President's Perspective – Hospitals Keep Kansas Healthy and Economically Strong

The Kansas Hospital Association has once again worked with the Office of Local Government, K-State Research and Extension, to produce *The Importance of the Health Care Sector to the Kansas Economy*. New data confirms the health care sector is among the fastest growing in the economy. The entire health sector in Kansas employs more than 240,000 people and is the third largest aggregate employer in Kansas.

Kansas hospitals alone employ nearly 100,000 people, or 4.8 percent of all job holders in the state. These jobs are not only essential to serve our communities but also have a ripple effect on the Kansas economy. For every job in a Kansas hospital, another .91 jobs were supported in other businesses and industries in the state. Kansas hospitals have a total impact of more than 185,000 jobs.

According to the report, hospitals generated approximately $7.1 billion in total income. For every $1 of income generated by hospitals, another $.60 is generated in other business and industries in the state’s economy. As a result, hospitals have an estimated total impact on income throughout all business and industry of nearly $11.4 billion. Funds spent to buy goods and services flow from hospitals to business and ripple throughout the economy. The impact on area retail sales generates nearly $4 billion in the Kansas economy each year. Additionally, the hospital sector generates more than $259 million in state sales tax. The state uses these critical funds for important programs such as education and transportation.

This report documented the relative importance of hospitals and the health care sector to the Kansas economy. While the estimates of economic impact are substantial, they are only a partial accounting of the benefits that health care in general, and community hospitals in particular, provide to the state. Kansas community hospitals help to not only stabilize the population base, but also invigorate their communities and contribute significantly to the quality of life.

It would be careless not to reflect on the additional impact expanding KanCare would have on the Kansas economy. The impact of health care services in Kansas grows even more if Kansas can expand the KanCare program. Expanding KanCare will add needed dollars that will assist in growing the economy, creating jobs and supporting the state’s budget through increased revenues and cost savings.
Kansas community hospitals are major employers and business partners throughout the state. As we continue to look for opportunities to enhance our state's economy and stabilize our population, a strong health care system, anchored by well-supported community hospitals, is essential.

In addition to this statewide report, county economic impact reports are linked on the KHA website. We encourage our members to use these reports as you discuss the economic impact of hospitals with your staffs, boards and communities.

--Tom Bell

KHA President and CEO Announces Retirement

Yesterday, the Kansas Hospital Association sent a statewide media release announcing the retirement of KHA President and CEO Tom Bell. The announcement of his retirement to the membership was made in his column before Thanksgiving, but we wanted to share the full media release with our members as well.

Bell became president and CEO of the Kansas Hospital Association in January 2005. He has led the association through many milestones, including the 100th anniversary of the association in 2010. Under his leadership, KHA increased its focus on quality and patient safety in numerous areas, including the founding of the Kansas Healthcare Collaborative with the Kansas Medical Society and the development of one of the strongest Hospital Engagement Networks in the country. Bell stressed the importance of advocacy on behalf of Kansas hospitals, especially in areas of maintaining the state's strong tort laws, holding managed care companies accountable, reversing proposed Medicaid cuts, and most recently in moving Kansas closer to adoption of Medicaid expansion. The association also increased collaborative efforts with stakeholders throughout the state as the health care system changed to focus more on preventive and population health. Under Bell's leadership, KHA is recognized as a national leader in the development of new models of health care delivery and advocacy efforts that support the evolving rural health care system.

"I am most grateful for the work that our members do 24 hours a day, seven days a week, to serve their communities. People who work in the health care system care for our most vulnerable citizens at their most vulnerable times and we should express our gratitude to them every single day. I also am incredibly appreciative of the extraordinary staff of top-notch people who work at the Kansas Hospital Association," said Bell.

--Cindy Samuelson

KHA Advocacy Day – Jan. 21

Join the Kansas Hospital Association, state legislators and Kansas hospital executives at our 2020 Advocacy Day, Jan. 21, at the Maner Conference Center in Topeka. The day will kick off at 9:00 a.m. Lunch will start at 11:30 a.m.

This is your opportunity to learn about our advocacy focus and visit with your elected officials about the important issues facing Kansas hospitals. We encourage CEOs, senior staff and hospital trustees to attend.

Please direct questions to Melissa Willey, KHA Education Department, at (785) 233-7436.

--Hayley Finch-Genschorck
KHA HIDI Analytic Advantage Update and Jan. 23 Training Session

Analytic Advantage PLUS, the online reporting tool accessed from Analytic Advantage, is where your KHA hospital-level data resides. The site was recently updated with the fourth quarter of fiscal year 2019 data and now contains October 2013 – September 2019 inpatient and outpatient (including emergency department) data.

A training session is scheduled from 10 to 11 a.m. on Thursday, Jan. 23. During this free webinar, we will walk through the live site demonstrating new enhancements to the reporting tool.

REGISTER NOW

With this release, the fourth quarter of FY 2019 limited data sets (October 2018 – September 2019) will be available as well. KHA member request forms for the KHA Limited Data Sets can be found on the KHA website.

The timely release of data is dependent on timely data submission. As a reminder, the first quarter (October – December 2019) of FY 2020 inpatient and outpatient data submissions are due by Feb. 15. Thank you for your timely submission! Additionally, please remember that if you wish to submit prior data, please do so by the deadline to be included in the next quarterly upload.

For assistance with access to the KHA HIDI Analytic Advantage site, please contact Dee Lewis at (785) 233-7436. For assistance with training, please contact Sally Othmer at (785) 233-7436.

--Sally Othmer

Corporate Compliance Workshop – Feb. 13

Mark your calendar and plan to attend the Corporate Compliance Workshop on Thursday, Feb. 13, at the J.O. Sundstrom Conference Center in Lindsborg. This course will build on basic principles and advance the knowledge of corporate compliance officers.

This workshop is designed for compliance officers, hospital attorneys, senior-level administrators, risk and quality managers, clinical management, and others interested in corporate compliance issues.

REGISTER NOW

Please contact the KHA Education Department (785) 233-7436, if you have any questions.

--Hayley Finch-Genschorck

The Business Case for KanCare Expansion

The Alliance for a Healthy Kansas is hosting a luncheon to discuss the business case for KanCare expansion. The Kansas Hospital Association encourages our members to invite local business and their chambers of commerce to sign on in support of KanCare expansion and attend this event.
The Business Case for KanCare Expansion
Jan. 16, 2020
Noon - 1:30 p.m.
Historic Fire Station No. 2
719 SW Van Buren, Topeka KS 66603

This luncheon event will feature special guest David Toland, Secretary of the Kansas Department of Commerce.

--Cindy Samuelson

Update: Recheck Your Final 2019 MIPS Eligibility Status
The Centers for Medicare and Medicaid Services discovered and corrected inconsistencies in the 2019 Merit-based Incentive Payment System eligibility data after they released the final data. If you are participating in MIPS and you checked your eligibility following the Dec. 4 listserv announcing final MIPS eligibility, your status may have been affected by the data inconsistencies. We encourage you to use the CMS QPP Participation Status Tool to re-check and confirm your final 2019 MIPS eligibility. If you have not yet checked your final MIPS eligibility, we encourage you to do so now to understand your participation requirements for the 2019 performance period. The 2019 MIPS data submission period opened at 9 a.m. on Jan. 2. For more information, visit the MIPS participation web page.

--Karen Braman

OSFM Provides Guidance on Medical Gas Storage
(Jan. 3, 2020) – The Kansas Hospital Association received a memorandum from the Office of the State Fire Marshal requesting we share the National Fire Protection Association requirements for medical gas storage and administration areas with our members. If you have any questions regarding these requirements, please contact Ashley Rogers, OSFM at (785) 296-0659, or Ron Marshall, KHA at (785) 276-3125.

--Ron Marshall

Federal Focus
CMMI Direct Contracting Model Application Webinar
The Center for Medicare and Medicaid Innovation will host the Direct Contracting Model Application Overview webinar from noon to 1:30 p.m. on Tuesday, Jan. 7. During this session, presenters will provide an overview and demonstration of the Direct Contracting application portal and will answer questions about the portal from the audience.

For more information on Direct Contracting, please visit the CMMI website.
CMS Releases Enhanced Drug Dashboards Updated with Data for 2018
Recently, the Centers for Medicare & Medicaid Services released new 2018 data and significantly enhanced its Drug Spending Dashboards. As part of the update, the dashboards now list prescription drugs in their first year on the market. Under the previous methodology, it took two years for a new drug to appear in the dashboard. This release also enacts changes that President Donald Trump proposed in his budget by including information on prescription drug units paid for in Medicare Part B, but discarded. The information in the drug dashboards is presented in an interactive web-based tool, so researchers and consumers can easily sort the data to identify trends. The dashboards focus on average spending per dosage unit (unit price) for prescription drugs paid under Medicare Parts B and D and Medicaid, and track the change in average spending per dosage unit over time. The dashboards also display the manufacturer(s) of each drug, as well as information on drug uses and clinical indications.

CMS Extends Deadline for Medicaid Rule Comments
The Centers for Medicare & Medicaid Services extended its deadline for submitting public comments regarding its proposed rule to revise standards for Medicaid payments and the use of state provider taxes. The deadline for comments on the Medicaid Fiscal Accountability rule was Friday, Jan. 17. It now is Saturday, Feb. 1.

CMS Announces Measure Collaboration Workspace
Now available on the Electronic Clinical Quality Improvement Resource Center is the Measure Collaboration Workspace. The MC Workspace emerged based on feedback received through the eCQM strategy project, which focused on improving eCQM use by reducing burden, increasing value and increasing stakeholder involvement. The MC workspace is made up of four modules to support measure collaboration.

- eCQM Concepts allows users to search existing measure inventories and submit new measure concepts for consideration.
- New eCQM Clinical Workflow allows users to review sample clinical workflows associated with new eCQMs and provides an opportunity for feedback on anticipated challenges.
- The eCQM Data Element Repository provides data definitions to aid in measure implementation and data mapping.
- The eCQM Test Results module provides transparency into how measures are tested and allows users to express interest in participating in eCQM testing activities.

CMS Releases Burden Reduction and Discharge Planning Guidance
In response to new rules released in September, the Centers for Medicare & Medicaid Services released a new Quality, Safety and Oversight memo for hospitals regarding changes to its regulations and approach for updating the State Operations Manual. On Sept. 30, CMS published two final rules, which revised regulatory requirements to reduce unnecessary burden and modify discharge planning regulations. CMS plans to have updated interpretive guidance released in spring 2020. An online training module should be available by the end of January on the CMS training website.
CMS Reports 2020 Marketplace Enrollment Remains Stable
The Centers for Medicare & Medicaid Services announced that preliminary data indicates the 2020 Open Enrollment Period ended with more than 8.3 million people enrolled compared to approximately 8.5 million people enrolled last year. “We are reporting that for the third year in a row enrollment in the federal exchange remained stable,” said CMS Administrator Seema Verma. These numbers exclude consumers who left their contact information at the call center due to high volume, among others. CMS plans to release an updated snapshot during the second week of January with the final enrollment data.

CMS Issues Guidance for Excluded Hospitals
The Centers for Medicare & Medicaid Services has issued a memo outlining updates to the certification and CMS certification number assignment process for excluded hospitals with excluded units. The fiscal year 2019 inpatient prospective payment system and long-term care hospital PPS final rule allowed an IPPS-excluded hospital to have an excluded psychiatric and/or rehabilitation unit beginning with cost reporting periods on or after Oct. 1, 2019. The guidance outlines changes to the certification process.

MLN Connects Provider eNews Available
Updates to MLN Connects Provider eNews were issued by the Centers for Medicare & Medicaid Services. eNews includes information about national provider calls, meetings, events, announcements and other MLN educational product updates. The latest issue provides updates and summaries of the following:

- Provider minute video: The importance of proper documentation
- Payment for outpatient clinic visit services at excepted off-campus provider-based departments: updated
- Long-Term Care Hospital and Inpatient Rehabilitation Facility compare refresh
- Medicare Diabetes Prevention Program: Become a Medicare-enrolled supplier

HRSA Announces Rural Care Coordination Funding Program
The Health Resources and Services Administration announced a new opportunity to apply for federal funding that improves access and quality of care through rural health consortiums. The program will invest approximately $7.5 million throughout three years to support as many as 10 applicant organizations. Each consortium will include at least three health care entities that will coordinate strategies for collaboration, leadership and workforce, improved outcomes, and sustainability in rural communities.

New Guidance Addresses Opioid Prescribing for Acute Pain
The National Academies of Science, Engineering and Medicine released a report addressing opioid prescribing practices and evidence-based treatment for acute pain and injury. The Food and Drug Administration requested the National Academies develop a framework to evaluate clinical practice guidelines, recommend indications for which new evidence-based guidelines should be developed, and recommend a future research agenda to inform and enable the development and dissemination of evidence-based CPGs. The result was a guidance document for prescribing practices and evidence-based strategies designed to address this serious public health challenge.
CMS Releases IQR Program Manual Version 5.8
Now available on [QualityNet](https://www.qualitynet.org) is version 5.8 of the Specifications Manual for National Hospital Inpatient Quality Measures for the Hospital Inpatient Quality Reporting Program. The manual is for implementation with acute inpatient discharges from July 1, 2020, through Dec. 31, 2020. Updates were made to the following:

- Data dictionary data elements
- Sepsis measure information form
- Appendix F
- Links to QualityNet

A complete list of changes is available in the release notes.