President's Perspective – Take Aways from Lt. Governor's Listening Tour
Over the course of the last year, Lieutenant Governor Lynn Rogers has conducted a "listening tour" across the state as part of his duties as the head of Governor Laura Kelly's Office of Rural Prosperity. Many of you have participated in discussions with Lt. Gov. Rogers as he visited many different communities and their hospitals. His office just released a report of his listening tour, and the results are interesting and informative.

In each listening tour session across the state, the Lt. Gov. asked three questions: 1) How do you define prosperity; 2) What has your community done well to prosper; and 3) What barriers or roadblocks stand in the way of future prosperity. The answers received are not surprising. The definition of prosperity included references to strong public schools, community pride, affordable housing, population growth or stability, access to broadband and quality roads. Responses to what communities have done to prosper referred to community investment, strong and involved leaders, quality education, including higher education, and collaboration. Barriers mentioned often were limited job opportunities, declining and aging population, property taxes, negative attitudes, housing and lack of broadband access.

Also, not surprising, but very significant, is that healthcare issues were mentioned prominently in responses to each question. Prosperity included accessible and affordable healthcare; prosperous communities reported accessible and affordable healthcare; and barriers included limited access to healthcare and lack of Medicaid expansion.

With regard to healthcare issues, the report makes several policy recommendations. First, it recognizes that "The economic impact of a rural community hospital closure is greater than a cursory glance would expect. For example, on average, a rural community hospital accounts for 20 percent of the local economy and one physician generates 26 jobs." Lt. Gov. Rogers notes that because studies have demonstrated the financial vulnerability of many rural hospitals, "one of the most immediate actions that can be done to address the healthcare needs of rural communities across the state is for the Kansas Legislature to expand Medicaid." Further, when talking about infrastructure, the report stresses the importance of "access to the information superhighway" to the future of rural communities. It therefore recommends investing in a long term, sustainable, grant program to expand access to broadband across the state.

Listening is always a good place to start; so in that sense, the Report of the Office of Rural Prosperity is promising. It also does a good job of recognizing the plethora of challenges facing rural Kansas, and that solutions to those problems will not come from a "top-down, one size fits all approach," but will require collaboration and more listening.
However, much work remains. The healthcare focus needs to include a variety of approaches, including the need to explore new delivery models for communities that may choose to do so. And the entire effort needs to clearly recognize that almost all rural challenges are related: healthcare is connected to transportation, housing, education, leadership, jobs and many other community priorities. The best solutions will encompass this idea, and we look forward to working with the Governor and Lieutenant Governor as they go about crafting those solutions.

--Tom Bell

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 Strategic Plan 2020
As we kick off the New Year, we are sharing with you the 2020 Kansas Hospital Association Strategic Plan. The plan includes the four key elements of Leadership, Education, Advocacy and Data; and seven strategic priorities that you have told KHA are most important to you and where we should focus our efforts in 2020. KHA continually evolves and adapts our efforts to proactively support our members in these complex and challenging times.

--Karen Braman

2020 KHA Dues Reminder
Thank you for your continued membership in the Kansas Hospital Association. We want to remind all hospitals that KHA dues for 2020 are due by Feb. 29, 2020. A 1 percent discount is available on KHA dues for full payments received by Jan. 31, 2020.

If you would prefer to set up a monthly automatic ACH payment for your dues or have questions regarding your dues invoice, please contact Steve Poage at (785) 233-7436.

--Steve Poage

The 2020 Kansas Regional Healthcare Compensation and Benefits Survey Is Now Open
The Kansas Hospital Association transition from Compdata to Gallagher for all compensation and benefits data is now complete. Gallagher emailed survey invitations last week to KHA membership. Survey responses are due Feb. 14. If you did not receive your organization’s invitation, please contact Dee Lewis at (785) 233-7436.
To facilitate the transition, Gallagher provided a walkthrough of the participation process. A recording of the webinar is available online.

Additional information regarding the survey is available at the KHA website. Participation in the compensation and benefits survey is free to KHA membership. Only participating members have access to the results.

--Sally Othmer

Hospital Impact Analyses Distributed
This week, CEOs and CFOs were emailed hospital-specific impact analyses on the following Medicare programs:

**Value-Based Purchasing Program:** Hospitals paid under the Medicare prospective payment system received a preview analysis to show the potential impact of the federal fiscal year 2021 Value-Based Purchasing Program based on publicly available data and the program rules established by the Centers for Medicare & Medicaid Services. A "Performance Scorecard" report also is included that compares actual FFY 2019 and FFY 2020 program performance to estimated FFY 2021 program performance.

**2020 Home Health Final Rule:** A hospital-specific impact analysis of the Calendar Year 2020 Medicare Home Health Prospective Payment System was distributed to hospitals with hospital-based Home Health. Among the modeled items in the analysis are the results of the change in the HH unit of payment from 60-day episodes to 30-day episodes for CY 2020 under the new case-mix methodology "Patient-Driven Groupings Model." A payment rule brief summaries the major provisions and changed finalized by CMS.

Both of these analyses are available on HIDI Analytic Advantage to authorized users.
--Tish Hollingsworth

**CDC Recommends Early Treatment with Flu Antivirals for High Risk Patients**
The Centers for Disease Control and Prevention continues to recommend early treatment with antiviral medications for hospitalized patients and high-risk outpatients with flu, including children under 2 years old, as stated in a CDC advisory issued last week. CDC also recommends clinicians vaccinate patients for as long as flu viruses are circulating, and promptly start antiviral treatment for severely ill and high-risk patients with suspected flu without waiting for laboratory confirmation. According to the CDC, outpatient visits for flu-like illness have been elevated for nine weeks, primarily due to certain influenza B viruses that can cause severe illness in all ages and higher pediatric mortality. Certain influenza A viruses that can cause severe illness also are increasing.
--Karen Braman
CDC Updates Discharge Planning Guidance for EVALI Patients
The Centers for Disease Control and Prevention recently updated its discharge planning guidance for clinicians treating patients hospitalized with suspected vaping-associated lung injury (EVALI). To minimize the risk of readmission or death after discharge, the updated guidance recommends post-hospitalization outpatient follow-up, optimally within 48 hours of discharge, and emphasizes the importance of discharge planning and post-discharge care coordination. Recent analysis of rehospitalization and death among previously hospitalized EVALI patients showed that at least one-quarter of rehospitalizations and deaths occurred within two days of discharge; comorbidities were common among these patients. According to the latest CDC update, more than 2,600 patients have been hospitalized for vaping-associated lung injuries in the states, Puerto Rico and U.S. Virgin Islands, and 57 people have died from the condition, known as EVALI.

--Karen Braman

APS Announces Mid-Sole Ice Cleats Opportunity
APS and Kansas Hospital Association members can take advantage of a simple device that will greatly reduce the risk of employee injuries due to ice and snow. Known as the K1 Mid-Sole Ice Cleat, this affordable, dependable solution offers both safety and convenience for employees who must daily navigate potentially hazardous parking lots and sidewalks.

For more information, please contact Dennis George at (913) 327-8730.

--Dennis George

Federal Focus
New Resources Now Available on the QPP Resource Library
The Centers for Medicare & Medicaid Services has posted several new Quality Payment Program materials to the QPP Resource Library. The new resources include the QPP access user guide, MIPS 2020 performance period resources.

Transparency in Coverage Proposed Rule – Comments Due Jan. 29
The comment period about the Internal Revenue Service, Department of Labor, and the Centers for Medicare & Medicaid Services' proposed transparency in coverage regulation has been extended through Wednesday, Jan. 29. The Federal Register transparency in coverage web page and the proposed regulation text continues to post a due date of Jan. 14; however, hospitals may submit formal comments through Jan. 29.

CMS Revises Psychiatric Hospital Survey Process
The Centers for Medicare & Medicaid Services released a memo announcing a new survey process for psychiatric hospitals. CMS states the revised process is a part of its Patients Over Paperwork initiative and is intended to better identify systemic quality issues in psychiatric hospitals. As a result, the Conditions of Participation for specialty psychiatric hospitals located in Appendix AA will be revised and incorporated into the hospital CoPs located in Appendix A. Appendix AA eventually will be deleted.

Psychiatric hospitals will have one set of regulatory and guidance documents to follow. The state agency now will be responsible to survey all tags, including B tags, given CMS no longer will use a special contractor to survey those tags. The B tags will become A tags with the transition of survey activity, slated to be complete by March 2020.
CMS Selects Random Sample for IQR Program Validation
The Centers for Medicare & Medicaid Services selected the random sample of hospitals for validation of chart-abstracted and healthcare-associated infection measures for the fiscal year 2022 annual payment update determination for the Hospital Inpatient Quality Reporting Program. The quarters included in FY 2022 inpatient validation are third quarter 2019, fourth quarter 2019, first quarter 2020 and second quarter 2020. CMS anticipates selecting an additional sample of as many as 200 targeted hospitals in May 2020.

The list of selected hospitals is available on QualityNet. Validation resources also are available.

TJC Offers Complimentary Certification Webinar
The Joint Commission announced a complimentary webinar regarding certification as a heart attack center and disease-specific care.

- Noon Thursday, Jan. 23 — Roadmap to Achieving Disease-Specific Care Certification: The Basics (first webinar in a series of three). Registration is required.

AHA Releases Report on Hospital and Health System Workforce Strategic Planning
The American Hospital Association released a new TrendWatch report providing an overview of the current national health care workforce and highlighting examples of hospitals and health systems' responses to trend shifts. "There are a number of challenges facing hospitals as they build and nurture a talented and dedicated workforce, and hospitals and health systems are rising to meet these challenges," the report says. "Although there are challenges, there also are opportunities to improve care, motivate and reskill staff, and modernize processes and business models that reflect the shift toward providing the right care, at the right time, in the right setting."

HRSA Announces Scholarships for Disadvantaged Students Program
The Health Resources and Services Administration is accepting applications for the fiscal year 2020 Scholarships for Disadvantaged Students Program. The SDS Program increases the diversity of the health workforce by funding eligible academic institutions that are training health profession students. The institutions then offer scholarships to students from disadvantaged backgrounds who have financial need.

Eligible applicants are accredited schools of allopathic and osteopathic medicine, dentistry, nursing, pharmacy, podiatric medicine, optometry, veterinary medicine, public health, chiropractic, and allied health; schools offering a graduate program in behavioral and mental health practice; and programs for physician assistant training.

CMS Releases Final 2020 Marketplace Enrollment Snapshot
The Centers for Medicare & Medicaid Services released the final marketplace enrollment data for 2020. For calendar year 2020, 8,286,871 beneficiaries made plan selections in states where the HealthCare.gov platform is being utilized. This is a decrease of 1.5 percent from 2019's enrollment of 8,411,614.
MLN Connects Provider eNews Available
The Centers for Medicare & Medicaid Services issued updates to MLN Connects Provider eNews. 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:

- Hospitals: new beneficiary notices (IM, DND, and MOON) required April 1
- Hospital outpatient departments: prior authorization process begins July 1
- Qualified Medicare beneficiary billing requirements
- Quality Payment Program
  - 2018 performance data
  - Participation status tool includes third snapshot of data
  - Recheck your final 2019 MIPS eligibility
  - Check your initial 2020 MIPS eligibility

CMS Innovation Center Highlights Recently Released Reports
The Centers for Medicare & Medicaid Services Center for Medicare and Medicaid Innovation has released a newsletter highlighting reports on the comprehensive care for joint replacement, the Medicare prior authorization model for non-emergent hyperbaric oxygen services and independence at home demonstration.

New CDC Report Shows Marked Improvement in ED Opioid Prescribing Practices
The Centers for Disease Control and Prevention National Center for Health Statistics report estimates that the percentage of emergency department visits by adults, which resulted in an opioid prescribed at discharge, decreased from 2010–2011 through 2016–2017. Opioid prescription rates in EDs increased from 19 percent between 2006-2007 to nearly 22 percent by 2011. The rates then decreased to around 15 percent by 2017, for an overall reduction of around 30 percent.

- Opioids prescribed: The most common opioids prescribed, based on 2016-2017 data, were acetaminophen-hydrocodone and tramadol. Acetaminophen-hydrocodone made up more than half of all prescriptions in 2006, before tapering off at around 41 percent of prescriptions a decade later.
- Primary diagnoses: Dental pain, stones in the kidneys or urinary tract, fractures, and back pain were among the most common diagnoses for which ED visitors were prescribed opioids.

CMS Announces Hospital Quality Reporting January 2020 System Release
The Hospital Quality Reporting January 2020 system release was announced by the Centers for Medicare & Medicaid Services. The release includes all applications, processes and reports necessary to support the Hospital Inpatient Quality Reporting Program specifications manual version 5.7 and Outpatient Quality Reporting Program specifications manual version 13.0.

CMS Announces Upcoming Education Sessions
The Centers for Medicare & Medicaid Services announced the following education opportunities for hospitals participating in the Hospital Inpatient Quality Reporting and Promoting Interoperability and/or Hospital Outpatient Quality Reporting Programs.
Wednesday, Jan. 22, 9 a.m. and 1 p.m. — You Have Reached Your Destination: CY 2020 OPPS/ASC Final Rule

Registration is required.