



KHA's Current Report
April 18, 2025

President's Perspective – We Are Health Care – Hospital Week 2025

National Hospital Week is right around the corner, May 11-17. The Kansas Hospital Association looks forward to celebrating the innovative ways hospitals support and connect with their communities. The theme again this year is *We Are Health Care, Caring for Patients; Strengthening Communities*.

KHA has created a [Hospital Week Toolkit](#) full of resources for members to promote hospital week, and we will continue to add more assets in the coming weeks. The American Hospital Association has also provided a [number of new resources](#) hospitals can use to celebrate Hospital Week. We encourage members to share this moving AHA/KHA video highlighting "[the Power of One](#)" with your staff or on your social channels.

It is always refreshing to see and learn about the various activities Kansas hospitals are undertaking with their teams during Hospital Week. We encourage you to use the hashtag #wearehealthcare in your social posts. I look forward to seeing the photos, and I know our team will highlight the efforts of Kansas hospitals and health systems in celebrating health care workers and the innovative ways you are supporting and connecting with the communities you serve.

Did you know Hospital Week has been celebrated for more than 100 years? National Hospital Week began as National Hospital Day in 1921 to inspire community members to support hospitals following the Spanish flu outbreak in 1918. Then, in 1953, National Hospital Day was changed to National Hospital Week. Additionally, National Hospital Week is observed during the week of Florence Nightingale's birthday, which falls on May 12. The holiday shines a spotlight on hospitals, health systems and health care workers who strive to save lives daily.

KHA, AHA and associations across the country are pleased to team up to recognize hospitals, health care systems, networks and others who provide care to their community. We believe it is essential others recognize the impact of hospitals on their communities. Have a great Hospital Week!

--Chad Austin

Grow Your Giving with the KHA-PAC – Join the Bouquet a Month Club Today

It's springtime, and the Kansas Hospital Association Political Action Committee is committed to making the next two years a wonderful opportunity for you to cultivate not only beautiful gardens but also to sow seeds of connections with policymakers who support Kansas hospitals.

Grow your giving today by donating a bouquet each month to the KHA-PAC. For just \$20 a month, you can help the KHA-PAC achieve our two-year goal of raising \$175,000. The funds we raise will go directly to support the candidates collaborating with us on policy issues vital to your hospital.

Join the Bouquet a Month Club, and sign up to donate \$20 monthly between now and the end of the year, totaling \$180, by visiting: <https://kha-pac.square.site/>.

For questions, please feel free to contact Tara Mays at tmays@kha-net.org.

--Tara Mays

CY 2026 Medicare Advantage and Part D Final Rule Released

The Centers for Medicare & Medicaid Services recently released its calendar year 2026 Medicare Advantage and Part D [final rule](#). While the rule finalizes many proposed provisions, it defers others, including those related to artificial intelligence in prior authorization and coverage of anti-obesity medications, for future rulemaking. A summary of changes includes:

Prior Authorization and Internal Coverage Criteria Reforms

- A major change in the final rule is the prohibition on MA organizations retroactively denying inpatient hospital admissions that were previously authorized unless there is clear evidence of fraud or error. This change addresses a longstanding concern about post-service denials undermining patient access and provider confidence.
- CMS expanded and clarified the rights of enrollees and providers within the appeals process. Enrollees' rights to appeal now explicitly extend to adverse decisions made during ongoing care, not just before service delivery.
- MA plans must notify providers when coverage requests are submitted on behalf of beneficiaries, and enrollees can now appeal payment denials issued to contracted providers.

Inflation Reduction Act implementation

- The rule implements several IRA-related provisions affecting Medicare drug coverage. CMS reaffirmed zero cost-sharing for adult vaccines recommended by the Advisory Committee on Immunization Practices, effective for plan years beginning in 2023.
- Beginning in 2026, Medicare beneficiaries' monthly insulin costs will be capped at the lesser of \$35, 25 percent of the negotiated price, or 25 percent of the maximum fair price.
- CMS finalized policies supporting the Medicare Drug Price Negotiation Program, which allows the federal government to negotiate prices for select high-cost prescription drugs. Part D sponsors must comply with reporting requirements and ensure their network

pharmacies participate in the Medicare Transaction Facilitator Data Module to support the pricing drug infrastructure.

Part D prescription payment and drug price transparency requirements

Under the finalized Medicare Prescription Payment Plan, CMS will implement several reporting changes and price transparency reforms:

- CMS finalized the Medicare Prescription Payment Plan, allowing beneficiaries to pay out-of-pocket drug costs monthly. Enrollment will auto-renew annually unless beneficiaries opt out.
- Part D sponsors must now:
 - Submit initial Prescription Drug Event records within 30 days of claim receipt.
 - Submit corrections or deletions within 90 days of identifying an issue.
 - For drugs subject to negotiation, submit PDE records within seven calendar days.
 - Sponsors must verify network pharmacy data accuracy to support negotiated drug pricing and smooth claims processing.

Deferred proposals: GLP-1s, AI and Marketing Reforms

- CMS chose not to finalize coverage of GLP-1 receptor agonists such as Ozempic and Wegovy, citing payer concerns and the projected \$35 billion cost over 10 years. The agency will consider future rulemaking on this issue.
- Proposals regulating AI in prior authorization were deferred. CMS noted the need for further stakeholder engagement and analysis before establishing standards.
- Marketing reforms, including redefining marketing materials and tightening provider directory accuracy requirements, were postponed for future consideration.

If you have any questions, please contact Shannan Flach at sflach@kha-net.org.

--Shannon Flach

CMS Releases IPPS Proposed Rule

On April 11, 2025, the Centers for Medicare & Medicaid Services released the fiscal year [2026 proposed rule](#) for the Medicare Inpatient Prospective Payment System and Long-Term Care Hospital Prospective Payment System, in addition to other proposed rules. The proposed rule reflects the annual updates to the Medicare fee-for-service inpatient and long-term care payment rates and policies. Key highlights include:

- IPPS overall net rate change: +2.4 percent
- Increases disproportionate share hospital payments by \$1.5 billion
- Increases new medical technology payments by \$234 million
- LTCH overall net rate change of +2.2 percent
- Discontinue the low-wage index hospital policy and adopt a budget-neutral transitional exception for certain hospitals significantly impacted by the discontinuation
- Modifies four current measures in the Hospital Inpatient Quality Reporting Program:

- Hospital-Level, Risk-Standardized Complication Rate Following Elective Primary Total Hip Arthroplasty and/or Total Knee Arthroplasty to add Medicare Advantage patients to the current cohort of patients, shorten the performance period from three to two years and change the risk adjustment methodology.
- Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity to add Medicare Advantage patients to the current cohort of patients, shorten the performance period from three to two years and make changes to the risk adjustment methodology.
- Hybrid Hospital-Wide Readmission and Hybrid Hospital-Wide Mortality measures to lower the submission thresholds to allow for up to two missing laboratory results and up to two missing vital signs, reduce the core clinical data elements submission requirement to 70 percent or more of discharges and reduce the submission requirement of linking variables to 70 percent or more of discharges.
- Removes four current measures in the IQR program:
 - Hospital Commitment to Health Equity beginning with the CY 2024 reporting period/FY 2026 payment determination.
 - COVID-19 Vaccination Coverage among Health Care Personnel measure, beginning with the CY 2024 reporting period/FY 2026 payment determination.
 - Both the Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health measures, beginning with the CY 2024 reporting period/FY 2026 payment determination.
- Request comments regarding quality measure concepts under consideration for future years and on measure concepts focusing on well-being and nutrition
- Changes to the Transforming Episode Accountability Model, including limited deferment for certain hospitals, and requesting comments on items, including a potential low-volume threshold

Additionally, CMS has requested information seeking input on opportunities to streamline regulations and reduce burdens on providers.

Program changes would be effective on or after Oct. 1, 2025, unless otherwise noted.

Comments on the proposed rule are due to CMS by June 10, 2025, and can be submitted electronically at <http://www.regulations.gov> by using the website's search feature to search for file code "CMS-1833-P."

Please contact Jaron Caffrey at jcaffrey@kha-net.org or Shannan Flach at sflach@kha-net.org, if you have questions or feedback that you would like KHA to reflect in our comment letter to CMS.
 --Jaron Caffrey

Measles Preparedness Resources on the KHA Website

The Kansas Hospital Association partnered with the Kansas Department of Health and Environment, the University of Kansas Health System and Children's Mercy Hospital to host a Measles Clinical Call on Friday, April 11. Following that webinar, we have created a list of [measles-related resources](#) from the KDHE, the CDC and other partner organizations that were discussed during the call. Documents will be updated and added as needed, while we work through the current measles outbreak. Many thanks to the KDHE Bureau of Epidemiology and Public Health Informatics, Children's Mercy Hospital and The University of Kansas Health System for providing valuable information to address the measles outbreak.

--Larry Van Der Wege

MMR Vaccination Recommendations for Individuals in Areas of Outbreak and Adjacent Counties

The Kansas Department of Health and Environment issued the following [recommendations](#) for counties impacted by the outbreak of measles and adjacent counties:

- Infants six through 11 months receive an early dose of MMR vaccine (i.e., infant dose). Subsequent doses should follow the CDC's recommended childhood schedule:
 - Another dose at 12 through 15 months of age and
 - A final dose at four through six years of age.
- Children older than 12 months who have not been vaccinated should receive one dose immediately and follow with a second dose at least 28 days after the first. No third dose is needed.
- Children older than 12 months with one prior dose should receive an early second dose of MMR vaccine separated by at least 28 days.
- Teenagers and adults previously vaccinated with one dose of MMR vaccine should receive a second dose. Those with no evidence of immunity should receive one dose of MMR vaccine immediately and follow with a second dose at least 28 days later.

For additional information on MMR vaccination and recommendations for health care providers, see [KDHE's Measles Health Alert Network alerts](#). Additionally, after KHA's April 11 Clinical Call on Measles, KHA compiled resources discussed during the call and distributed those to call attendees. For those unable to attend the April 11 call, see these helpful [Measles resources](#). For updated data on the Kansas measles outbreak, see [KDHE's Measles dashboard](#), which is updated weekly on Wednesdays.

--Karen Braman

American Academy of Pediatrics Issues Guidance to Pediatricians on Caring for Measles Patients

As the measles outbreak has expanded in many states, including Kansas, a special [article](#) in *Pediatrics* has been published to provide guidance to pediatricians and other health care providers on caring for measles patients. Authors of [What's Old Is New Again: Measles](#), published April 11 in *Pediatrics*, provide an update on measles presentation, clinical course and outcomes. The full text article is available free of charge. AAP also refers providers to the AAP *Red Book* for [recommendations](#) on immunoglobulin and MMR vaccine use based on specific clinical scenarios. Routine MMR vaccination (first dose at 12-15 months of age and second dose at four to six years of age) is recommended.

--Karen Braman

Governor Kelly Appoints Hospital Pharmacists to Kansas Board of Pharmacy

On April 15, Governor Laura Kelly [announced](#) on April 15 the appointment of two hospital pharmacists to the Kansas Board of Pharmacy. The two hospital pharmacists appointed include: Janine Ohler, Pharm D, BCPS, Clinical Pharmacist, Ascension Via Christi Hospital, Manhattan; and Joanna Robinson, PharmD, MS, BCSCP, Acute Care Pharmacy Operations Manager, The University of Kansas Health System. Appointments to the Board of Pharmacy are for four-year terms.

The mission of the Kansas Board of Pharmacy is to ensure that all persons and entities conducting business relating to the practice of pharmacy in this state are properly licensed and registered; to protect the public's health, safety and welfare and to promote the education and understanding of pharmacy-related practices. Congratulations to Dr. Ohler and Dr. Robinson! They bring significant experience and expertise to the Board of Pharmacy related to the practice of hospital pharmacy and will be valued assets to the Board.

--Karen Braman

Kansas Age-Friendly Nursing Workforce Forum June 9

The Kansas Nursing Workforce Center and the Kansas 4M Geriatrics Workforce Enhancement Program are convening a learning event and conversation between nursing educators and long-term care leaders across Kansas to explore ways to integrate age-friendly education and care. This collaborative partnership between education and employment is designed to increase the number of nurses who choose to practice in LTC after graduation. The learning event, Kansas Age-Friendly Nursing Workforce Forum, occurs from 10:00 a.m. to 2:00 p.m. on Monday, June 9, at Washburn Tech Conference Center-West Campus in Topeka, KS. Virtual attendance is available. The registration fee is \$20, and lunch will be provided.



--Karen Braman

KHA Member Hospitals Enroll in Maternal Health Patient Safety Initiative

Forty-eight Kansas Hospital Association member hospitals have enrolled in the Kansas Perinatal Quality Collaborative [Severe Hypertension in Pregnancy Patient Safety Initiative](#). The [Severe Hypertension in Pregnancy patient safety bundle](#) is a patient safety resource developed by the [Alliance for Innovation on Maternal Health](#) in collaboration with the American College of Obstetricians and Gynecologists, the Health Resources and Services Administration of the U.S. Department of Health and Human Services and other [allied partners](#).

This initiative is two years old and provides evidence-based, nationally recognized training and resources to participating hospitals at no cost. The bundle provides actionable steps that can be adapted to a variety of facilities and resource levels to improve the quality of care and outcomes for patients experiencing hypertensive disorders of pregnancy. Funding for the initiative is supported by the Kansas Department of Health and Environment, with support from HRSA as part of the Alliance for Innovation on Maternal Health State Capacity Program.

For more information about the initiative, please see the KPQC Severe Hypertension in Pregnancy Safety Bundle [Fact Sheet](#). Participation in the KPQC can help birthing and non-birthing hospitals meet the emergency readiness conditions of participation requirements that apply to both prospective payment system hospitals and critical access hospitals effective July 1, 2025, as well as the OB conditions of participation that apply to birthing hospitals beginning Jan. 1, 2026, (organization, staffing and delivery of services) and Jan. 1, 2027, (OB staff training and QAPI program for OB services).

Additionally, participation in the KPQC helps hospitals meet the [CMS birthing-friendly designation](#) for hospitals and health systems. Requirements of this designation include: 1) Participation in a statewide or national perinatal quality improvement collaborative program; and 2) Implementation of evidence-based quality interventions in hospital settings to improve maternal health.

--Karen Braman

Federal and National News

Congress Agrees to a Concurrent Resolution for FY 2026 to 2034

Last week, the U.S. Senate passed an amended Concurrent Resolution [establishing](#) the congressional budget for fiscal year 2025 while setting appropriate budget levels for fiscal years 2026 through 2034. The House also voted to [adopt](#) the amendment. With both chambers agreeing to the resolution, committees will now be responsible for budget details. Included in the final resolution is an order to reduce spending by \$880 billion for programs under the jurisdiction of the House Committee on Energy and Commerce.

MLN Connects Provider eNews Available

The Centers for Medicare & Medicaid Services issued the following [updates](#) to *MLN Connects Provider eNews*:

- [Clotting Factors: Medicare Part B Pays for Alhemo & Qfitlia](#)
- [Skilled Nursing Facilities: Revalidation Deadline Extended to Aug. 1](#)
- [Raise Awareness & Understanding of Alcohol Use and Misuse](#)

Before You Go ...

- The American Society of Addiction Medicine recently released the new [Joint Clinical Practice Guideline on Benzodiazepine Tapering](#). These new guidelines enhance current recommendations for limiting benzodiazepines to two to four weeks, explore approaches to tapering and provide guidance for patients with substance use disorders.
- A [report](#) published in *JAMA Internal Medicine* highlights the success of three hospitals that implemented a hospital-based addiction consultation service to support community members with evidence-based practices. The Substance Use Treatment and Recovery Team was shown to improve patient care by providing comprehensive services during hospitalization and throughout the linkage to care process.