budget proviso and there is no reason you shouldn't get a vote on the matter again.
- The Senate figured out a way to allow a vote on this issue without the Senate President's support, we believe the House can do the same.



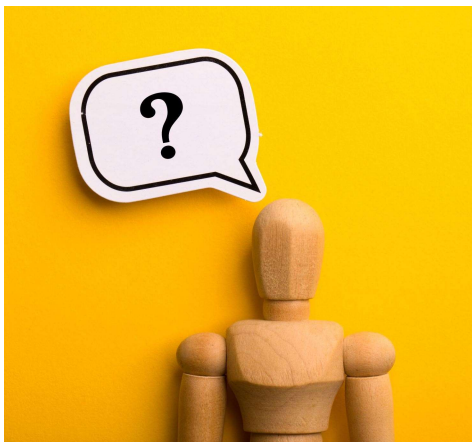
64

REGULATORY UPDATES



65

THEY WANT US TO DO WHAT?



- Patient Safety Structural Measure – PPS
- Age Friendly Structural Measure - PPS
 - 2025 IPPS Final Rule, CY2025 reporting period/FY2027 payment determination
- OB/ER Conditions of Participation
 - 2025 OPPS Final Rule
- Emergency Preparedness – State Operations Manual - appendix Z, also KDHE Facilities and Licensing Quarterly Webinar 3/20/25
- Influenza Subtyping for H5 Avian Influenza
- Viral Hemorrhagic Fever plan updating
- FIFA World Cup 2026 – “they traveled where?”
- HHS HIPAA Security Proposed Rule – Comments provided
- Survey Readiness – KDHE, KDADs and OSFM



66

KDHE Risk Management, Licensure and Complaint Surveys

- Reported limited state and federal funding
 - Impacting resources for the number of surveys
- CMS Mandates the Tiering Structure for Priorities
 - Complaint surveys take priority
 - Reported increase in complaint surveys coming out of pandemic – “Average almost one EMTALA complaint per day”
- Re-licensure surveys are behind schedule
 - Contact Marilyn St. Peter if impacting insurance credentialing
- Risk Management Surveys – Reported high turnover of Risk Managers (approximately 90 in 2024)
 - Funded by Health Care Stabilization Fund - \$200,000/year for surveys
 - KDHE Facilities and Licensing Quarterly Webinar 3/21/24 and 12/19/24; KARQM Resources – Conference, FAQ’s and more
- Concerns about attitudes, attendance (tours and interviews), request for information and Plan of Correction follow-up
 - Refer to Medicare State Operations Manual – Appendix A (PPS), G (RHC), O (REH) or W (CAH) for survey process guidelines
 - Not supposed to be accusatory
 - Allowed to observe and interview without staff
 - Able to receive appropriate information through copies or electronic as needed and follow-up should be timely
- Contact Jerry Smith and/or Marilyn St. Peter at KDHE, if issues.



Contact KHA if needing further assistance; lvanderwege@kha-net.org or (785) 276-3103

67



**Kansas Hospital
ASSOCIATION**

Networking Lunch



Qualivis



68

KHSC AND APS SPOTLIGHT SERVICES



69



70

New Executive Orders + Price Transparency

Increased Accountability and Enforcement is Emanant

Were you able to **keep up with the changes** through 2024 and January 2025?

How confident are you on the **estimates patients produce** on your site?

Do you have a process to **update your estimator quickly**?

Did your Machine-Readable File (MRF) **pass the CMS Validator**?

Who is **handling the maintenance** of your files and pricing tools?

FACT SHEET: PRESIDENT DONALD J. TRUMP ANNOUNCES ACTIONS TO MAKE HEALTHCARE PRICES TRANSPARENT

EMPOWERING PATIENTS TO THROUGH RADICAL PRICE TRANSPARENCY: Transparency is a key element of patient empowerment and is essential to making informed decisions about their care. The President's Executive Order on Transparency in Health Care is a landmark step toward making the health care system more open and accountable to patients.

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Comprehensive Option | CorroHealth



Preferred Member Pricing

Implementation Fee



Set Monthly Fee





Violet Archuleta-Chiu
Violet.archuleta-chiu@corrohealth.com
 800-999-3332 Ext 219



73

Blue Cross Blue Shield Providers Class Action

Settlement & Eligibility:

- **\$2.8 billion** class action settlement
- Filing Deadline: **July 29, 2025**
- Eligible: **All healthcare providers** who served patients insured by BCBS between **July 28, 2008 – October 4, 2024**

Claims Process & Assistance:

- Administrator has **partial data** for some years (**2008 – 2014**)
- **Class Action Capital (CAC)** can assist by:
 - ✓ Accessing **additional databases**
 - ✓ **Filling in missing data**
 - ✓ **Extrapolating data** where necessary



74

Third-Party Payor Class – National Prescription Opiate Litigation

Settlement & Eligibility:

- **\$300 million** settlement fund (expected to grow)
- Filing Deadline: **June 20, 2025**
- Eligible: **Self-insured health plans** that covered **opioid prescriptions or opioid-related treatments**

Class Period:

- **1996 – Present** (no current end date)

Claims Process & Assistance:

- ✓ CAC requires a **year-end summary** of covered lives in the health plan for as many years as possible



75

Generic Pharmaceuticals Class Action

Settlement & Eligibility:

❖ Two classes:

- **Indirect Reseller** – Entities buying and selling generic drugs
 - Settlement: **\$6.5 million**
 - Class Period: **January 1, 2010 – Present**
- **End Payer** – Insurance/self-insured companies covering prescriptions
 - Settlement: **\$285 million**
 - Class Period: **January 1, 2012 – Present**

Claims Process & Assistance:

- ✓ Expected **significant fund growth** (50 defendants, 197 drugs named)
- ✓ CAC can **help navigate claims process**



76

CLASS ACTION Capital

CONTACT to Sign Up:

Joshua Kerstein
Josh@classactioncapital.com
914-200-0066

Kansas Client Support:

Connor Hudson
Connor@classactioncapital.com
914-935-7485



77

Property Insurance Market Challenges



78



Kansas, Missouri, Arkansas, Oklahoma 340B Roundtable

JUNE 12, 2025

Thursday June 12, 2025

DoubleTree by Hilton
Hotel Springfield

2431 N. Glenstone Avenue
Springfield, MO 65803



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You may register for this program online by using the link below.

<https://registration.kha-net.org/>



KHSC Pulse Surveys

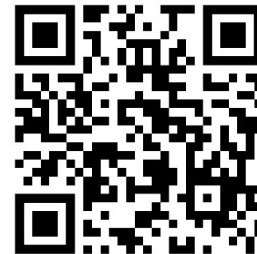
340B Program



Chronic Care
Management
Program



Retirement Plans





81

 Slide 82 features a banner at the top with a photo of two people, the text "TEAM® WORKPLACE VIOLENCE PREVENTION TRAINING", the "hss" logo with the tagline "Safe in the knowledge", and the "APS" logo with "SHARE • SOLVE • SAVE". Below the banner is the heading "Courses Tailored for Your Risks, Your Staff and Your Budget." followed by three bullet points:




- TEAM®Essentials**
Available in two hour, instructor-led and 60 minute, e-Learning formats, this course teaches staff to recognize factors, hazards and situations that can escalate to aggression and violence. Participants complete the training knowing how to manage disruptive behavior and keep themselves and others safe.
- TEAM®Advanced**
This two hour, instructor-led course teaches healthcare-specific strategies and skills designed to protect staff and patients from physical attack. Instructors use hands-on exercises and simulations to build the confidence needed to use the course's techniques in real life.
- TEAM®Instructor**
Featuring a "train the trainer" format, our instructor will spend two days training key staff how to deliver TEAM®Essentials and Advanced training to the rest of your staff. This option is ideal for both large and small hospitals that want to conserve costs while maximizing flexibility.

Full review of Facilities Risk Assessment and Security Services for on sight staffing.
APS vetted vendor since 2016

82

Bio-Electronics- Medical Equipment Services



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

 **Contact:** Mike DeLanie
 Senior Director, Business Partnerships
 NHA Services, Bio-Electronics
 o: 402-647-0468 | c: 402-630-2291
 mdelanie@nebraskahospitals.org



83



With Vigilor from TRIMEDX, get a comprehensive medical device cybersecurity rapid risk assessment.

Get visibility for your health system with a:

- A Rapid non-intrusive engagement
- A Complete inventory and vulnerability risk assessment
- A Compliance evaluation
- Receive **immediately actionable** inventory, vulnerability, and process opportunities to improve your health system's cybersecurity risk posture.

Vigilor will evaluate and provide a detailed assessment and report on your health system's:

- A Connected and connectable medical device inventory
- A Associated vulnerabilities
- A Program maturity vs. industry standards
- Receive a risk prioritized strategy and an actionable set of recommendations for your people, process, and technology.

84



Cybersecurity Solution Offers Affordable Network Monitoring and Detection

Lumifi is the first trusted provider named by the AHA and the only Managed Detection and Response provider. Offer all Cybersecurity Services
Free review of Incident Response Plan

Managed Detection Response Services (MDR):

- Bolster cybersecurity, MDR creates a powerful, last line of defense inside your facility's network

Rapid Threat Identification:

- Catch intruders in minutes – not months
- Meets compliance requirements, HIPAA Security and Privacy Rule, and PCI-DSS.

Cost-Effective Approach:

- Lumifi MDR integrates seamlessly and remotely with your existing infrastructure.
- Annual costs typically are less than one FTE
- Consulting services focused on broad cybersecurity issues, training, data protection, compliance, vendor and service provider contract review.

85



Full-Service Provider Credentialing and Enrollment



HSC will present a bid to the State of Kansas for the CVO for Medicaid

- Process is on hold waiting for funding. Request is in the budget.

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


86


Qualivis Physician and Advanced Practice Solutions

Physician and advanced practice provider (APP) vacancies can make it difficult for a healthcare organization to deliver care when needed. Limited resources and long wait times cause an organization to lose out on valuable revenue as patients explore other choices. With Qualivis Physician & Advanced Practice Solutions, you get a suite of innovative digital tools and superior services for all your recruitment needs, ultimately improving care delivery and system operations. This all-encompassing solution secures high- quality physicians and APPs quickly by:

- Fill permanent vacancies by tapping into active candidate pools to identify best-fit matches.
- Reducing locum tenens costs with transparent pricing and no hidden fees.
- Simplifying locum tenens management and easing your administrative burden with advanced digital tools.
- Qualivis gives healthcare organizations' access to the most innovative workforce solutions based on driving efficiencies in physician, CRNA and APP recruitment to expand patient access to care and increase revenue.



<https://vimeo.com/914479978/c58aa5ffaf?share=copy>




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87






DocCafe - Qualivis Service






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

-  You control your recruitment
-  Tool with Currently Licensed providers
-  Cost effective
-  Special Pricing
-  Easy to Use




88

88



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

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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**

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HEALTH CARE WORKFORCE



91

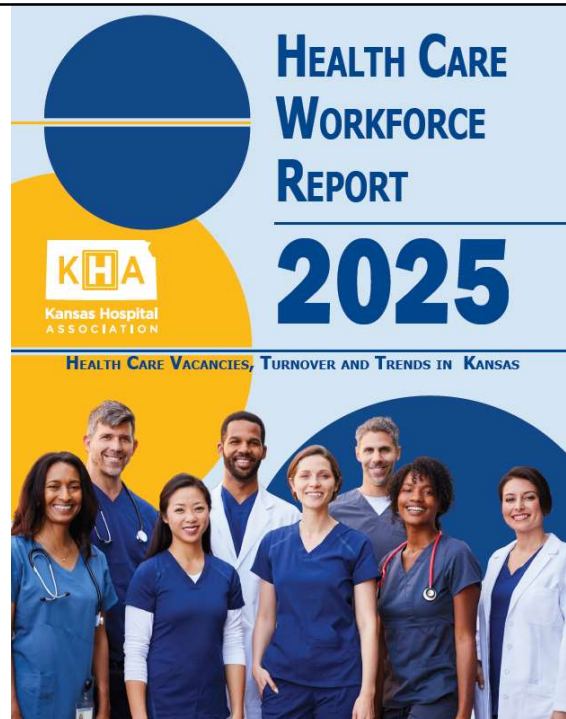
2025 Health Care Workforce Report Now Available

KHA Workforce Survey

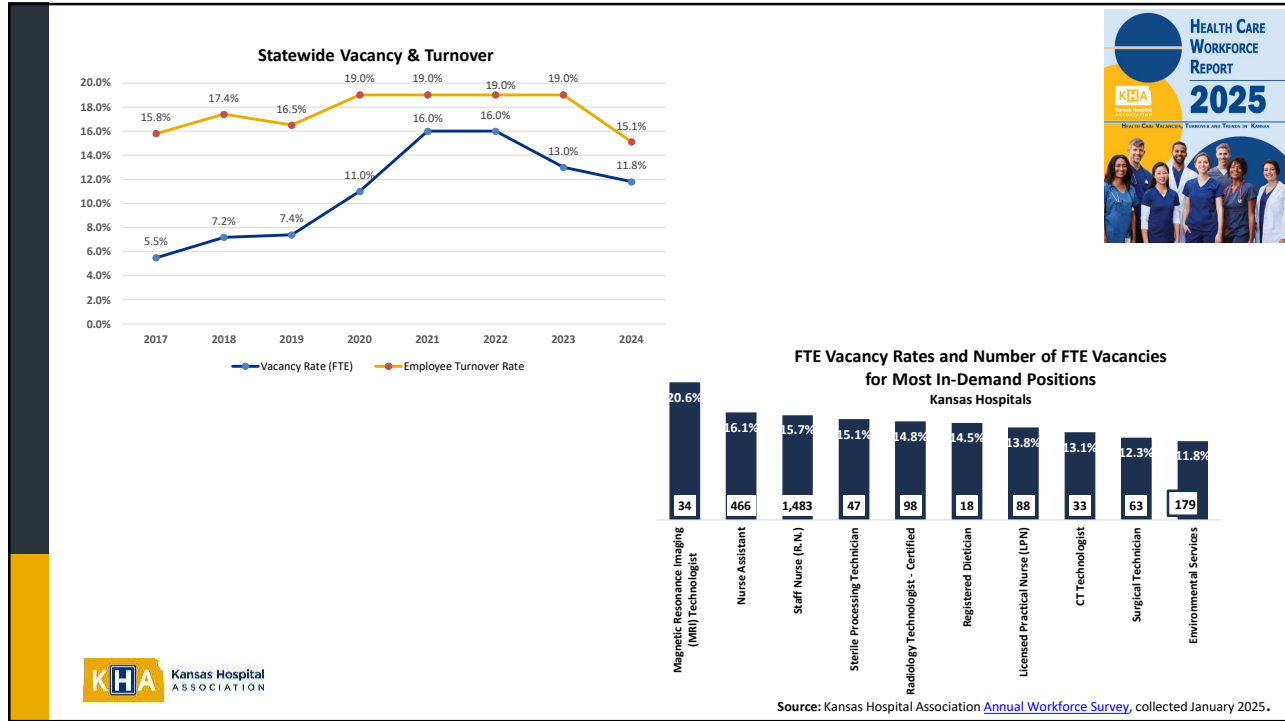
- Workforce survey measuring vacancy and turnover rates (data on KHASTAT.org)
- January 2025 survey
- 105 hospitals participated

Report Also Features

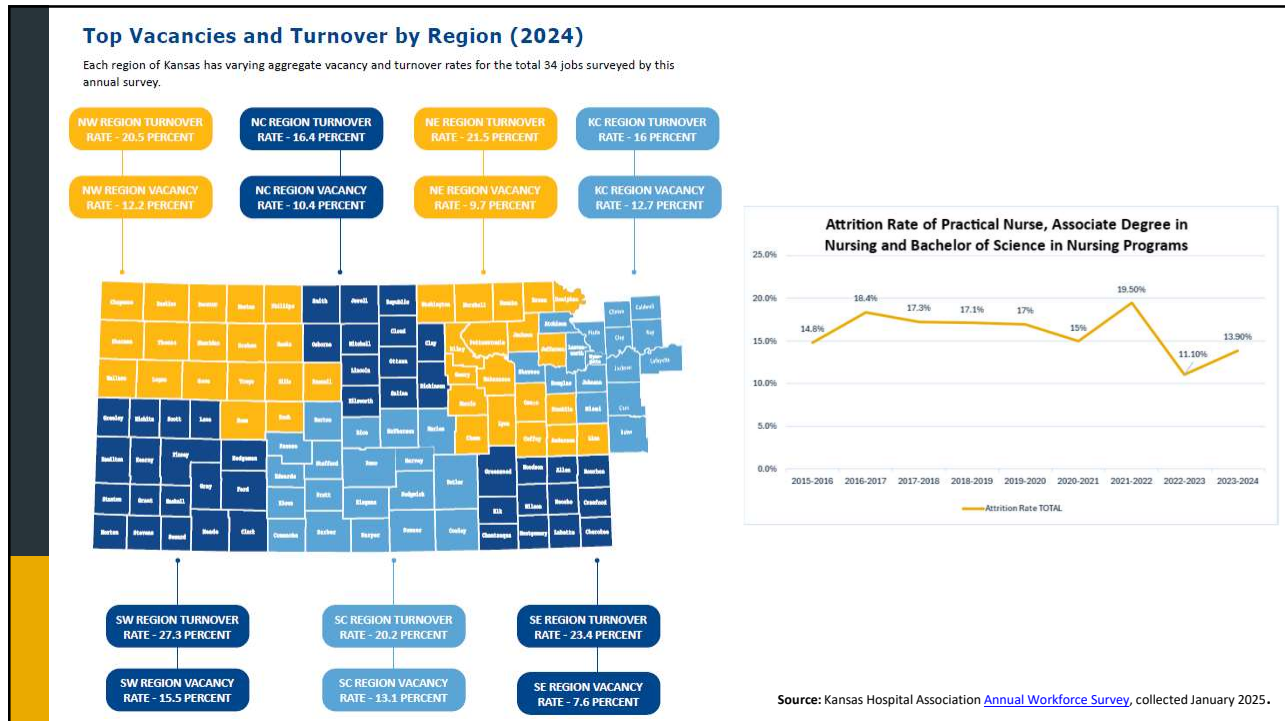
- Enrollment data, attrition rates, regional breakouts and solutions and opportunities



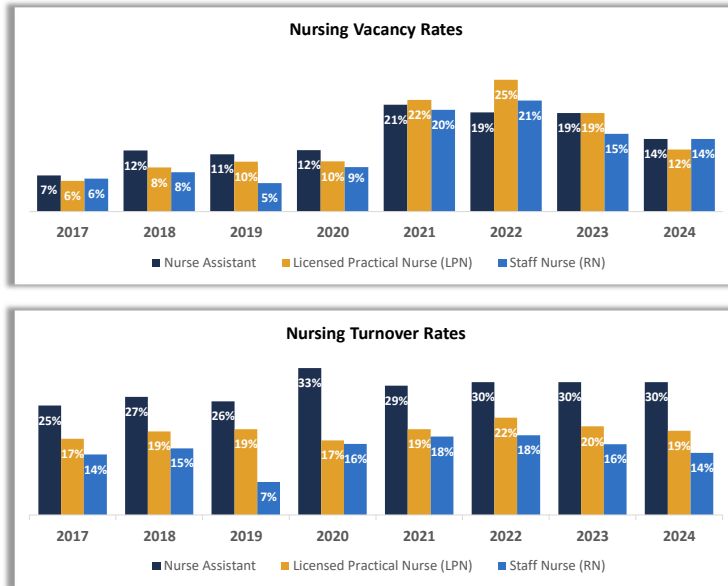
92



93



94



Source: Kansas Hospital Association [Annual Workforce Survey](#), collected January 2025.

95



Virtual Health Care Career Day Building on our Success

Our 2025, third annual event to promote awareness of the wide variety of health care careers was a success.

- **4,000+ Students Registered**
- **200+ Schools**
- **Hundreds** of homeschoolers, college students, and adult learners



Save the Date: February 18, 2026



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Kansas' NEW Health Care Careers Site

HAPPYINHEALTHCARE.ORG

KHA Kansas Hospital ASSOCIATION

VISIT OUR WEBSITE
WWW.HAPPYINHEALTHCARE.ORG

97

HappyInHealthCare.Org

Career Exploration Quiz

Career Exploration Filters

Financial Aid and Scholarship "One Stop Shop"

Colleges/Programs for Students

98

Kansas Health Care Preceptor Academy

- What:
 - This complimentary 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 – 30 spots available per session.
- When:
 - April 25, Overland Park
 - June 19, Holton
 - July 10, Pittsburg
 - July 18, Emporia
- Goal:
 - Better prepare and equip clinicians to serve as preceptors/mentors to **increase capture of students** during rotations and **improve retention of staff**
- More information and to register for free:
 - registration.kha-net.org



99

Health Care Apprenticeship

Grow Your Own

- ✓ 21 hospitals have launched with apprentices
- ✓ 6 hospitals are onboarding
- ✓ Financial support is available to assist with growing your own via registered apprenticeships

\$2,000+ available per trainee

+

Additional funding to cover tuition costs if

appropriate



Wanting to start an apprenticeship? Don't go it alone.

- TalentGro can develop and launch any apprenticeship desired, at NO out-of-pocket cost to your hospital.
 - Contact Jaron Caffrey for details and next steps.
 - jcaffrey@kha-net.org

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HEALTH CARE OCCUPATIONS AVAILABLE TO APPRENTICE:

• Clinical Roles Include:

- CNA/PCT
- Medical Assistant
- Post-Licensure LPN/RN Residency
- Phlebotomists
- Surgical Technicians
- Sterile Processing Technicians
- Pharmacy Technicians
- Paramedical/EMT
- NEW: Medical Laboratory Technicians (MLT)
- NEW: Registered Nurses

• Non-Clinical Roles Include:

- Dietary Aide
- Certified Dietary Manager
- Maintenance
- Medical Billers/Coders/Admin Assistants
- IT-HIT/HIM/HIA and Help Desk
- Community Health Workers
- Unit Clerks

And many more!



101

**FORT
HAYS
STATE
UNIVERSITY**

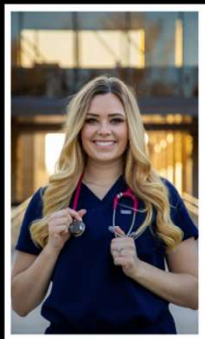


FHSU Pre-Licensure BSN Hybrid Pathway

- Hybrid Program ideally is for students who have barriers to an on-campus education
- Students can live anywhere, but ideally should live in Kansas or nearby as clinicals must be done in Kansas
- Applications due February 1st for a Fall start
- Prerequisites can all be done online from any institution as long as they are transferrable.
- 2-year program with no summers
- Students may continue if currently employed but will need flexibility for clinical schedule, testing, and study time.

102

NCLEX Pass Rate for 2024: 100%!



For information on the Pre-Licensure Hybrid BSN Program, contact:

Rachel Bird
Academic Program Specialist
Nurs.APS@fhsu.edu
785-628-4256

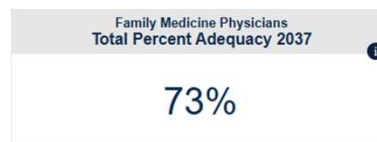
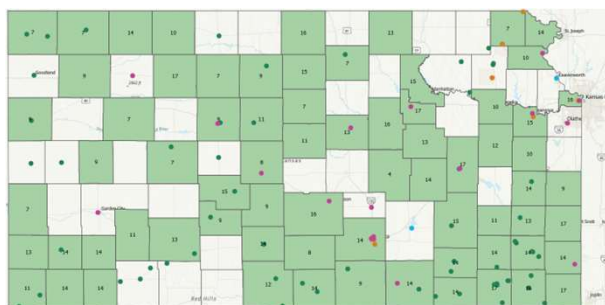
Hybrid Pathway Continued

- Online learning for Theory/Didactic courses with synchronous testing through an online platform.
- Lab and Practicum courses are face-to-face, utilizing in-person and virtual technology for simulation (students may be required to come to Hays ≤ 4 times a semester).
- Precepted and observational experiences are located near the student's location (in the state of Kansas).
- Faculty experiences are centrally located for each cohort of students.
- Students may be required to come to Hays if there is not a cohort centrally located near their location.

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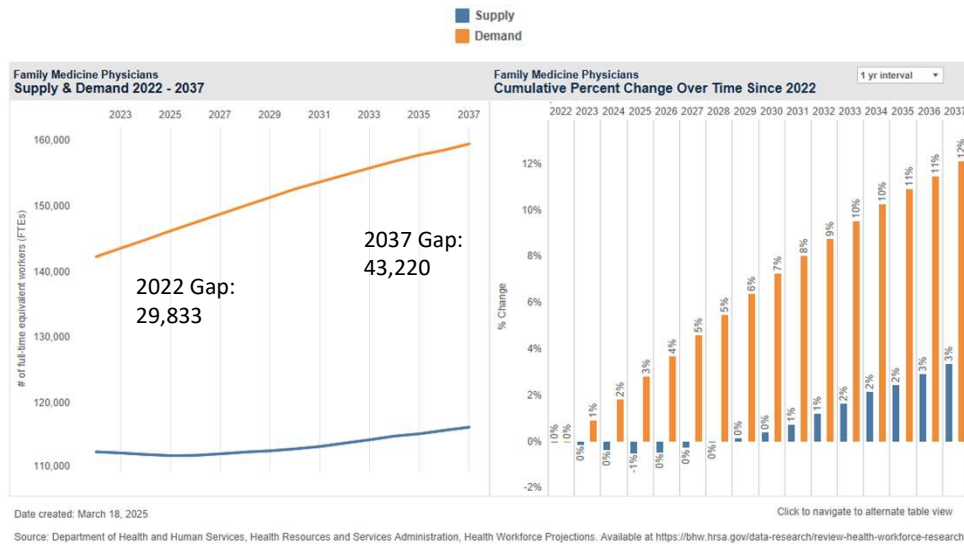
Kansas Physician Shortage

- 70% of Kansas counties are primary care HPSAs
- Kansas will see a 3% average increase in demand for physicians by 2032
- Kansas ranked 19th best state to practice medicine
 - 4th least expensive annual malpractice liability insurance (Nebraska #1)
- Compensation:
 - National median salary for Family Medicine physicians is \$225,000
 - Kansas annual median compensation is \$209,150
 - Most rural provider compensation is not tied to incentives (54.7%)



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Supply and Demand Imbalance

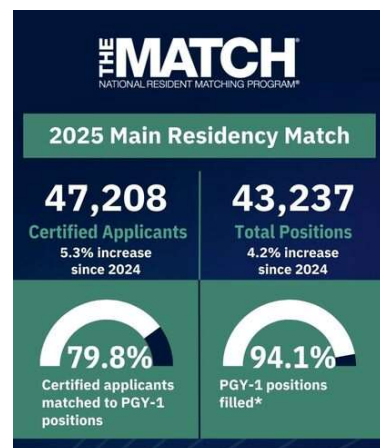


[HRSA, 2025](#)

105

Physician Residents Matching in Kansas

- 296 applicants matched into Kansas' 304 PGY-1 and PGY-2 residency slots
 - 97.4% fill rate
 - Increase from 219 applicants placed in 2024
 - Increase driven by new Internal Medicine, Family Medicine, Pediatrics, Radiology, and Neurology slots
- Largest Kansas Residency Programs:
 - Internal Medicine: 98
 - Family Medicine: 61
 - Surgery: 19
 - OB-GYN: 17



[National Resident Matching Program, March 2025](#)

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Discussion

- What changes are you seeing with respect to access to physician services in your communities?
- What factors contribute most to physician retention in your hospital/community?
- What recruitment strategies have worked (or not worked) for your hospital?
- Are loan repayment programs, residency programs or international medical graduates playing a role in your physician pipeline?
- What role do APPs play in supplementing physician workforce shortages in your organization?



107

MEMBER UPDATES AND DISTRICT DISCUSSION



108

KHA Membership Satisfaction Survey

- Survey conducted every 2 years since 1998
- Historical and new questions used
- Survey conducted in-house using SurveyMonkey
- Fielded mid-September thru mid-October 2024
- Sent to hospital member CEOs, KHA Board Members
- 110 responses



Kansas Hospital Association
2024 Report Card
Results of the KHA Survey on Membership Satisfaction

This year marked the 14th biannual survey of the Kansas Hospital Association membership. The effort documents challenges facing members, offers insight into the needs of Kansas community hospitals and provides the association with valuable information to use in our strategic planning.

In 2024, we gained insight from 110 member executives. The survey was fielded from mid-September through mid-October 2024.

KHA Member Comments

"I think KHA does a great job supporting all these groups of hospitals."

"In an increasingly complex industry, KHA has been a valuable partner to have in our corner. I believe there is considerable amount of value our hospital receives for its membership."

"Thank you all for your time and dedication to all the hospitals in Kansas. We are blessed to have you fighting for us and with us!"

"KHA is a wonderful, vibrant organization. Thank you for all you do for us."

"I love KHA and wouldn't have returned to Kansas without the ongoing support of the Association."

KHA Overall Value and Performance Reaches 9.4

KHA received an overall value of 9.4 from members using a 10-point scale where 1 equals "very poor" and 10 equals "excellent."

Year	Value	Performance
2024	9.4	9.4
2022	9.3	9.3
2020	9.2	9.2
2018	9.1	9.1
2016	8.9	8.9
2014	9.02	9.09
2012*	9.04/8.67	9.13/8.57
2010	8.75	9.05
2008	8.83	9.15

* 2012 - Inactive / New CEOs

KHA Members Identify Most Challenging Issues
Respondents identified their most challenging issues, and they fell into two strategic areas. Finance and reimbursement issues including prior authorizations, Medicare Advantage plans and prior authorizations were predominantly mentioned by members. Workforce and staffing issues were mentioned nearly as often including recruiting physicians, nurses and qualified staff at all levels.

KHA Effectiveness on Core Functions and Services
CEOs and administrators were asked to rate the importance and effectiveness of KHA's core functions and services. The following gap analysis compares how important these core functions and services are with KHA's

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In order of importance, what are most challenging issues your organization is currently facing?

#1 Most Challenging Issues for Hospitals

- Finance and Reimbursement – payor challenges, Medicare Advantage, prior authorization
- Workforce/Staffing – recruiting physicians, nurses and qualified staff at all levels



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Identify top topics/initiatives that you would like KHA to assist with or address this upcoming year?

- Workforce Strategies
- Finance and Reimbursement
- Medicare Advantage Plans
- 340B Program
- Prior Authorization/Denials
- State and Federal Advocacy
- Medicaid Expansion
- Behavioral Health
- Commercial Insurance
- Provider Tax/Fee
- Rural Issues
- SDOH/Equity/Diversity/Inclusion
- Public Awareness of Challenges
- Grants / Collaboration Opportunities



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Overall Value and Performance (10-point scale)

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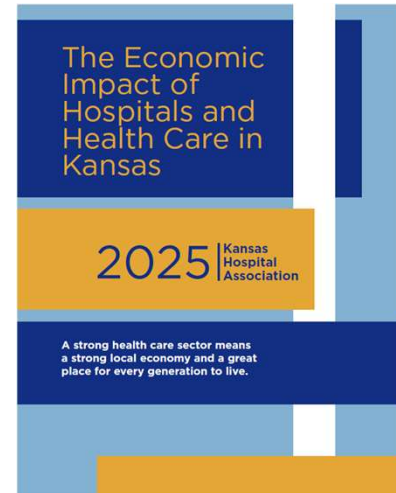


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Our Contribution to the Kansas Economy

Hospitals' 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



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Major Employers in Kansas

Hospitals alone employ more than 74,000 Kansans and direct labor income of more than \$7 billion.

The hospital sector has large multiplier effects. Every 100 hospital jobs support an **additional 73 jobs** in non-health care sectors.

And every \$1000 in current hospital wages and salaries sustains an **additional \$450** in income for employees of grocery stores, restaurants, utilities and other industries used by hospitals and their employees.


County Reports for 2025 will be available by May 1 – online at www.kha-net.org.





















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Customizable Resources and Files

Box.com



NAME ↑	NAME ↑
 Economic Impact Toolkit	 340B Poster Template
 Financial Awareness Campaign	 340B Sticker Assets
 Happy In Health Care Toolkit	 Opinion Editorials and Templates
 Health Observances	 Social Media
 Hospital Week Toolkit	 Video and Audio assets
 Original Medicare vs. Medicare Advantage Toolkit	 340B - Talking Points - August 27, 2024.pdf
 Public Perception Campaign Toolkit	 340B Infographic March 14, 2025.pdf
 We Care We Vote Toolkit	 340B KS Hospital, Clinic and Pharmacy Maps - 2025.pdf
	 340B Map of KS Hospitals, Clinics and Pharmacies 2025.pdf
	 SB 284 - 340B Bill - Legislative Talking Points - March 14, 2...

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340BKansas.org

340B Creates Healthier Kansas Communities.

See how the 340B Program gives more Kansans access to life-saving medications and care close to home.

If you're not familiar with the 340B Program, you might be surprised to learn that it has such a positive impact. The 340B Program expands much-needed health resources in communities all across our state, making affordable health care more accessible for all. It is funded by multi-billion-dollar pharmaceutical companies, which means the 340B Program creates healthier Kansas communities at no cost to Kansas taxpayers.

Right now, the program is at risk. Pharmaceutical companies are changing the rules to limit access to the 340B Program to protect their profits – but as Kansans, we know the right thing to do is protect patients. Don't wait. Make your voice heard today.

[Tell your elected officials to support 340B](#)



Labette Health in Parsons
2 minute video on the 340B Program



Nemaha Valley Community Hospital
2 minute video on the 340B Program

Understanding the Impact of the 340B Program in Kansas.

Currently, more than 85 Kansas hospitals participate in the 340B Program – a large majority. The 340B Program provides savings on prescription drug purchases that hospitals pass along to patients – and it often funds additional services that strengthen access to care in other ways.

Just listen to what these hospital leaders in Kansas are saying about how the 340B Program creates new and stronger pathways to care for the communities they serve:



Hindy Oibarding, RN, MSN
Community Health Care System – Chicago



Chad Kostke, CEO
AtriumHealth Shenandoah County Hospital – Hays



Carrin Lutz, BSN, MHA
Hudson Community Hospital – Hohen

[Tell your elected officials to support 340B](#)

Benefits of 340B

Kansas hospitals use discounts and savings from the 340B Program to create healthier communities in a variety of ways:

- Affordable, life-saving medications
- Emergency care
- Community-based care and services
- Behavioral health programs
- Maternal health care and OB services in rural areas
- Cancer care close to home
- Transportation to medical appointments – and more!

For more about how the 340B Program helps make Kansas healthier, please download a PDF here.

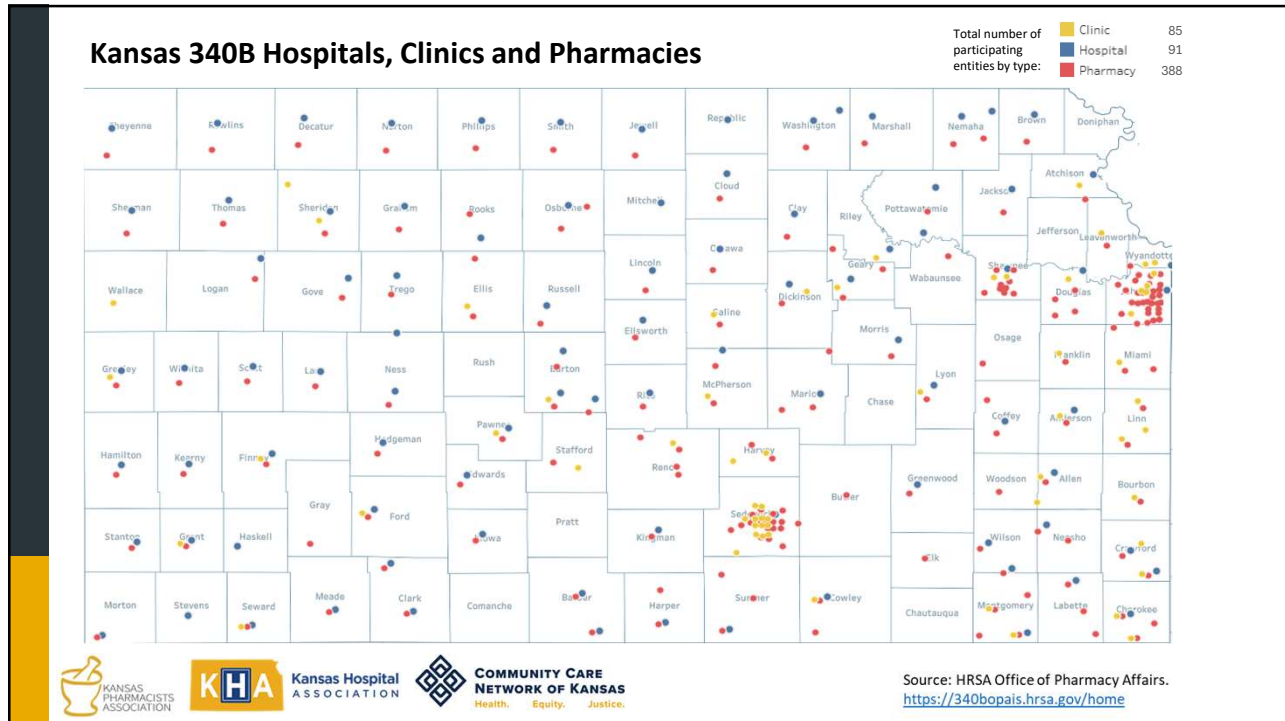
[Download Now](#)

How Can You Help Protect 340B?

It's a small ask for you too: just a few minutes. All you have to do is tell our elected officials to support the 340B Program today! Clicking the button below makes it easier to contact them and say, "340B creates healthy Kansas communities."

[Tell your elected officials to support 340B](#)

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Licensing and Credentialing Initiative

Initiative Process

- Mapping licensure and credentialing process flow for providers
- Identifying areas for timeliness improvements
- Engaging hospital credentialing staff, KSBHA, KAMMCO, Healthcare Stabilization Fund, Payer Credentialing Staff

Goals

- Partner with stakeholders to identify efficiencies
- Expedite process to fully license and credential qualified, eligible providers

New Process Change
Spring 2025:

KSBHA has added new post-graduate verification form to expedite review of new physician applications.

Kansas Hospital Association

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KHA Awards – Nominations April-June

Charles S. Billings 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 – honors individuals, organizations or groups that have demonstrated their commitment to health care through participation in the public domain.

Donald A. Wilson Visionary 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.

Trustee of the Year 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.

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

Heart of Health Care Award – recognizes and honors the excellence of health care workers statewide.



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2025 KHA ANNUAL CONVENTION

**Room Block
Now Open!**

MISSION:

KHA ANNUAL
CONVENTION
AND
TRADE SHOW

POSSIBLE!

September 4-5, 2025

Hyatt Regency Wichita/
Century II Convention Center



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MISSION:
KHA ANNUAL
CONVENTION
AND
TRADE SHOW

POSSIBLE

KHA Annual Convention Speakers



Ryan Campbell



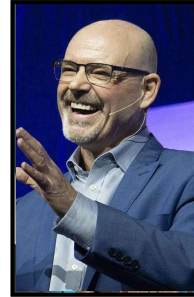
Janine Stange



Kyle Scheele



Ryan Minton



Steve Bedwell, MD



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UPCOMING EVENTS

- Clinical Call on Measles – April 11
- Noon Briefing: Self-Funded Benefit Plans Simplified – May 1
- Foundations of Leadership Training, Wichita – May 8-9
- KHA Leadership Institute – Summer 2025
- Fall District Meetings – Oct. 6-17
- Rural Health Symposium, Hays – Nov. 20



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District Discussion



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Please Give Us Your Feedback

KHA 2025 Spring District Meetings



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QUESTIONS

THANK YOU TO OUR SPONSORS

