President's Perspective – Sen. Denning Offers His Perspective on the Relationship Between SB 252 and the Constitutional Amendment

As you have seen from numerous Kansas Hospital Association publications, Medicaid expansion efforts have become tied up in the debate over the proposed constitutional amendment regarding abortion regulation in Kansas (the Value Them Both amendment). As one of the principle authors of the Medicaid expansion compromise contained in Senate Bill 252, as well as a supporter of the proposed constitutional amendment, we asked Sen. Jim Denning, the Senate Majority Leader, to give us his thoughts on the situation. As such, we have included a special article from Sen. Denning in this week’s Current Report.

--Tom Bell

As one of the main authors of SB 252 I think it is important to clarify one of the most misrepresented topics in the legislature and to factually document that there is NO link between the Value Them Both Constitutional Amendment and Medicaid expansion.

The expansion of Medicaid via SB 252 does not include the coverage of pregnant women which is clearly stated in Section 2(b) of SB 252. Pregnant women, up to 171% of the federal poverty level (FPL), are currently covered in the existing Medicaid program and have been for well over 20 years. Pregnant women will remain covered as they are today, but under existing Medicaid and its match rate. Expanding Medicaid will not increase the number of pregnant women covered by Medicaid, as the income threshold for pregnant women is already higher (171% vs 138%) than that of the Expansion population.

There have been inaccurate verbal and written statements made that abortions will somehow be paid for with the 10% state portion from expansion. Pregnant women are clearly excluded from the expanded population as they already receive special coverage under existing Medicaid. Furthermore, KSA 65-6733 prohibits any state general funds or special revenue funds to be expended for any abortion and prohibits any health care service provided by any state agency from covering abortion or the lease or operation of a facility in which abortions are performed. This, along with 76 other statutes, already regulates how, who, why, and when abortion services can occur.

It is estimated that of the Kansans who will move to the expanded Medicaid from the exchange or other coverage, 4,866 will be newly eligible women in the 19-44 age range. CDC estimates that 64.7 of every 1,000 women in Kansas, or 6.47%, in the 19-44 age group could become pregnant at some point, which is roughly 315 women. There are Legislators who are stopping debate on Medicaid expansion, which does not even cover pregnant women, over the fear that those 315 women who could become pregnant will have an abortion paid for with state dollars.
Kansas has not changed its stance on paying for abortion following the April 2019 Hodes decision by the Kansas Supreme Court nor has Kansas issued any new abortion coverage guidelines to the Managed Care Organizations (MCOs). Kansas still only pays for medically necessary abortions allowed under the federal Hyde Amendment – saving the life of the mother, or if the pregnancy arises from rape or incest. See KDHE KMAP Professional Manual Section 8400 (page 8-3) which is current as of January 2020. The Supreme Court ruled that a woman has the right to choose an abortion, not the right for a state funded abortion. KDHE has verified that abortion claims have not been processed any differently since the April 2019 Hodes decision.

It appears the Medicaid expansion debate is also being held up over disagreements on when the 'Value them Both' Constitutional Amendment should be placed on the ballot for Kansans to have their voices heard. It is currently slated for the August 2020 primary election. Those who did not support the amendment on the floor have mentioned moving it to the November 2020 general election. It might be a good compromise to move it to its own special election in April 2021 where it could get the special attention it deserves.

The Legislators and organizations who think state funds could be used for the funding of abortions would need to repeal traditional Medicaid coverage in Kansas, not block the vote on expanding Medicaid, to support their argument that state dollars will be used for fully funded taxpayer abortions. Repealing traditional Medicaid, however, would also repeal coverage for the most vulnerable: children, pregnant women, the disabled, and the frail and elderly.

Senator Jim Denning
Majority Leader

Kansas ZIP Code Health Rankings
The places where we live, work, learn and play affect our health. Knowing more about the factors affecting health enables hospitals, clinicians, community-based partners and other stakeholders to identify and develop strategies that address the influence of these factors on health. To provide another resource to help with population health strategies, the Kansas Hospital Association recently published [Kansas ZIP Code Health Rankings](#). Assessing community health and social factors at the ZIP code level within counties across Kansas can be a powerful strategy to optimize resources for effective community health improvement initiatives.

--Karen Braman

APS Announces Savings for KHA Members Using Westar
APS is a member of the Kansas Industrial Consumers Group. We recently received a very favorable outcome in the Kansas Corporation Commission consolidated Docket Nos. 16-WSEE-377-TAR, 17-WSEE-377-TAR, and 18-WSEE-355-TAR, all billed by Westar regarding past Transmission Delivery Charges. In these proceedings, KCC agreed with the Kansas Industrial Consumers Group and rejected its staff’s position that Westar’s TDC rates should be retroactively reallocated – which would have resulted in large additional charges to business and school customers.
KIC estimates Westar's largest hospital customer, Via Christi, will save about $66,000 as a result of APS participating in this case and defeating the KCC staff's proposal. Every other hospital's total savings can be estimated by multiplying the facility's peak monthly demand by the staff's proposed extra charge, and then multiplying that figure by 36 months. We expect the cumulative savings of all APS-member facilities will be very significant, almost certainly in excess of $500,000.

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

ABH Provider Overpayments and Recoveries
In January of this year, Aetna Better Health of Kansas, the newest KanCare managed care organization for the Kansas Medicaid program, announced their plans to commence recovery activities on any single claim overpayment that is greater than $100. Updated timelines and information regarding their overpayment and recovery project are outlined in their Feb. 5 provider bulletin. ABH also reports that a Recoupment Project Log will be posted on their secure portal to allow providers the ability to access a document that identifies each specific claim included in the recovery project. The log also will include claims project scheduling information allowing providers to track the recoupment activities.

As requested by the Kansas Hospital Association's KanCare committee, ABH will soon be launching a listserv to allow providers to receive updates electronically. Watch for an upcoming bulletin with information on how to sign up for this listserv.
--Tish Hollingsworth

One Week Until Scholarship Application Deadline
Scholarship time is upon us. The Kansas Hospital Education and Research Foundation assists deserving individuals interested in improving their abilities to provide quality care in Kansas. Individual scholarships of up to $1,000 will be given in the following categories:

- **Undergraduate Health Care**: Undergraduate students in non-nursing health care fields. Sample degrees include: physical therapy assistant, clinical lab scientist, phlebotomy, pharmacy technician, occupational therapy assistant and medical imaging.
- **Undergraduate Nursing**: Undergraduate students who have been accepted into a licensed or degreed nursing program. Sample degrees include: licensed practical nurse, registered nurse and bachelor of science in nursing.
- **Advanced Clinical Practice**: Graduate-level students in any clinical health care discipline. Sample degrees include: doctorate of nursing practice, master of social work, family nurse practitioner, doctorate of pharmacy and doctorate in physical therapy.
- **Health Care Administration**: Students in health care administration, whether under- or graduate level. Sample degrees include: organizational leadership, health care administration, leadership, master of science management and health care management – sponsored by the Kansas Association of Health Care Executives.
- **Human Resources**: Students in health care human resource-related field, whether under- or graduate level. Sample degrees include: human resources or another degree with a concentration in human resources – sponsored by the Kansas Healthcare Human Resources Association.
Priority will be given to hospital employees, particularly those who work in facilities licensed for 25 or fewer acute beds. Thanks to the Kansas Association of Health Care Executives and the Kansas Healthcare Human Resources Association for partnering with KHERF to administer these scholarship programs.

Enter all applications through Reviewr. Applications may be started and saved for completion at a later date. In addition, letters of recommendation may be added by either the applicant or their employer. All documents must be uploaded as a PDF. The submission deadline is Feb. 28.

More information is available on the KHERF website. If you have any questions or need further information, please contact Susan Cunningham at (785) 233-7436.

--Susan Cunningham

**Position Available**

**Chief Nursing Officer** (Full-Time)

**St. Luke Hospital and Living Center**

535 S. Freeborn

Marion, KS 66861

Contact: Sharon Zogelman, human resources director

Email: sharon.zogelman@slhmarion.org

Phone: (620) 382-2177

Fax: (620) 382-9104

Website: www.slhmarion.org

The candidate selected for CNO will organize and administrate the following areas: medical/surgical, quality and risk management, emergency department, operating room, pharmacy, cardiac/pulmonary rehabilitation, and emergency preparedness. St. Luke Hospital in Marion is a 10-bed Critical Access Hospital nestled between two beautiful lakes on the cusp of the world famous Flint Hills. In addition to the hospital, the St. Luke campus includes St. Luke Medical Clinic, a Home Health Care and an attached 32-bed long-term care unit. St. Luke offers compassionate, exceptional care for our community and visitors. Working for St. Luke is a source of pride and satisfaction for the employees. Come join us as you reach for your personal goals.

If you have a management position available in your organization that you would like posted in Current Report, email the information to Jan Fenwick. Also, don’t forget to check out www.kshealthjobs.net for other health care openings in Kansas.

--Jan Fenwick
Federal Focus
Study of Sepsis Cases among Medicare Beneficiaries Finds Significant Burden
Hospitals in the U.S. saw a 40 percent increase in the rate of Medicare beneficiaries hospitalized with sepsis over the past seven years. In 2018 alone, sepsis costs to Medicare are estimated to be more than $41.5 billion, according to a study conducted by the U.S. Department of Health and Human Services. Sepsis is defined as the body's extreme response to an infection and represents a life-threatening medical emergency. CMS implemented an inpatient bundled sepsis measure in its Inpatient Hospital Quality Reporting Program. The measure is a series of steps to detect and treat sepsis earlier in its course. CMS data shows that since implementation, organizations that follow all the steps have lowered mortality rates for patients diagnosed with severe sepsis and septic shock.

TJC Shares Information on Chart-Abstracted Data Submissions
The Joint Commission shared additional information regarding the Direct Data Submission Platform for calendar year 2020 chart-abstracted data submission.