



KHA's Current Report
July 18, 2025

President's Perspective – Exemplary Trustees Will Be Recognized at the KHA Convention

It is with pleasure that the Kansas Hospital Association recognizes hospital trustees who provide an exemplary contribution through their leadership and governance. Hospitals across the state nominated individuals for the [Trustee of the Year Award](#) because they routinely go above and beyond the call of duty. Seven trustees from hospitals and health systems across Kansas were nominated as Trustees of the Year:

- [Marciel Cloud, Satanta District Hospital, Satanta](#)
- [Kris Enneking, Nemaha Valley Community Hospital, Seneca](#)
- [Lon R. Frahm, Citizens Health, Colby](#)
- [Phil Gilliland, Salina Regional Health Center | North Central Kansas Medical Center, Salina](#)
- [Merl Page, Wamego Health Center, Wamego](#)
- [Jim Parker, Kiowa District Hospital and Manor Foundation, Inc., Kiowa](#)
- [Mike Williams, Via Christi Hospitals Wichita, Wichita](#)

These trustees will be recognized during the KHA Awards Ceremony on Sept. 5 in Wichita. One trustee will receive additional recognition and a donation in his/her honor to a foundation of their choice. To learn more about this award and view photos of the nominees, [please visit our website](#). Here is a little more about these exceptional leaders:

Marceil Cloud has served on the board at Satanta District Hospital for seven years. She is a compassionate and engaged leader whose hands-on involvement and advocacy have had a lasting impact on health care and community services. As head of the English as a Second Language) program, she ensures that staff understand essential communication, thereby improving the quality of care. Cloud also was a driving force behind the creation of a shared daycare facility for hospital and school staff, demonstrating her ability to unite stakeholders around critical needs. Her deep commitment to rural health care, active presence across departments, and constant support of staff, residents and patients reflect a leadership style rooted in service, empathy and lasting impact.

Kris Enneking has served on the board at Nemaha Valley Community Hospital for nine years. She is a visionary leader whose dedication to health care governance and community service has significantly advanced the hospital's mission. Enneking has driven strategic expansion projects, championed policy development and strengthened public trust in local health care. Her background in health care liability and deep community ties uniquely position her to advocate effectively, whether leading successful tax initiatives, securing city support for capital projects or calming tensions during the pandemic. With forward-thinking problem-solving, active volunteerism and tireless advocacy at local and state levels, Enneking has helped shape a more accessible, responsive and future-ready health care system.

Lon Frahm has served on the board at Citizens Health for 16 years. He has been a driving force behind the growth and sustainability of rural health care in northwest Kansas. Known for his business insight, strategic thinking and calm, consensus-building leadership, Frahm has played a pivotal role in guiding key initiatives, including the successful development of a new medical facility. He consistently applies lessons from his successful agricultural enterprise to health care governance, helping shape long-term strategies, improving financial oversight and driving innovation. Frahm actively engages with local stakeholders, policymakers and business leaders to elevate awareness and support for rural health care. His thoughtful, solutions-oriented approach has a lasting impact on the health and vitality of the region.

Phil Gilliland has served on the boards at Salina Regional Health Center and North Central Kansas Medical Center for 22 years. He's a transformative leader whose experience in health care governance has redefined what is possible for rural health care. As board chair of NCKMC, Gilliland led the long-awaited effort to replace an outdated facility, spearheading strategic partnerships, securing funding and overseeing the construction of a modern hospital that opened in 2022. His advocacy, especially during the COVID-19 pandemic, helped build public trust and brought local health care needs to the attention of state and federal legislators. A skilled communicator and consensus builder, Gilliland connects health care, economic development and community priorities. His leadership continues to shape a healthier, more resilient future for north-central Kansas.

Merl Page has served on the board at Wamego Health Center for three years. He is a steadfast advocate and visionary leader whose work has profoundly shaped health care in Wamego and beyond. Page has been instrumental in strengthening the joint venture between Ascension Via Christi and the City of Wamego. His leadership has driven key improvements, including new service lines, increases in patient satisfaction and a significant drop in staff turnover. Widely respected across the community, Page fosters partnerships with business leaders, educators and policymakers to ensure accessible, high-quality and future-ready health care. His advocacy, strategic guidance and relentless commitment have made a lasting impact on the health and vitality of the region.

Jim Parker has served on the board at Friends of Kiowa District Hospital and Manor Foundation, Inc., for 10 years. With a background in pharmacy, he combines professional expertise with personal dedication to enhancing health care access and delivery in Kiowa. Whether enhancing financial strategies, guiding patients through complex care decisions or serving as a durable power of attorney, Parker's work consistently prioritizes the well-being of others. His efforts have elevated the hospital's role as a trusted community resource, fostered stronger public awareness of health care needs, and built lasting partnerships across patient populations and local leadership. Parker's unwavering service has helped shape a more compassionate, connected and effective health care environment.

Mike Williams has served on the boards at Via Christi Hospitals in Wichita for five years. He is a respected leader in hospital governance. With a distinguished career in aerospace and executive leadership, Williams brings deep expertise in finance, strategy and operational excellence to his board roles. His influence has been key in aligning hospital goals with community health needs, enhancing quality and implementing stronger governance frameworks. A thoughtful problem-solver and consensus builder, Williams leverages his corporate experience to enhance health care access and reliability. Through his work with the TNW Group, he champions health care integration in business planning and supports expanded mental health services, reinforcing his broad and lasting commitment to community well-being.

Please join me in congratulating all our 2025 Trustee of the Year nominees. Thank you for making a difference. We hope you will be able to join us to celebrate their commitment and leadership during the [KHA Awards Ceremony](#) on Sept. 5 in Wichita.

--Chad Austin

KHA Annual Convention and Trade Show – Additional Education Opportunities

Make the most of your time at KHA's Annual Convention and attend one of the excellent sessions planned by our allied organizations. Many are open to all attendees! [View the convention handbook](#) for more information.

Wednesday, Sept. 3

ACHE of Kansas

Kansas Association of Healthcare Executives
American College of Health Care Executives of Kansas
Fall Education and Annual Meeting
*Separate Registration Required

Thursday, Sept. 4— *These events are open to all convention participants*

HFMA *From Pitfalls to Proficiency: Avoiding Financial Risks of
501R Compliance with Competence and Confidence*

KAHCC *Patient Wisdom: What They Really Think! Panel Discussion*

**KHHRA
and KONL** *Social Media Use by Health Care Professionals*

KSHIMSS *A.I.: What We Think We Know*

The [2025 KHA Annual Convention, Mission: Possible](#), KHA Annual Convention and Trade Show on Sept. 4-5 at the Hyatt Regency Wichita and Century II Convention Center in Wichita. [Registration materials](#) may be downloaded from the KHA website and [online registration](#) is available.

Questions regarding the KHA Annual Convention and Trade Show can be directed to Melissa Willey (mwilley@kha-net.org), Hayley Finch-Genschorck (hfinch@kha-net.org) or Jennifer Findley (jfindley@kha-net.org.)

--Hayley Finch-Genschorck

Kickoff Webinar at 11 a.m. on Thursday, July 31: Hospital Bed Capacity Project

A webinar will be hosted to introduce Kansas hospitals to the Centers for Disease Control and Prevention's National Healthcare Safety Network Connectivity Initiative: Hospital Bed Capacity Project. This webinar will provide an overview of the project and discuss technical specifics of how hospitals can participate in this opportunity.

Presentations will be given by representatives from KDHE's Healthcare Associated Infections and Antimicrobial Resistance and Preparedness Sections, along with the implementation team from the EMResource vendor, Juvare. They plan to have time for Q&A and look forward to a good discussion.

Attendants should include persons from Kansas hospitals who can make decisions about connecting Application Programming Interfaces and other similar methods to their Electronic Health Records to automate hospital bed capacity data transfer. They also invite infection preventionists and hospital leadership personnel who are interested in this project. Find more information and register at [NHSN Connectivity Initiative Webinar](#). If you have questions or need other connection information, email me at Larry Van Der Wege at lvanderwege@kha-net.org.

Webinar information:

- Thursday, July 31st at 11:00 am CST
- Registration link: [NHSN Connectivity Initiative Webinar](#)

--Larry Van Der Wege

Put Me in Coach – Nominate Your Hospital's Advocacy All-Star!

The Kansas Hospital Association is gearing up for its next [Advocacy All-Star Training](#), designed for hospital champions who want to sharpen their advocacy skills and help protect access to health care in Kansas communities.

This year's training will take place Oct. 20-22 in Topeka, kicking off with an evening session and followed by two days of engaging activities. It's the perfect opportunity to empower your staff, deepen their understanding of advocacy, and prepare them to speak up for Kansas hospitals.

Learn more, and [nominate](#) your hospital's next Advocacy All-Star today and invest in your team's voice for health care! [Online registration](#) is available.

Please contact the KHA Education Department at mwilley@kha-net.org or (785) 233-7436 if you have any questions.

--Tara Mays

APS Seeks a Director of Client Services

Because of a retirement, Associated Purchasing Services is seeking candidates to fill the position of director of client services. The director of client services serves APS members by providing consultative support to participants with Supply Chain Analytics, as well as communicating solutions and strategies relating to APS and the Vizient contracts. This individual also supports APS in achieving its mission and goals. To learn more about or apply for the position, go to [HR Partners](#).

Associated Purchasing Services, located in Overland Park, Kansas, is a health care solutions organization owned by the Kansas Hospital Association and the Missouri Hospital Association.

--Lisa Conaway

Get the Heck into Dodge: KHA-PAC Poker Run Promises Wild West Fun!

Grab your hats, rally your posse, and make plans to saddle up for the [KHA-PAC Poker Run](#), Sept. 22, at the legendary Boot Hill Museum in Dodge City. This ain't your run-of-the-mill poker night. It's a wild Western adventure where every card brings you closer to victory (and a mighty fine prize!).

Never played poker? No problem! All you gotta do is mosey through our drink and snack stations to collect cards for your hand—no bluffing, folding or royal flushes required. It's easy, it's fun and all funds raised support the Kansas Hospital Association Political Action Committee.

But hold your horses! It gets even better. The evening's got flair and flair it shall bring, with Miss Kitty and the Can-Can Dancers kicking up their heels in true Boot Hill fashion. It's a rootin'-tootin' time you won't forget!

Snag your spot before the cattle bolt the pen: [Individual Ticket](#) or [Pair](#).

Big thanks to our trail boss, Jalin Johson, Minneola Healthcare, for wrangling this hoedown together!

Your tickets support the KHA-PAC's mission to give Kansas hospitals and health care heroes a seat at the legislative table. Want to [learn more or contribute](#) at any time? Head to the [KHA-PAC website](#).

So, shine up those boots, grab your lucky hat, and "Get the Heck into Dodge." We'll see you there, partner!

For questions, contact tmays@kha-net.org.

--Tara Mays

AHA Leadership Experience 2025

The American Hospital Association Physician Alliance has announced the dates and location for the [2025 AHA Leadership Experience](#). This in-person event will take place from Tuesday, Nov. 4, to Thursday, Nov. 6, in Charleston, SC. The AHA Leadership Experience is designed to help participants develop a new professional strategy for navigating the demands of a fast-paced and relentless health care environment. For a limited time, AHA members are eligible for a discounted registration fee of \$3,500. Fees include three days of meals, lodging and intensive coaching and skill development. Tuition will be invoiced via email, and hotel reservations will be made on your behalf by the Physician Alliance. Please contact physicianalliance@aha.org with any questions.

--Karen Braman

CMS Releases Physician Fee Schedule Proposed Rule

On July 14, the Centers for Medicare & Medicaid Services released the calendar year 2026 proposed rule for updates to the Physician Fee Schedule payments, Medicare Shared Savings Program and Medicare Prescription Drug Inflation Rebate Program.

Key highlights proposed include:

- Implement two separate conversion factors, which include the 2.5 percent update as required by the One Big Beautiful Bill Act:
 - One for qualifying alternative payment model participants (increases the conversion factor by 3.83 percent).
 - One for physicians and practitioners who are not qualified participants (increases the conversion factor by 3.62 percent).
- Makes an efficiency adjustment to certain work relative value units of -2.5 percent.

- Recognizes greater indirect costs for practitioners in office-based settings compared to facility settings by establishing two practice expense RVUs: facility and non-facility.
- Pays for skin substitutes as incident-to-supplies instead of biologicals, thereby reducing Medicare spending on these products by nearly 90 percent.
- Changes the Medicare Diabetes Prevention Program to allow more beneficiaries to access coaching, peer support and behavior change strategies to delay or prevent the onset of Type 2 diabetes for people with prediabetes.
- Integrates behavioral health services into Advanced Primary Care Management. Rural Health Centers and Federally Qualified Health Centers would be required to report the individual codes that comprise the Psychiatric Collaborative Care Model code G0512.
- Makes permanent the telehealth flexibility, defining direct supervision to include virtual presence via audio/video real-time communications technology. This would support workforce flexibility and expand access to care in rural areas while maintaining safety and quality standards. CMS proposes revising § 405.2401(b) to define 'direct supervision' as immediate availability via interactive telecommunications technology, excluding audio-only for most services.
- CMS proposes to continue paying RHCs and FQHCs for services furnished via telecommunication technology using the current methodology through Dec. 31, 2026.
- Maintains the 15 percent payment reduction for services provided by therapy assistants and adjusts KX modifier thresholds.
- Permanently removes frequency limitations for subsequent inpatient visits, nursing facility visits and critical care consultations.
- Implements a new claims-based methodology to remove 340B units of drugs from Medicare drug inflation rebate calculations.
- Creates a 340B claims data repository allowing voluntary data submission by 340B covered entities. This will enable CMS to begin usability testing for the 340B repository.
- Implements the Ambulatory Specialty Model mandatory payment model focused on specialty care for Medicare beneficiaries with heart failure and low back pain. Model participants would be physician specialists in select geographic regions assessed on measures and activities relative to their peers who are also model participants and of a similar specialty type, treating the same chronic condition.
 - Five-year alternative payment model with five performance years beginning Jan. 1, 2027, and ending Dec. 31, 2031. Payment years will occur two calendar years following each ASM performance year.
 - Ambulatory Specialty Model will test whether adjusting payments for specialists based on their performance on targeted measures of quality, cost, care coordination and meaningful use of certified electronic health record technology CEHRT results in enhanced quality of care and reduced costs through more effective upstream chronic condition management. ASC would leverage the existing Merit-based Incentive Payment System Value Pathway MIPS Value Pathway framework.

- ASM participants would receive neutral, negative or positive payment adjustments on future Medicare Part B payments for covered professional services based on their performance during an ASM performance year. As is done under MIPS, clinicians participating in ASM would continue to bill Medicare under the traditional fee-for-service system for services furnished to Medicare FFS beneficiaries.
- Clinicians in the selected regions will be selected for mandatory participation if they meet an annual threshold of 20 or more attributed episodes from an Episode-based Cost Measure.
- CMS will select regions through a stratified random sampling methodology to select 25 percent of the CBSAs and metropolitan divisions nationwide.
- Removes ten quality measures and adds five new outcome measures.
- CMS proposes to adopt PFS care management services as care coordination services for RHCs and FQHCs. The new services adopted under the PFS would automatically become PFS care coordination services unless an alternative process is developed. CMS seeks comment on whether this alignment process is sustainable or if a more effective approach should be adopted.
- CMS is seeking stakeholder feedback on reducing administrative burdens and streamlining Medicare regulations in response to Executive Order 14192, Unleashing Prosperity Through Deregulation.

Program changes would be effective on or after Jan. 1, 2026, unless otherwise noted.

Comments on the proposed rule are due to CMS by Sept. 12, 2025, and can be submitted electronically at <http://www.regulations.gov> by using the website's search feature to search for file code "CMS-1832-P."

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

--Jaron Caffrey

CMS Releases OPPTS Proposed Rule

On July 15, 2025, the Centers for Medicare & Medicaid Services released the calendar year 2026 proposed rule for the Medicare Outpatient Prospective Payment System, Ambulatory Surgical Center Payment System and Hospital Price Transparency. The proposed rule represents far-reaching changes that include site-neutral payments for drug administration, new price transparency requirements and a range of other payment and quality updates. In addition to the regular updates to the market basket, key highlights proposed include:

- OPPS overall rate change: +2.4 percent
- Implements site-neutral payments for drug administration services furnished in off-campus hospital outpatient departments at the site-neutral rate of 40 percent of the OPPS rate and seeks comments on whether CMS should expand site-neutral payments to clinic visit services provided in on-campus hospital outpatient departments.
- Phases out the inpatient-only list over a three-year period, beginning with removing 285 mostly musculoskeletal procedures and enabling ambulatory surgery centers to provide more procedures under the ASC Covered Procedures List. In the CY 2021 OPPS/ASC final rule, in conjunction with the elimination of the inpatient-only list, CMS established a policy whereby procedures removed from the IPO list, beginning Jan. 1, 2021, would be exempt from certain medical review activities related to the two-midnight policy. CMS is proposing to continue this existing exemption for CY 2026 and subsequent years until the secretary determines the service or procedure is more commonly performed on the Medicare population in the outpatient setting.
- Accelerates the rate at which hospitals must "pay back" the government for the \$7.8 billion in increased payments OPPS hospitals received for non-drug services between CYs 2018-2022 as a result of the CMS budget-neutral policy to cut payments to 340B hospitals, which was unanimously struck down by the Supreme Court.
 - The prior policy for hospitals to repay the \$7.8B was through an annual 0.5 percent reduction to the OPPS conversion factor starting in CY 2026, which was estimated to take 14 years.
 - CMS now proposes to shorten the repayment timeline to six years by implementing a 2 percent annual reduction to the OPPS conversion factor.
- Announces a new drug acquisition cost survey beginning in late CY 2025 into early 2026 for all OPPS hospitals for separately payable drugs. The results of the survey will be compiled and used to establish payment rates for separately payable drugs beginning in 2027.
 - This would be similar to the survey attempted previously during the pandemic, but it did not receive a high enough response rate.
- New price transparency requirements:
 - Beginning Jan. 1, 2026, hospitals will be required to disclose the tenth, median, and ninetieth percentile allowed amounts in machine-readable files when payer-specific negotiated charges are based on percentages or algorithms, as well as the count of allowed amounts used to determine these percentiles.
 - Requires hospitals to use electronic data interchange 835 electronic remittance advice transaction data to calculate and encode allowed amounts when a payer-specific negotiated charge is based on a percentage or algorithm.

- Requires hospitals to attest they have included all applicable payer-specific negotiated charges in dollars that can be expressed as a dollar amount, and for payer-specific negotiated charges that are not knowable in advance or cannot be expressed as a dollar amount, the hospital has provided in the MRF all necessary information available to the hospital for the public to be able to derive the dollar amount and included the name of the hospital's chief executive officer, president or senior official designated to oversee the encoding of true, accurate and complete data.
- Proposes to reduce the amount of a civil monetary penalty issued against a hospital when the hospital is noncompliant with the price transparency requirements by 35 percent when a hospital agrees with the CMS determination of their noncompliance and waives the right to a hearing by an Administrative Law Judge.
- Requires hospitals to publish the detailed ranges of rates they negotiate with health plans
- Proposes to collect the median payer-specific charges hospitals have negotiated with Medicare Advantage payers to use to determine relative Medicare payment rates for inpatient hospital services.
- Allows CMS to certify new organizations as accreditors of Graduate Medical Education programs, thereby increasing competition in physician residency accreditation.
- Unpackages skin substitute products from the application services and establishes several ambulatory payment classifications based on relevant product characteristics, rather than based on stated prices for provisions of these products when they are used during a covered application procedure paid under the OPPS (described by CPT codes 15271-15278).
- Continues temporary add-on payments for certain non-opioid treatments for pain relief by proposing five drugs and six devices to qualify starting in 2026.
- Prohibits hospitals from receiving a five-star rating in Medicare's Quality Star Rating program if they are in the lowest quartile of the Safety of Care measure group and reduces a hospital's Overall Star Rating by one star if they are in the lowest quartile of the Safety of Care measure group.
- Removes four measures from the Outpatient Quality Reporting Program that focus on COVID-19 staff vaccinations and health equity. Removes an additional two measures contingent upon the adoption of a new Emergency Care Access and Timeliness. Similar changes are proposed for the Rural Emergency Hospital Quality Reporting Program.

Program changes will take effect on or after Jan. 1, 2026, unless otherwise noted.

Comments on the proposed rule are due to CMS by Sept. 15, 2025, and can be submitted electronically at <http://www.regulations.gov/> by using the website's search feature to search for file code "CMS-1834-P.

Please contact [Shannan Flach](#) or [Jaron Caffrey](#) if you have questions or feedback that you would like KHA to reflect in our comment letter to CMS.

--Jaron Caffrey

Kansas Farm Bureau Campaign School Opportunities

If you're considering running for state legislature, school board, county commission or other public office, Kansas Farm Bureau's Campaign School Mini Sessions can teach you the nuts and bolts of campaigning and help you execute a winning campaign. The mini sessions are based on the two-day Campaign School, which is nonpartisan, unbiased and has an 80 percent success rate of attendees being elected. The mini sessions are a condensed opportunity to learn the fundamentals of campaign management skills to assist a broad range of locally elected offices.

To register for the final 2025 mini session or more information on the 2026 sessions, visit www.kfb.org/campaignschool.

Campaign School Mini Sessions – *Summary of Basic Campaign Theory and Practice*

- Showcases the fundamentals of campaigning, relevant for many local offices.
- Nonpartisan, unbiased guidance, focusing on planning and executing any size campaign
- Gain confidence to execute a winning campaign
- Topics include strategy, selecting issues, fundraising, and voter identification.
- \$60 for Farm Bureau Members and \$85 for non-members.

Attendance is limited to the first 20 registrations at each location.

--Cindy Samuelson

Pfizer Voluntary Recall of Bicillin-LA

This week, a [health alert](#) was issued by the Kansas Department of Health and Environment regarding [Pfizer's urgent recall](#) of certain lots of Bicillin-LA (Penicillin G Benzathine Injectable Suspension). The HAN details the lots recalled by Pfizer due to particulates identified during visual inspection. Pfizer advises that Bicillin-LA stock be inspected immediately against the lot numbers specified in their recall notice, which also are listed in the [KS-HAN](#). Any facility with affected lots in inventory should discontinue use, stop distribution, quarantine the product immediately, and return all the affected products in accordance with the [Pfizer recall notification](#).

--Karen Braman

June KPQC Learning Forum Available Online

The June Kansas Perinatal Quality Collaborative Learning Forum on Connections – Kansas Connecting Communities & Kansas Coalition Against Sexual and Domestic Violence, featuring Alexis Tibbits and Hannah Figgs-Hoard, is now available online. The links to the slides, resources and recording are available here:

- Slides: [June slide deck](#)
- Resources: [June 2025 Resources](#)
- Recording: [June 2025 Learning Forum Video](#)

KPQC Contact for data questions: [Michelle Black Michelle.Black@ks.gov](mailto:Michelle.Black@ks.gov)

All other KPQC questions: Terrah Stroda at tstroda@gmail.com or Kari Smith at kari.smith@kansaspgc.org.

--Karen Braman

Federal and National News

MLN Connects Provider eNews Available

The Centers for Medicare & Medicaid Services issued the following updates to MLN Connects Provider eNews:

- [The Centers for Medicare & Medicaid Services Announces Resources, Flexibilities to Assist with Public Health Emergency in State of Texas](#)
- [Skilled Nursing Facilities: Revalidation Deadline Extended to Jan. 1](#)
- [Join an Accountable Care Organization](#)