



Kansas Hospital
ASSOCIATION

KHA District Meetings Fall 2023



Today's Agenda

- Networking
- Welcome and Introductions
- Member Discussion on Public Perception
- Learn More about Payors and Finance Issues
- Member Discussion on Workforce Recruitment and Retention
- Networking Lunch
- Workforce Resources for Hospitals
- State and Federal Advocacy / KHA-PAC
- KHSC and APS Spotlight Services
- Hot Topics and Member Updates



INTRODUCTIONS



MEMBER DISCUSSION ON PUBLIC PERCEPTION



Public Perception Campaign

- Target Audience
- Message Testing
- Messengers
- Member Resources
- Suggested Campaign Placements
- Timeline



PAYORS AND FINANCE ISSUES

Health Care's Challenging Financial Road Ahead



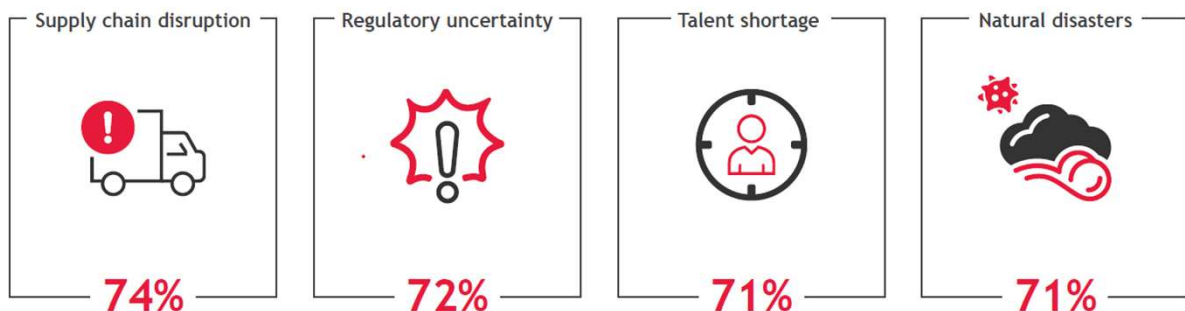
Recap of Kansas Hospitals' Financial Challenges

- Average of 60 days of cash on hand
- 2022 U.S. inflation rose by 8.0%
- Hospital expenses have increased by 35% in past three years
- 73% of Kansas hospitals had a negative operating margin going into 2023
- National studies show that 60 Kansas hospitals are at risk of closure
- Government payors continue to pay below costs
- Managed Care payors continue to deny payments



As Health Care Advances in 2024, These Headwinds Could Increase the Divide Among Sectors

Top Threats



Based on 500 CFO's who were surveyed amongst a wide range of hospital sizes.

Regulatory Watch

Existing Areas of Concern:

- ▶ 2024 IPPS Rule (Final)
- ▶ OIG Audit of PRF Uninsured Program
- ▶ Health Equity
- ▶ Price Transparency Compliance
- ▶ SNF Staffing Mandate
- ▶ Compliance Concerns around Physician-Hospital Arrangements

Areas to Watch:

- ▶ AI & Bias in Healthcare
- ▶ Medical Credit Cards & Third-Party Loans Scrutiny
- ▶ Medicare Advantage rules in effect Jan. 2024



Briefing on the End of Medicaid Continuous Coverage Requirements

As of 8/31/23

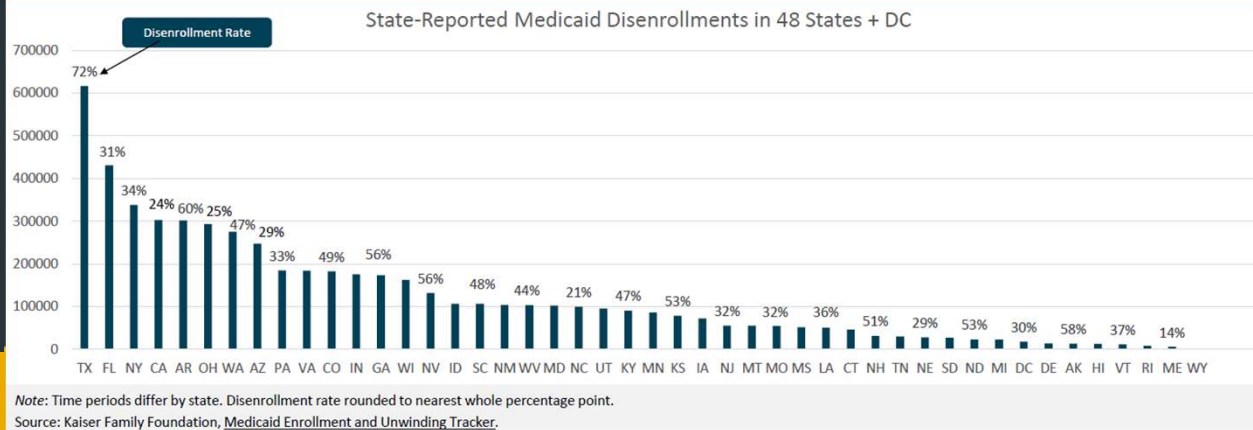
- 300,543 Individuals sent a renewal
- 99,491 Individuals approved
- 22,474 Individuals Discontinued
- 58,718 Individuals still in reinstatement window

*Failed to meet the first deadline for renewal application, but still has 90 days to return application



Disenrollments Vary Significantly By State

As of September 8th, approximately 5.9 million Medicaid and Children's Health Insurance Program (CHIP) enrollees have been disenrolled.



Making Sense of the Data

On August 31, 2023, the Centers for Medicare & Medicaid Services (CMS) released publicly through its Unwinding and Returning to Regular Operations after COVID-19 landing page state-reported data providing a window into how the “unwinding” of the federal Medicaid continuous coverage requirement is progressing.

Key Takeaways*	Important Context For This Data
<ul style="list-style-type: none"> 42% of people who were due for renewal in May had their coverage successfully renewed. More than one-third (38%) of the nearly 4 million people that were due for renewal lost coverage; and the remainder of cases were still pending. Most terminations (almost 80%) happened for procedural reasons. The average ex parte renewal rate in May was 24.7%. 20% of cases due for renewal were still pending at the end of May; indicating the processing backlogs in the April data have persisted. 	<ul style="list-style-type: none"> Some states are prioritizing in the earlier months of unwinding renewals for individuals they believe are most likely ineligible for Medicaid/CHIP coverage (e.g., Utah, South Dakota) Certain mitigation strategies may skew unwinding data (e.g., underreporting of <i>ex parte</i> renewals when manual workarounds are in place, pending procedural terminations driving up the number of pending cases). Ex parte rates are likely to increase as states make changes to ensure compliance with CMS's recent guidance directing states to ensure they are assessing eligibility on an individual basis rather than at the household level.

CMS Issues Guidance on State Challenges With Individual Level *Ex Parte*

While eligibility determinations and redeterminations must be conducted at the individual level according to federal renewal requirements, some states are currently conducting *ex parte* renewal processes at the household level.

- Often, households are comprised of multiple members who are subject to different eligibility criteria and are eligible for different groups, on different bases, or for different programs.
- Some states are conducting *ex parte* renewal processes at the household level (rather than at the individual level) in cases where one or more members of a household is unable to have their eligibility redetermined on an *ex parte* basis. This is not consistent with federal renewal requirements.

This issue may arise, for example, in households with:

Adult and child Medicaid enrollees, when income eligibility can't be verified *ex parte* for the adult(s) but can for the child(ren).

Adult and child Medicaid enrollees with different citizenship/immigration statuses, and immigration status can't be verified *ex parte* for an adult household member

MAGI and non-MAGI Medicaid enrollees, and asset information can't be verified *ex parte* for one or more non-MAGI members.

CMS instructed states to **pause disenrollments** for those impacted, **reinstate coverage** for affected individuals, **implement mitigation strategies** to prevent disenrollments, and **fix state systems and processes**.

It is estimated in Kansas this impacted about 12,000 renewals (mostly children) that will be reinstated and eligibility will be checked on the individual basis to make sure they qualify on all other reasons



KanCare 2025 Request for Proposal

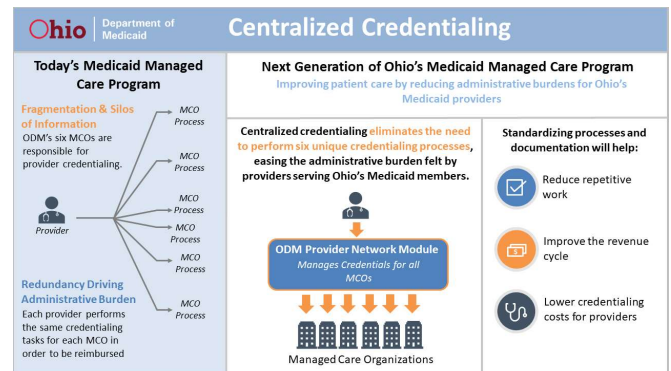
What is new in the RFP?



Centralized Credentialing

- KDHE planning to issue RFP for a Credentialing Verification Organization (CVO) to implement centralized credentialing for MCOs
- This would eliminate the need to perform unique credentialing processes when a provider is attempting to enroll and contract with the MCO health plans

– Currently, some providers experience delays of multiple months for MCOs to review credentialing and provider enrollment information



Centralized Credentialing

- Potential features of Centralized Credentialing in Kansas:
 - Single, electronic application to become a Medicaid-enrolled provider
 - Time boundaries on enrollment verification and credentialing
 - MCOs would not be permitted to require additional credentialing information from a provider
 - CVO will be accredited
- States implementing Centralized Credentialing
 - Georgia
 - Texas
 - North Carolina
 - Ohio
 - Arizona
 - Mississippi

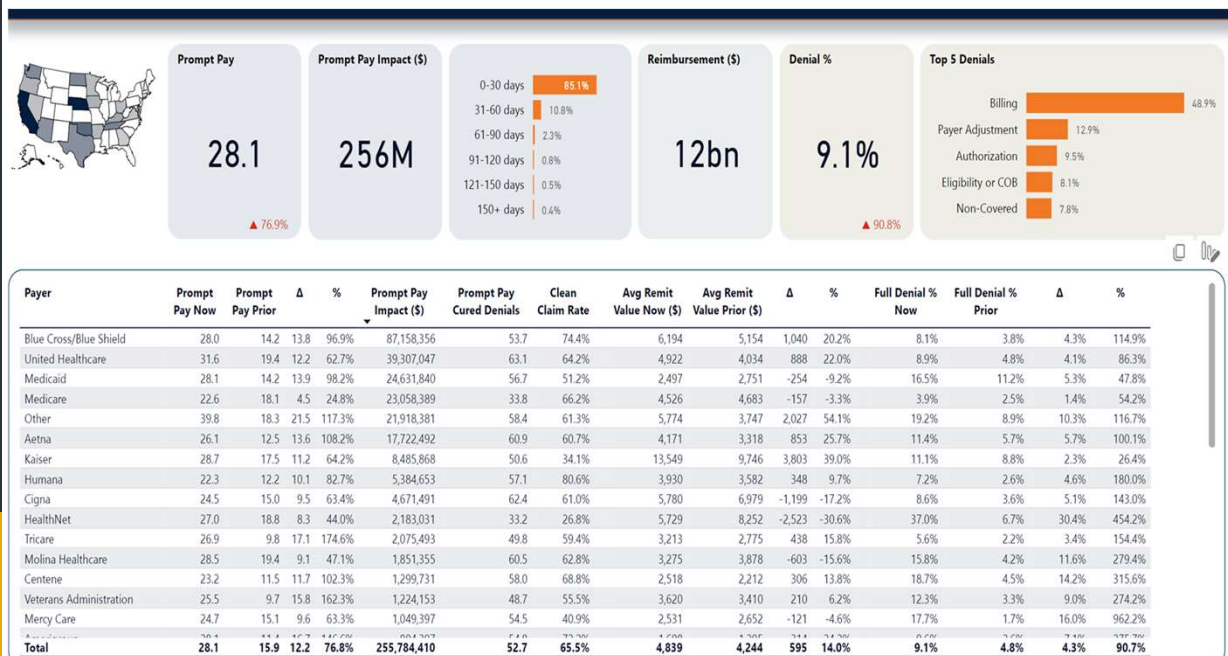
Anticipate KDHE's RFP in October

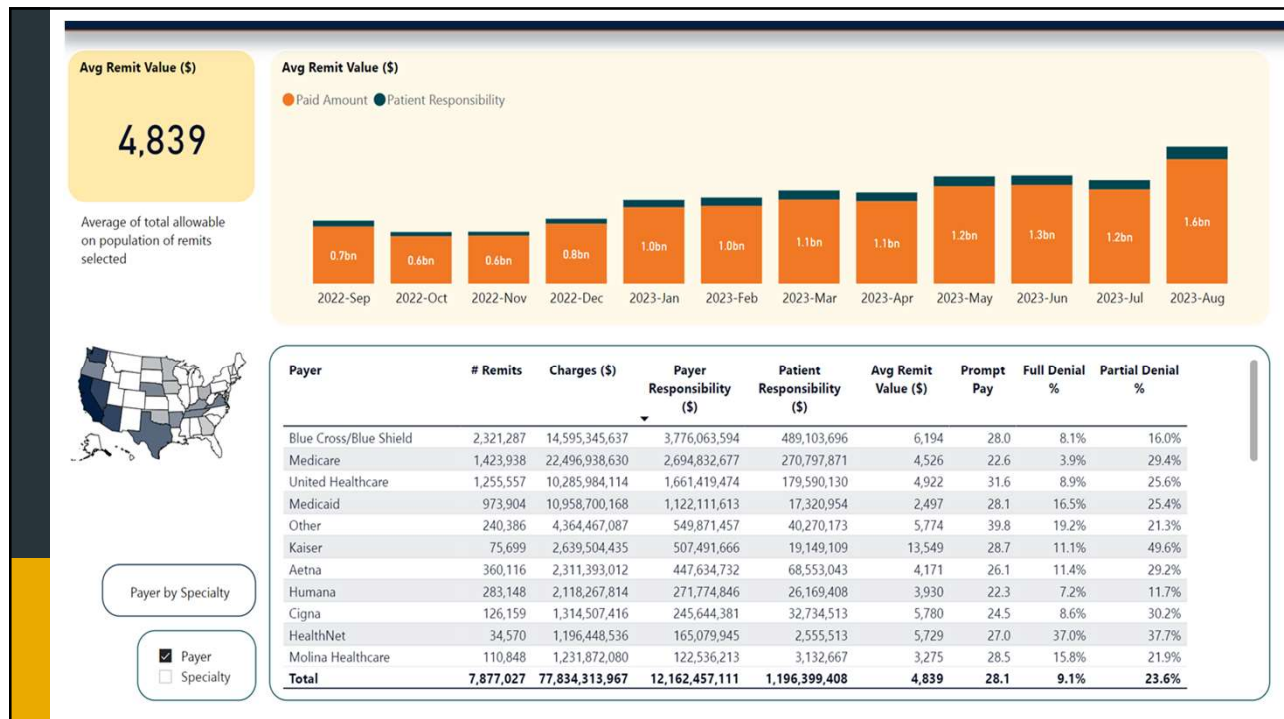
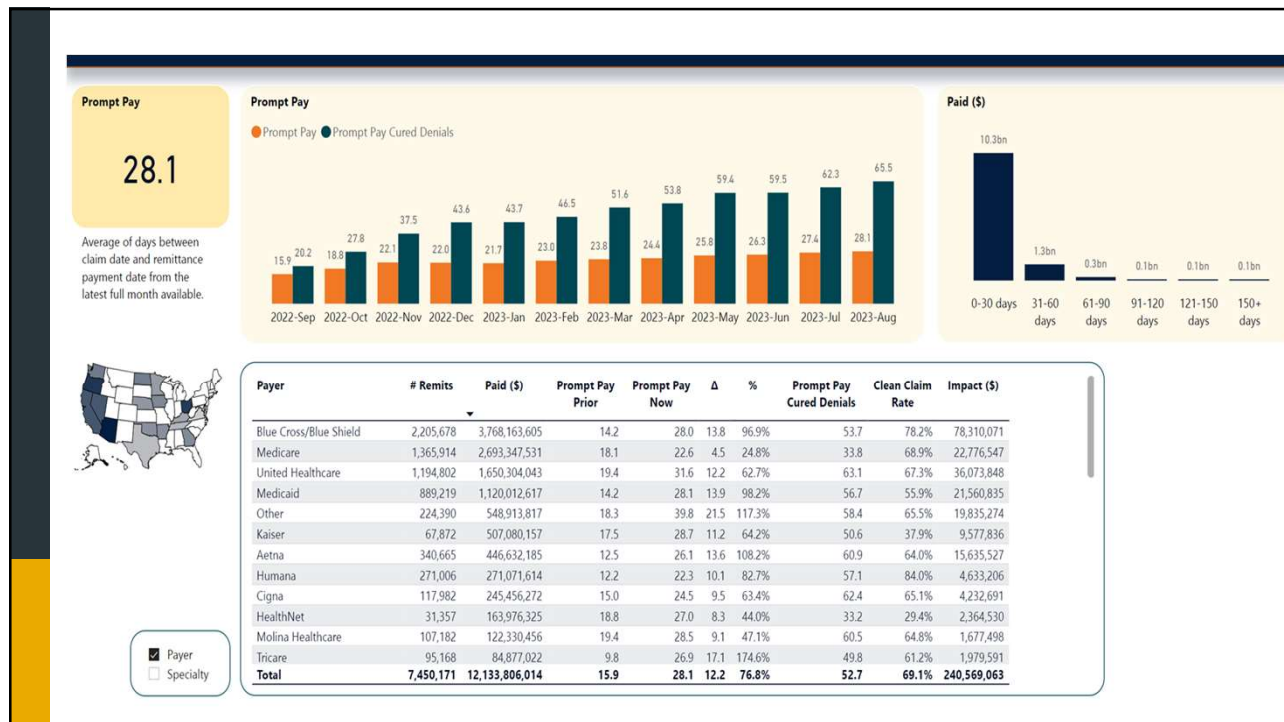


All Payers Scorecard

- Prompt Pay
- Reimbursement
 1. Average remit value and patient responsibility
 2. Average remit value by payer and specialty
- Denials – full and partial
- A/R – Aging claims without remits
- National comparison of
 1. Prompt Pay
 2. Reimbursement
 3. Denials

All can be filtered by State, Payer Type and Specialty





Avg Remit Value (\$)

4,839

Average of total allowable
on population of remits
selected

Payer	Anesthesia	Auditory	Cancer	Cardiovascular	Dermatology	Digestive	Endocrine	Lymphatic	Medicine	Musculoskeletal	Nervous	OB/GYN	Ocular	Pathology	Radiology
Aetna	976	2,795	26,165	4,614	3,634	5,666	6,318	4,632	2,018	6,498	5,762	6,983	3,921	3,993	
AltaMed				6,443			0		1,379	0		1,072		1,946	
Ambetter	325	5,741	17,572	4,997	3,432	4,835	4,437	8,546	1,689	5,731	5,102	3,365	3,546	2,482	
Amerigroup	160	151		1,387	800	1,065	1,791	34,289	573	2,276	6,277	2,394		1,759	
Atrio				3,663	322	3,681		20,804	286	6,243	1,091		2,683	4,476	
Banner				2,744	4,642	10,589	0	10,391	1,239	5,524	7,238	3,915		1,740	
Blue Cross/Blue Shield	853	4,125	8,370	8,108	10,288	5,829	7,505	8,649	2,190	10,880	8,253	6,314	5,279	5,067	
CalPERS				3,932	1,524	8,830	18,716	10,028	8,189	40,508	9,850	15,074	14,299	2,276	
Centene	312	200	0	2,828	2,029	2,264	2,838	2,918	1,552	4,578	4,534	5,391	1,472	1,886	
Cigna	1,320	3,967	20,036	6,077	6,347	6,156	5,888	4,200	2,656	11,698	10,877	5,702	5,902	5,531	
Dignity Health	171	55	271	486	1,879	273	70	37	356	548	755	301	249	195	
HealthChoice	676	12,141		1,951	2,849	9,423	4,827		1,933	13,210	2,113	2,941		82	
HealthNet	234	7,066	0	7,241	5,686	7,698	11,233	2,956	3,543	9,189	7,996	6,388	4,393	7,283	
Hill Physicians				3,115	0	9,168	2,906		747	13,902	2,501			1,194	
Humana	741	1,925	6,351	6,516	2,299	3,862	6,383	4,397	1,617	6,506	6,636	5,096	2,020	3,766	
Indian Health Services														254	
Kaiser	796	8,557	11,847	21,228	24,581	8,948	12,501	9,338	7,632	20,791	14,657	7,773	16,018	11,892	
Liability Insurance				13,060	415	1,645			1,150	781	12,973				
Medica	758	5,395	16,944	8,630	8,268	6,769	13,799	5,414	3,064	9,760	4,327	5,914	52	4,141	
Medicaid	295	1,907	11,933	3,120	2,941	3,174	3,310	2,991	1,300	4,181	4,066	2,250	4,599	1,989	
Medicare	604	3,549	16,601	4,325	4,387	5,620	5,362	9,938	1,596	7,706	6,257	4,265	2,940	3,961	
Mercy Care	290	2,889	3,623	3,628	1,251	2,321	4,300	5,751	898	6,256	4,721	1,103	7,027	1,913	
Moda Health		9,387	66,595	10,660	124	6,964	11,980		2,145	3,826	9,779	5,510	5,129	173	
Molina Healthcare	479	1,046	29,581	5,278	4,570	4,119	4,458	3,186	944	5,063	4,199	3,954	961	3,132	
Mutual of Omaha				4,593	2,995	7,029	5,331		2,416	1,473	6,477	264		577	
Other	565	4,296	5,493	8,411	6,599	5,875	6,111	5,627	1,987	10,171	12,240	6,221	4,932	5,982	
Partnership Health Plan		7,752	1,740	8,742	4,475	11,039	11,875	270	8,807	1,500	9,647	3,961	22,875	10,377	
Sanford	373	57		5,132	1,930	5,623	5,441	158	1,633	7,790	3,393	3,211	2,470	1,380	
Total	669	3,474	12,552	6,162	5,655	5,312	5,955	6,602	1,997	8,601	7,250	5,183	4,336	4,158	

Full Denial %

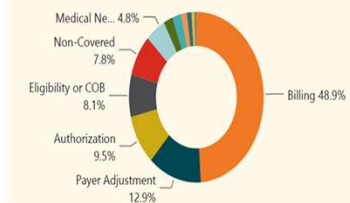
9.1%

Percentage of claims with a
full denial
☒ Payer
☐ Specialty

Full Denial % by Month

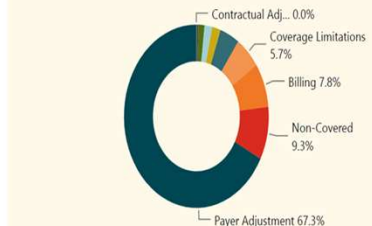
● Full Denial Remit % ● Partial Denial Remit %

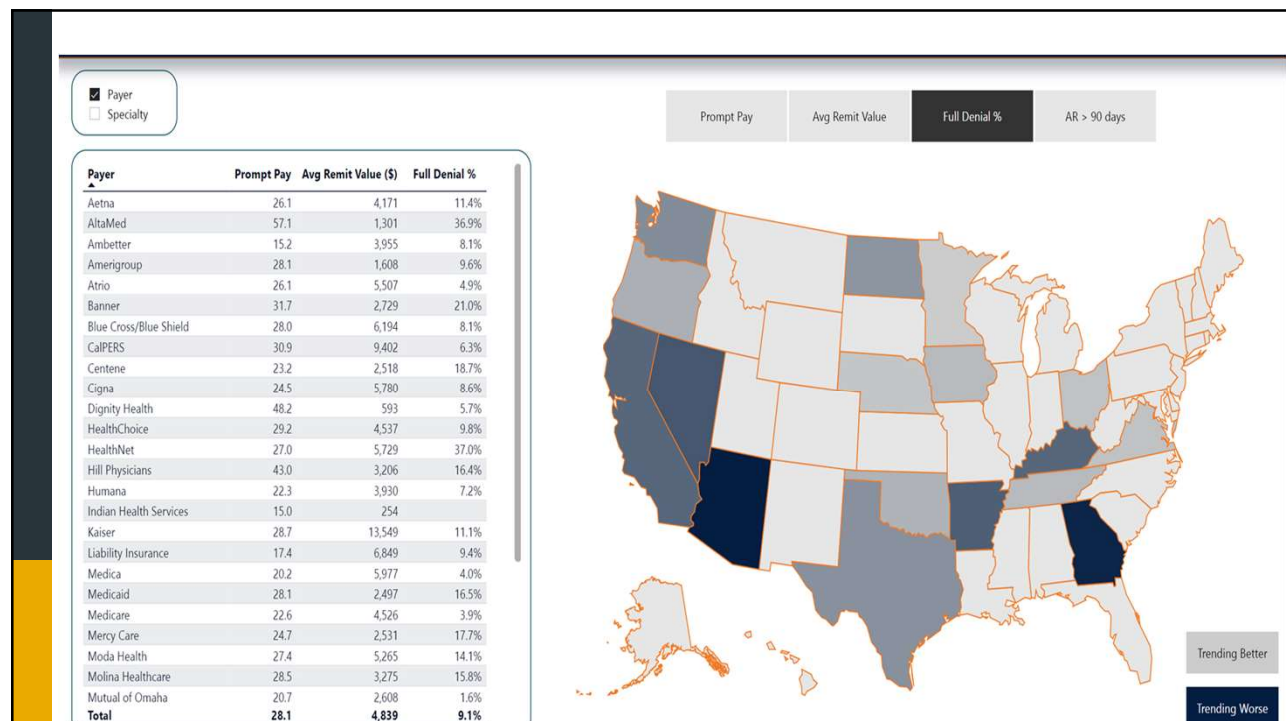
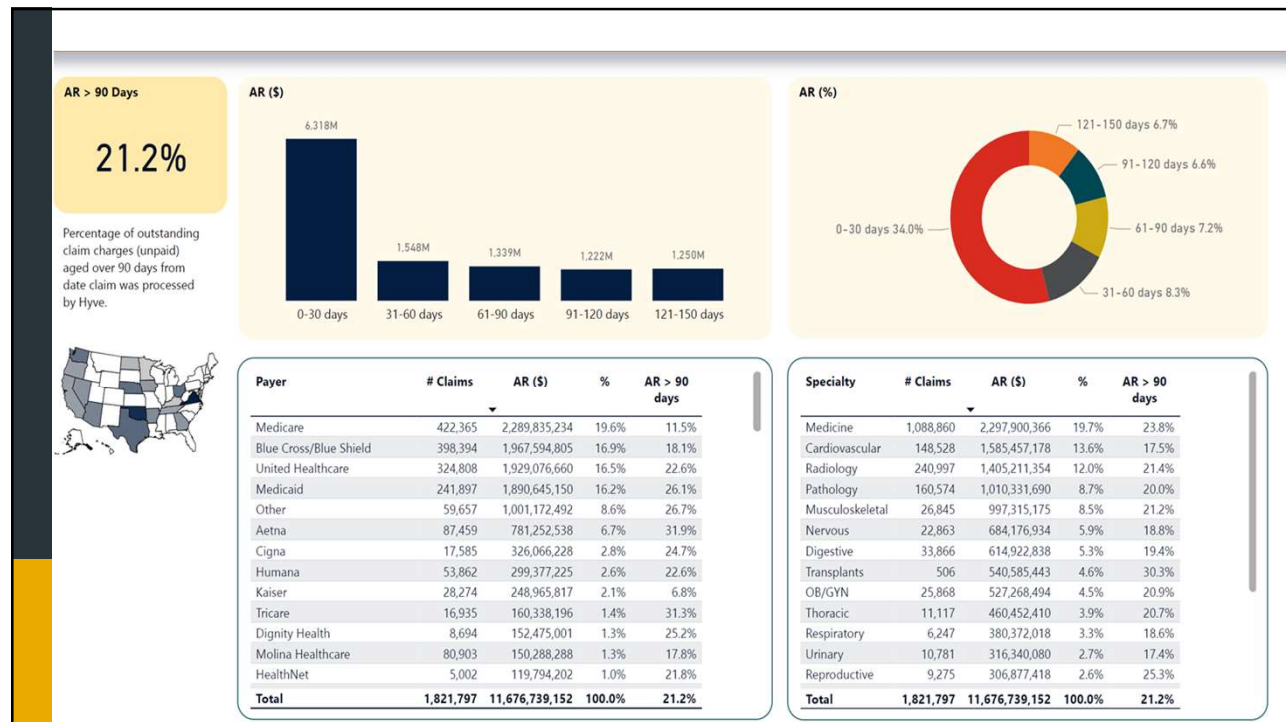

Full Denial Reason Codes



Payer	Denied Remits Last Month	Total Remits Last Month	Full Denial Remit % Last Month	Full Denial Remit % Baseline	Δ	%
Blue Cross/Blue Shield	22,742	280,259	8.1%	3.8%	4.3%	114.9%
Medicare	8,034	207,570	3.9%	2.5%	1.4%	54.2%
United Healthcare	14,179	159,382	8.9%	4.8%	4.1%	86.3%
Medicaid	16,413	99,236	16.5%	11.2%	5.3%	47.8%
Aetna	4,876	42,806	11.4%	5.7%	5.7%	100.1%
Humana	2,422	33,501	7.2%	2.6%	4.6%	180.0%
Other	5,332	27,744	19.2%	8.9%	10.3%	116.7%
Cigna	1,484	17,164	8.6%	3.6%	5.1%	143.0%
Molina Healthcare	2,186	13,847	15.8%	4.2%	11.6%	279.4%
Mercy Care	1,701	9,625	17.7%	1.7%	16.0%	962.2%
Tricare	482	8,681	5.6%	2.2%	3.4%	154.4%
Kaiser	926	8,306	11.1%	8.8%	2.3%	26.4%
Total	87,322	963,560	9.1%	4.8%	4.3%	90.7%

Partial Denial Reason Codes





Know Your Facts – Medicare Advantage Open Enrollment October 15 – December 7

Know Your Facts Part 1

Original Medicare vs. Medicare Advantage

The savings associated with Medicare Advantage may look enticing, but look further and understand the risks.

In this issue ...

Differences between Original Medicare coverage and Medicare Advantage coverage.

Information to educate 65+ individuals to better understand the various health care plan options.

How Medicare Advantage coverage may affect rural residents.

At first glance, it may be easy to see the appealing parts of Medicare Advantage. Original Medicare includes Part A, for inpatient hospital and skilled nursing care, and Part B, for doctor services. These plans typically cost about \$155 a month (with the cost deducted from your social security check). Many people pay extra for Medigap, to cover copays and other out-of-pocket costs, as well as a Part D plan for drugs.

25% innovative senior citizens do their due diligence when selecting a health insurance plan. Your local health care providers can help.

Medicare Advantage plans (also called Part C), provide the benefits of Part A, B, and often D, usually for about the same amount, with lower copays, so there's no need for Medigap. Some Medicare Advantage plans offer benefits not in Original Medicare, such as fitness classes or vision and dental care.

CONTACT:
HOSPITAL NAME
Name or Department
Phone
Email
Website

Your logo here.

Know Your Facts Part 2

Understanding Medicare Advantage

Savings in your retirement years sound appealing until you are faced with denials and limited choices.

Medicare Advantage (Medicare Part C) is a **REPLACEMENT** of Medicare Part A (hospital insurance) and Medicare Part B (Supplemental Medical Insurance). Medicare Advantage benefits are through a private insurance plan rather than from the Original Medicare program run through the federal government. When you agree to participate in a Medicare Advantage plan, you lose your Medicare Part A and Medicare Part B coverage.

Medicare Advantage allows members to select a private plan for health insurance to cover their Medicare Part A and Part B health care expenses, rather than Original Medicare. Some Medicare Advantage plans provide additional benefits compared to coverage under the Original Medicare program. Original Medicare offers additional Medigap plans that cover outstanding deductibles, coinsurance, copayments, additional benefits and out-of-pocket maximums. Members have an opportunity to select a new Medicare Advantage plan or to switch between Medicare Advantage and Original Medicare on an annual basis.

Medicare Advantage may be attractive to Medicare-eligible individuals because plans may provide additional services, have reduced or zero monthly premiums, set out-of-pocket maximums, and include drug benefits in one plan. However, these additional items come with a tradeoff to the members, and individuals need to be aware of them.

In this issue ...
Understanding Medicare Advantage.

How Medicare Advantage plans are reimbursed.

CONTACT:
HOSPITAL NAME
Name or Department
Phone
Email
Website

Your logo here.

Know Your Facts Part 3

Steps Before Signing Up for a Medicare Advantage Plan

A comprehensive checklist to ensure you've considered budgets, provider locations and what-ifs.

1 Ask yourself the following questions.

- Do I qualify for any kind of payment assistance or have access to other coverage such as Medicare Savings Programs, Part D Low Income Subsidy or Medigap plans?
- Am I comfortable with my care choices being directed by my insurance payer over the advice of my physician?
- Do I travel outside my general home area?
- What medications do I take?
- How important are limits on my annual maximum out-of-pocket costs?
- What is the value of coverage of other possible services such as dental, hearing and health club memberships?
- What is the value to have convenience of staying with the Original Medicare option knowing the services they cover versus annual checking to ensure networks and coverage requirements are not changing?
- How do I feel about a Medicare Advantage plan challenging my physician's determination of the care I need as reasonable and necessary?

2 Assess your current coverage.

- Will I be more likely to seek medical care if it is:
 - Easily accessible and almost all physicians and facilities are available?
 - Convenient and coverage is available for care in most geographic areas?
 - Lower cost?

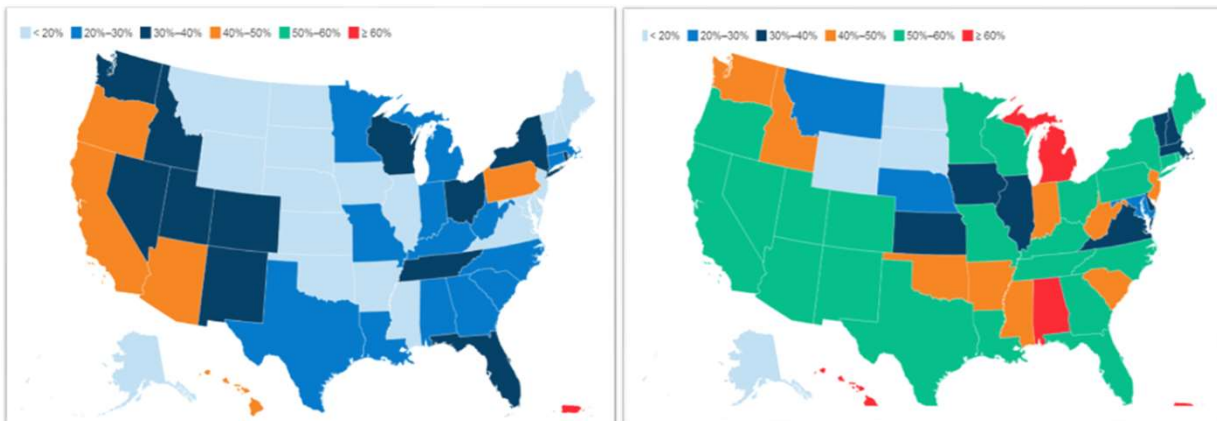
3 Know your Medicare options.

Research the difference between Medicare Part A, Medicare Part B, Medicare Part C and Medigap.

CONTACT:
HOSPITAL NAME
Name or Department
Phone
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Website

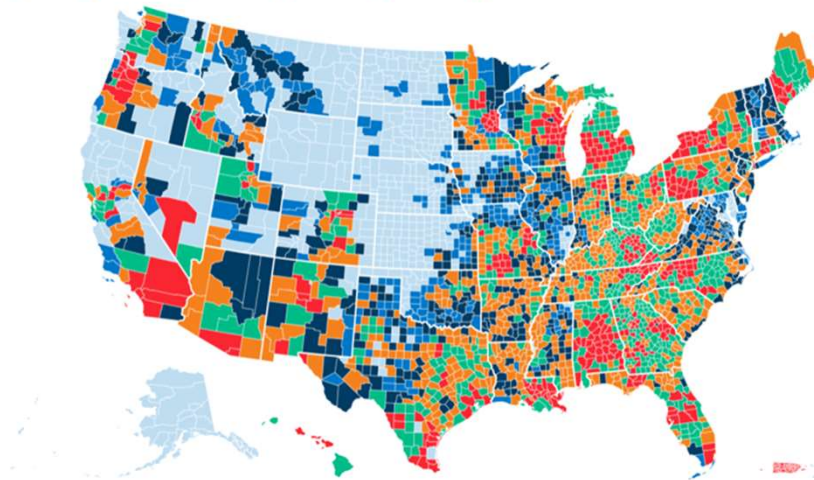
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MA Penetration – 2013 and 2023



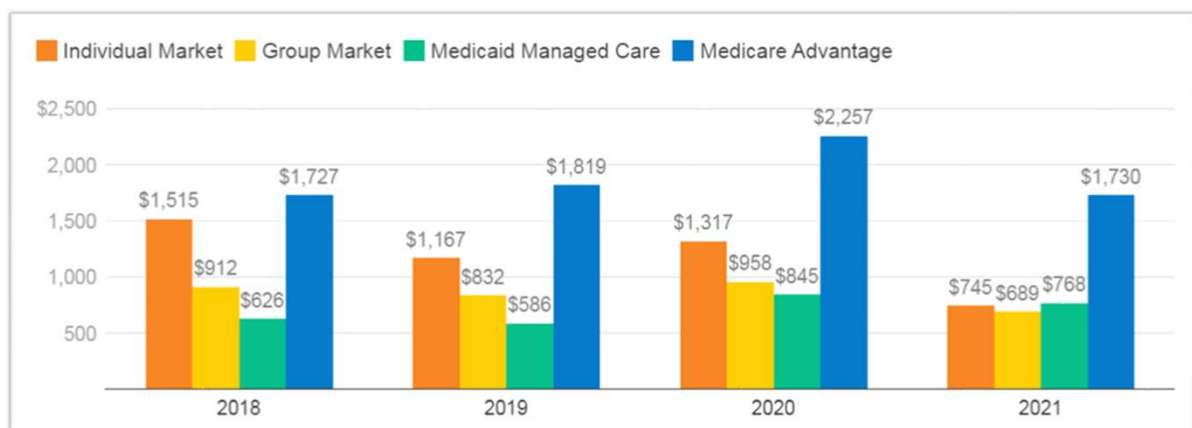
2023 MA Penetration Rates by County

■ < 20%
 ■ 20%–30%
 ■ 30%–40%
 ■ 40%–50%
 ■ 50%–60%
 ■ ≥ 60%



<https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2023-enrollment-update-and-key-trends/>

Payers Gross Margins Per Enrollee, 2018-2021



<https://www.kff.org/medicare/issue-brief/health-insurer-financial-performance/>

MA Plan Marketing Restrictions

Twenty-two new restrictions on marketing activities based on CMS' review of recorded telephone calls and consumer complaints:

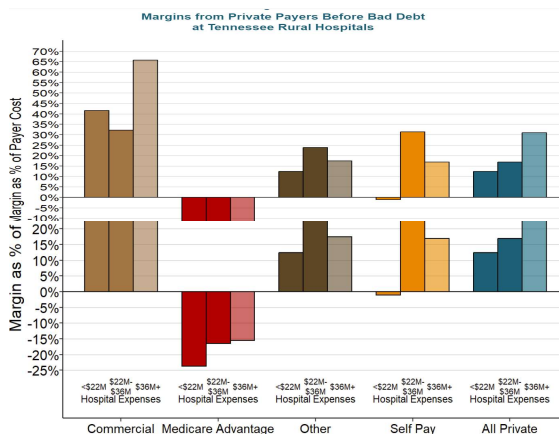
- Cannot mention widely available benefits (e.g., dental, vision, hearing, premium reduction, cost savings) in plan marketing unless materials filed/approved by CMS.
- Cannot use superlatives to describe plans unless also providing factual data that supports their usage and meets CMS requirements.
- Cannot tell potential enrollees how much they could save by comparing costs to those who don't have insurance or who have not paid their medical bills.
- Cannot use of Medicare name, CMS logo, and products and information issued by federal government in misleading way.



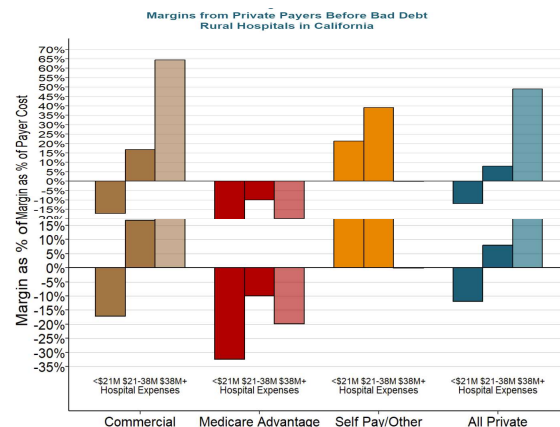
Violations can be reported to 07CMHPORF@CMS.HHS.GOV

MA Impact on Rural Hospital Margins

Tennessee Study



California Study



https://ruralhospitals.chqpr.org/Problems.html#CA_and_TN

Larger Hospitals and Health Systems in the Midwest that have recently announced departure from the MA Market

- Mayo Clinic
- Stillwater Medical Center (Oklahoma)
- Cameron Regional Medical Center (Missouri)
- Brookings Health System (South Dakota)



Hospital Restrictions and MA Responses

- 1) Stick to the facts.
- 2) Stay clear from language that promotes a specific MA plan over another.

Be aware of MA Plans' Response to hospital 'Know Your Facts' campaign.

Seniors will lose the benefit of –

- Lower premiums
- Annual limits on out-of-pocket expenses
- Additional benefits not available in traditional Medicare (dental, vision, gym memberships, wellness rewards)

Seniors will be burdened with –

- Paying for Medicare supplemental coverage
- Paying for separate Part D drug coverage



Medicaid Provider Assessment

Impact of Old Provider Assessment Model

(Based on July 2022 – June 2023 data)

Tax Collected (PPS Only)	(\$46,799,738)
Rate Enhancements (All Hospitals)	63,845,836
UCC Payments (PPS Only)	<u>40,995,293</u>
Net Impact	\$58,041,392

Impact of New Provider Assessment Model

(Based on July 2022 – June 2023 data)

Tax Collected (PPS Only)	(\$181,374,543)
Rate Enhancements (All Hospitals)	373,582,415
UCC Payments (PPS Only)	<u>40,995,293</u>
Net Impact	\$232,453,160

Increase in enhanced payments to all hospitals: \$309,736,578 or 485.1%



Recap of KHA Tools and Resources Available



- KHA Financial Issues Infographic
- KHA Finance Basics Series
- All Payers Scorecard
- Advocacy Tools and Resources
- Filing a Complaint Resources
- Tools on Original vs. Medicare Advantage
- Medicaid Re-determination Resources



WORKFORCE RECRUITMENT AND RETENTION



Recruitment Strategies

KHA Strategies – HOSA, Career Day, and more.



Recruitment Strategies Sharing

- What innovative/successful strategies is the hospital using to attract young people into health care careers or to grow your workforce?



Retention Strategies

- KHA Award Recipient
- What innovative/successful strategies is the hospital using to direct your employee retention efforts?



NMC Health's Food and Nutritional Services Leadership Team



WORKFORCE RESOURCES FOR HOSPITALS



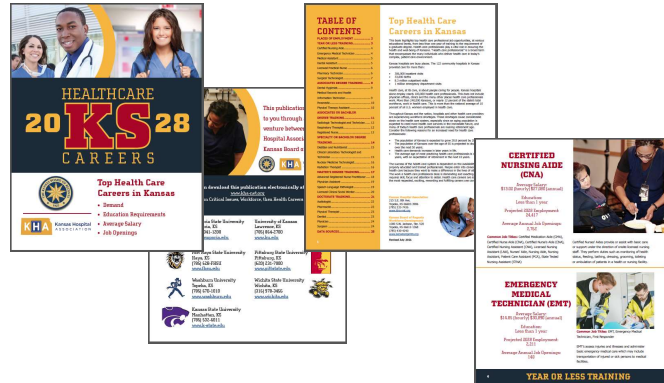
HEALTHCARE 20 **KS** 24 VIRTUAL CAREER DAY

- Mark your calendars!
— **February 1, 2024**
- Careers to be profiled:
 - Nursing
 - EMT/Paramedic
 - Radiology Technician
 - Behavioral Health
 - Physical Therapy/Occupational Therapy/PTA/OTA
 - Business Office
 - Operating Room
 - Laboratory
- Interested in profiling one of the eight careers? Submit your interest:



Top Health Care Careers in Kansas Guide

- Download the Top Health Care Careers guide at HappyInHealthCare.org
– Request additional copies by emailing Jan Fenwick at jfenwick@kha-net.org



Kansas Health Care Careers Website

1. Why Health Care?
2. Career Quiz
3. Explore Careers
4. Career Events
5. Schools, Degrees and Training
6. Financial Aid, Scholarships and Resources
7. Find a Health Care Job



Coming In Early 2024!



Kansas Health Care Preceptor Academy

- What:
 - This interactive program provides information and practical tools to improve preceptor abilities in orienting/onboarding new staff or students to the profession
- Who:
 - Any nursing or allied health employee serving as a preceptor in a health care setting
- When:
 - 1 Day training, in-person
 - October 25, Homewood Suites, Salina
- More information and [register here](#)



Hospital Training of Nurse Assistants and Patient Care Technicians

Certified Nurse Assistants (CNAs)

- Hospitals that own a long-term care facility can serve as a CNA course sponsor AND clinical site to train CNAs
- Hospitals without a long-term care facility are eligible to serve as a course sponsor, but must have CNA students perform clinicals in a non-acute care facility
 - Those hospitals may instead want to train PCTs as an alternative to CNAs

Patient Care Technicians (PCTs)

- PCTs can currently work as an acute-care equivalent of a nurse assistant without certification, and be upskilled to provide a wider range of duties
- For hospitals wanting to train PCTs as an acute-care equivalent of a CNA, **certification is available:**
 - CPCT/A certification available to train and certify within 6 weeks via on-the-job training
 - Certifies to provide basic patient care with additional phlebotomy and EKG certifications



Health Care Apprenticeship

- 4 hospitals have launched with apprentices
- 8 hospitals are onboarding
- Occupations launched:
 - CNAs, Medical Assistants, Medical Biller/Coder
 - Preparing post-licensure LPN/RN Nurse Residency Apprenticeship



Wanting to start an apprenticeship? Don't go it alone.

- Hamilton-Ryker can develop and launch any apprenticeship desired, at NO out-of-pocket cost to your hospital
 - Contact Jaron Caffrey for details
 - jcaffrey@kha-net.org

How Are Apprenticeship Programs Funded and Supported?

	Company funded: Employer partner pays for their training, LMS and other instructional tools
	Community College/Financial Aid: Financial aid programs associated with colleges and institutions of Higher Education
	State and local grants: Workforce Investment Boards, State Expansion Grants, WIOA Grants, & more
	Federal Grants: US DOL, Veterans Administration, SkillBridge, Vocational Rehabilitation, other Federal Grant Sources

HB 2292 (Kansas Apprenticeship Act)

- \$2,750 for each apprentice employed
- Up to 20 apprentices annually
- Maximum of \$55,000 annually per employer



HEALTH CARE OCCUPATIONS AVAILABLE TO APPRENTICE:

• Clinical Roles Include:

- CNA/PCT
- Medical Assistant
- Post-Licensure LPN/RN Residency
- Phlebotomists
- Surgical Technicians
- Sterile Processing Technicians
- Medical Laboratory Technicians (MLT)
- Pharmacy Technicians
- Paramedical/EMT

• Non-Clinical Roles Include:

- Dietary Aide
- Certified Dietary Manager
- Maintenance
- Management
- Medical Billers/Coders/Admin Assistants
- IT-HIT/HIM/HIA and Help Desk
- Community Health Workers
- Unit Clerks

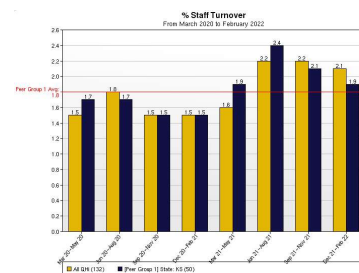


And many more!

QHi Kansas Workforce Measure Set

Staff Turnover

- Numerator - Number of employees (excluding temps and PRNs) leaving during the month
- Denominator - Number of employees at the beginning of month (excluding temps and PRNs) *Please note: Understanding this varies by facility, the number may include the entire enterprise (hospital, clinics, long term care, etc.) or hospital only, as it applies.*



Nursing Staff Turnover (RN or LPN)

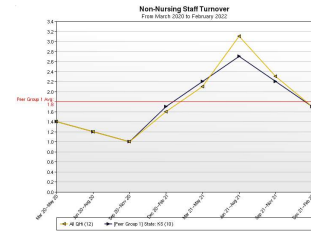
- Number of Nursing Staff (RN, LPN) separations this month
- Denominator - Total number of Nursing positions at the beginning of the month (RN, LPN)



QHi Kansas Workforce Measure Set ... continued

Nurse Assistants Turnover (Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Personnel)

- Numerator - Number of Nursing Assistant separations this month (Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Personnel)
- Denominator - Total number of Nurse Assistant positions at the beginning of the month (Includes Patient Care Technician, Certified Nurse Assistant or Unlicensed Assistive Personnel)



Contract, Agency and Traveling Staffing

- Numerator - Number of positions (head count) filled with contract/agency/traveling personnel this month
- Denominator - Number of employees at the beginning of month (excluding temps and PRNs)

Has your hospital limited procedures or admissions due to staffing challenges?

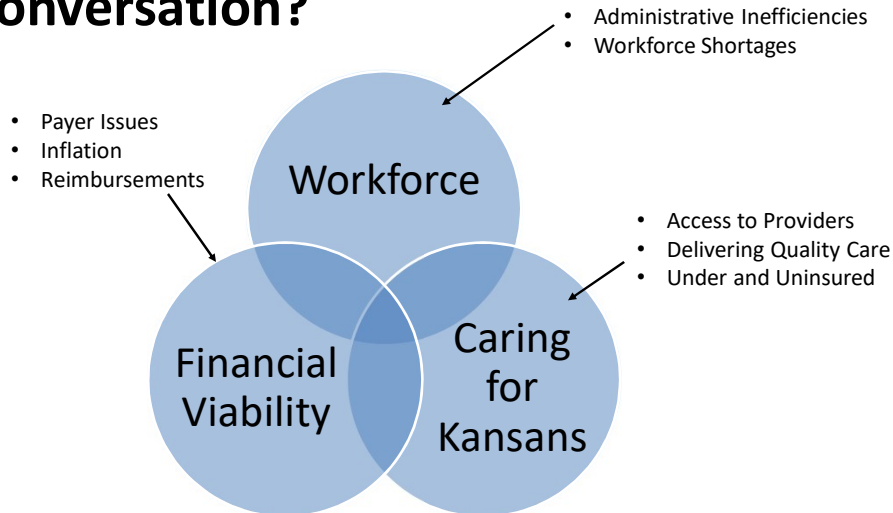
Yes or No



STATE AND FEDERAL ADVOCACY KHA-PAC



What Issues Are Driving the Conversation?



Prior Authorization - HB 2283 Bill Overview

Modernize the process to ensure it's electronic, rather than by fax or phone - Section 2 (b) of the legislation.

Streamline timelines for prior authorization for emergent, urgent, chronic and long-term care in addition to non-urgent standard care.

Urgent – 24 hours – Section 3 (a); Emergency Services – 2 hours – Section 3 (2); Post-Emergency Services Discharge – 2 hours – Section 3 (4); Regular Services – 14 calendar days – Section 3 (c)(1); Chronic/Long-Term Conditions – remain valid for length of condition – Section 3 (2) (d); Total Process – 30 days – Section 6

Eliminate the need for prior authorization for things like pre-hospital transportation, childbirth and the ability to retroactively deny payment after providing a prior authorization.

Pre-hospital Transportation – Section 3 (b) (1); Childbirth – Section 4 (a); Retroactive Denials – Section 5

Allow expedited peer to peer processes in complex patient cases and requires peer to be of similar professional qualifications.

Peer to Peer Expedited - Section 6 (b) – within 48 hours; Peer Qualifications – Section 6 (c)

Offer a provider that meets certain standards an opportunity to bypass the prior authorization process.

Similar to Texas Gold Card Legislation – Section 7

Create transparency in providing patients and providers notifications of changes to prior authorization requirements.

Disclosure to health care providers and public – Section 8; Reporting annual to the Insurance Commissioner – Section 8 (c)



Leads to less burn-out in the industry and better care for patients.

How many states have preceptor tax credits?

Georgia: It now offers an income tax credit for physicians, advanced practice registered nurses, or physician assistants who provide uncompensated preceptorship training to medical students, advanced practice registered nurse students, or physician assistant students. Credit is accrued on a per preceptorship rotation.

Colorado: Offers a \$1,000 income tax credit to uncompensated rural health care professionals who precept.

Hawaii: \$1,000 to physicians, advanced practice registered nurses and pharmacists for each clinical training rotation, up to a maximum of \$5,000 per year.

Maryland: Offers a \$1,000 income tax credit for physicians and nurse practitioners who work in certain areas of the state with a health care workforce shortage and provide preceptorship without compensation, up to maximum \$10,000 per year.

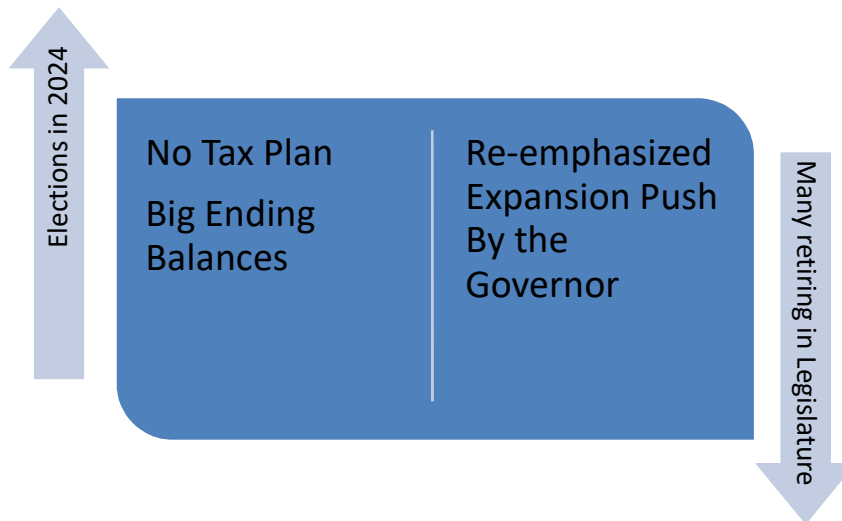
Missouri: Offers a \$1,000 income tax credit to community-based faculty for precepting medical students or physician assistants. Maximum credit is \$3,000 per year.

Ohio: Eligible FQHCs can earn up to an annual cap of \$50,000 for precepting students.

South Carolina: Effective tax years 2020 through 2025, physicians, physician assistants, and advanced practice nurse practitioners who serve as preceptors for two or more clinical rotations and whose practice is 30% or more Medicaid insured, Medicare insured, or self-pay patients, qualify for tax credits.



Financial Viability



Site Neutral Payments and Facility Fees

The Site-based Invoicing and Transparency Enhancement (SITE) Act (S 1869)

Cuts Medicare payments to all services furnished in grandfathered off-campus HOPDs, other than evaluation and management (E&M) services, which are already paid at a site-neutral rate, beginning in 2025

Lower Costs, More Transparency Act (HR 5378)

Cuts Medicare payments for drug administration services at off-campus HOPDs beginning in 2025 (delays implementation for rural and cancer hospitals by one year)

Bipartisan Primary Care and Health Workforce Act (S 2840)

Eliminates facility fees in the commercial insurance market for telehealth and E&M services

The Medicare Patient Access to Cancer Treatment (MPACT) Act

Cuts Medicare payments to services related to cancer diagnosis and treatment at off-campus HOPDs beginning in 2025

There are a number of policies coming out of both health-related and non-health-related committees on both sides of the aisle designed to reduce hospital payments by ignoring the cost of the site of care.

**Cut
Medicare
Spending at
the Expense
of Providers**

KHA's Message – These cuts ignore the extensive services provided by hospitals and the impact of EMTALA on hospitals.



340B

Meeting in mid-October with the 'Gang of Six' staff to discuss the KHA tiered reporting option.



KHA Suggestion: Develop tiers or steps for verification for program utilization

Tier 1 - Using cost report data already available, providers with negative operating margins would not be required to do further reporting.

Tier 2 - Providers with positive operating margins should have their uncompensated care reviewed from the S-10. Further reporting would only be necessary if the uncompensated care is within the net resources provided by the 340B program.

Tier 3 – For providers with positive operating margins whose 340B benefits exceed their uncompensated care, IRS Form 990 should be reviewed to determine where dollars are spent to benefit the community.

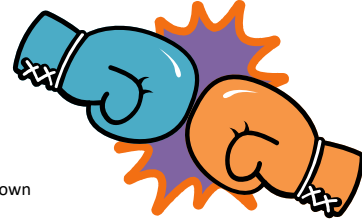
Tier 4 - Academic medical centers whose 340B benefits exceed tier 2 and or tier 3 should be allowed to show investments in specialized clinical programs, medical education programs, residencies (GME), preceptors, other training/education and associated expenses directly related to the unique role and mission of an academic medical center within a region.



Medicare Advantage Plans

Contract Year 2024 Final Rule for MA Plans:

- Prohibit MA plans from limiting or denying coverage for a Medicare-covered service based on their own internal or proprietary criteria if such restrictions don't exist in traditional Medicare;
- Direct MA plans to adhere to the "Two-Midnight-Rule" for coverage of inpatient admissions;
- Limit MA plan ability to apply site of service restrictions not found in traditional Medicare;
- Require health plan clinicians reviewing prior authorization requests to have expertise in the relevant medical discipline for the service being requested;
- Require prior authorizations to be valid for an entire course of approved treatment and to be valid through a 90-day transition period if an enrollee undergoing treatment switches to a new MA plan;
- Establish additional processes to oversee MA plan utilization management programs including an annual review of policies to ensure consistency with federal rules;
- Strengthen behavioral health network adequacy requirements;
- Tighten MA marketing rules to protect beneficiaries from misleading advertisements and pressure tactics;
- Expand requirements for MA plans to provide culturally and linguistically appropriate services;
- Establish a new Health Equity Index to be incorporated into MA plan Star Ratings beginning in 2027; and
- Implement statutory provisions of the Inflation Reduction Act and the Consolidated Appropriations Act of 2021 related to prescription drug affordability and coverage for eligible low-income individuals.



KHA
will be watching
the
implementation
closely!



KHA Legislative Dinners

Wednesday, October 11 5:30-8:00 pm, Salina
Salina County Club, 2101 E. Country Club Rd.

Wednesday, October 18, 5:30-8:00 pm, Wichita
Exploration Place, 300 N. McLean Blvd.

Thursday, October 26 5:30-8:00 pm, Topeka
Topeka Country Club, 2700 SW Buchanan St.

Monday, October 30, 5:30-8:00 pm, Garden City
Southwind Golf and Dining, 77 Grandview Dr.

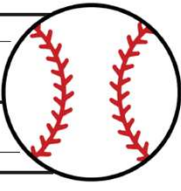
Tuesday, November 7, 5:30-8:00 pm, Pittsburg
Crestwood County Club, 304 W. Crestview Ave.

Thursday, November 16, 5:30-8:00 pm Hays
Hilton Garden Inn and Convention Center, 221 West 43rd Street

Wednesday, December 13, 5:30-8:00 pm, Lenexa
Thompson Barn, 11184 Lackman Rd.



Advocacy All-Star Training



Step Up to the Plate!
It's training season and it's your turn at bat! Advocacy All-Star Training gets you ready to rally and advocate on issues that impact your hospital.

Once completed you will be able to *take to the field and hit a solid run* with elected officials at the local, state and federal levels.

Like America's great pastime, Advocacy All Star Training is for everyone - clinical, non-clinical, entry-level or veteran, trustees or employees.

Advocacy All-Star Training is held every year. There is a fee to enroll and registration is limited.

Major League Prep

- Three in-person training sessions with the last one being held during KHA's Advocacy Day in January.
- Interaction with current and former elected officials and staffers at all levels of government.
- Historical and political context around milestone Kansas legislation.
- Participation in immersive activities, including tours of Topeka landmarks and a mock bill hearing.



Home Run Ready
Advocacy All-Star Training will help you to tell the story of your hospital to elected officials and community partners in a way that resonates and prepares you for the big show.

[Learn more.](#) →

Your Coaches

Audrey Dunkel
Vice President
Government Relations


Tara Mays
Vice President
State Legislative Relations

KHA Kansas Hospital Association

KHA Kansas Hospital Association

KHA-PAC PURPOSE



- KHA-PAC enhances advocacy efforts
- KHA-PAC only supports candidates who support hospital issues, regardless of political affiliation
- State-only PAC with partnership with AHA's federal PAC
- Find more info about how you can get involved in your Packet Today!

KHA Kansas Hospital Association



KHA-PAC

2022 Campaign

KHA-PAC contributions	\$81,978
Hospitals at goal	75
Hospitals participating	90

2023 Campaign To-Date

KHA-PAC contributions	\$55,114
Hospitals at goal	48
Hospitals participating	70

2023-2024 Campaign Goals

KHA-PAC contributions	\$168,000
Hospitals participating	123 – 100%



Insurance Complaint Forms

<https://sbs.naic.org/solar-web/pages/public/onlineComplaintForm/onlineComplaintForm.jsf?state=KS&dswid=1589>



1300 SW Arrowhead Road
Topeka, KS 66604

Consumer Complaint

Required fields are marked with an asterisk. *

Please Note: Entry of accented characters such as ç, é, ñ and ñ are not supported in this form.

Date: 09-25-2023

Complainant's Information

*First Name:	Middle Name:	*Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address Line 1:		
<input type="text"/>		
Address Line 2:		
<input type="text"/>		
Address Line 3:		
<input type="text"/>		
Address Line 4:		
<input type="text"/>		
Address Line 5:		
<input type="text"/>		



Advocacy Contacts



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(785) 969-9270 (cell)
(785) 276-3124 (office)



★ 2024 ELECTION DATES ★

★ 2024 PRIMARY ELECTION ★

MONDAY, JUNE 3 (12:00 p.m.)

Deadline to change your party affiliation to participate in the 2024 primary election.

TUESDAY, JULY 16

Deadline to register to vote or update your voter registration information to participate in the 2024 primary election.

WEDNESDAY, JULY 17

First day of advance voting. Advance ballots by mail are transmitted. In-person advance voting may begin. Check with your county election officer for specific times and locations.

TUESDAY, JULY 30

Last day to apply for an advance voting mail ballot.

MONDAY, AUGUST 5

In-person advance voting ends at 12:00 p.m.

TUESDAY, AUGUST 6

PRIMARY ELECTION
(All advance ballots by mail must be postmarked by Election Day and received by Friday, August 9.)

★ 2024 GENERAL ELECTION ★

TUESDAY, OCTOBER 15

Deadline to register to vote or update your voter registration information to participate in the 2024 general election.

WEDNESDAY, OCTOBER 16

First day of advance voting. Advance ballots by mail are transmitted. In-person advance voting may begin. Check with your county election officer for specific times and locations.

TUESDAY, OCTOBER 29

Last day to apply for an advance voting mail ballot.

MONDAY, NOVEMBER 4

In-person advance voting ends at 12:00 p.m.

TUESDAY, NOVEMBER 5

GENERAL ELECTION
(All advance ballots by mail must be postmarked by Election Day and received by Friday, November 8.)



APS AND KHSC SPOTLIGHT SERVICES





Breez - Automate your Charity Care



breez
Automated FAP App Review and Processing
Financial assistance made easy

Reallocate/reduce non-revenue generating workforce while offering a more accessible FAP application experience to your patients.

- Save patients and hospital staff time with a simplified financial assistance application
- No more reviewing pay stubs, bank statements and tax returns
- Remove patients who cannot pay from your billing workflows
- Increase charity case numbers to show community benefit
- Increase revenue by offering partial discounts to patients who need them

Our Solution

- Eliminates labor dedicated to FAP
- Maintains the integrity of your FAP
- Eliminates mountains of paperwork to manage/review
- Leverages tax returns and EOBs, income data to ensure only charity-eligible patients receive discounts

We're here to help

We provide automated application processing services that save you time and money. Additionally, we can perform an assessment of your current financial assistance policy and requirements to ensure the policy is up-to-date, fits the needs of your community and the application is streamlined and easy to complete for patients.

rmclaughlin@breezhealth.com
breezhealth.com

Breez is an affiliate of Goodwood - Resourcing healthcare, one system at a time. / Learn more at goodwoodinc.com

Web-based Platform Streamlines Financial Aid Application and Management Processes (cont.)

Increase charitable care
Effective financial assistance programs ensure non-profit hospitals are in compliance with section 501(r) of the federal tax code and related provisions in the Affordable Care Act. Improving financial aid efforts likewise can result in new revenue capture via Centers for Medicare and Medicaid Services (CMS) uncompensated care and bad debt reimbursement programs.

Finally, improving financial assistance helps hospitals better align with the mission of providing charitable care. Increasing publicly reported charity care volume supports community goodwill and can help mitigate growing media and political pressure around hospital non-profit status.

Three levels of support

Breez Health offers three levels of financial aid program support: • Pre-processing support: Daily reports are provided on all online applications received, with pre-determinations based on patient entries and hospital eligibility criteria.

• Application processing with document verification: Daily reports of all online applications are provided, along with verified determinations based on patient entries, supporting document review and hospital eligibility requirements.

• Comprehensive Financial Assistance Processing Partnership: A complete outsourcing solution that optimizes your program, reduces risks, identifies hidden revenue opportunities and helps vulnerable community members in need.

To learn how Breez Health can help you improve your financial assistance program, visit their [website](https://breezhealth.com) or contact Patrick Whisenand, Senior Account Executive, at (316) 323-7446 or pwhisenand@breezhealth.com.





Full-Service Provider Credentialing and Enrollment



APS
SHARE • SOLVE • SAVE

Full-Service Provider Credentialing and Enrollment

- Clinician credentialing and enrollment are essential first steps in the delivery of high-quality, appropriately reimbursed healthcare. Yet both processes are complicated and time-consuming, and delays or mistakes can have serious consequences.
- That's why a growing number of hospitals and other healthcare facilities are turning to qualified third parties for help in executing these mission-critical tasks. Hospital Services Corporation (HSC) is a certified credentials verification organization (CVO) now offering comprehensive credentialing and enrollment services to APS members.

Provider Enrollment

- Enrollment is provided for Medicare, Medicaid, and all commercial plans. Pricing is per provider, per insurance company, not per line of business within the insurance company.
- We keep you informed of any issues that may adversely impact practitioner approval.

When combined with our Credentials Verification Service:

- HSC can closely manage and monitor the re-enrollment process to prevent billing interruptions.
- We can establish and manage CAQH accounts for your providers - updating any data for expiring items and re-attesting to the accuracy and completeness of the CAQH account every 120 days, or more frequently as necessary.

When speed and accuracy count

- Time is of the essence when it comes to credentialing and enrollment. The faster these tasks are completed, the sooner

For more information visit HSC's website or contact: Bernadette Armijo Business Relationship Specialist
barmijo@nmhsc.com www.nmhsc.com (505)346-0201

Optimize Locum Tenens Staffing with Qualivis

Qualivis



APS
SHARE • SOLVE • SAVE

Our most commonly requested specialties are:

CRNA, NP, PA, CNM • Anesthesiology • Primary Care and Urgent Care
 Emergency Medicine • Hospitalist • Pulmonary Critical Care

Qualivis is the only vendor-accountable managed service provider created by hospitals for hospitals.

We partner with more than 200 vetted agencies, including over 50 specifically for locum tenens, to optimize fulfillment for your unique facility

Transparent fee structure:

- We deliver competitive rates for fair market pricing with no administrative, daily,
- seasonal or additional fees to reduce cost and locum expenditures.

Partner Network

- In addition to our pre-vetted vendors, clients can request preferred suppliers
- to join our Partner Network. We deliver an exceptional partner experience,
- including 29-day guaranteed payment, that fosters loyalty and a high level of
- engagement for our clients' open positions.


One point of contact

- Your dedicated account manager collaborates with you and our partners to
- find the best provider(s) for your facility. This single point of contact streamlines
- communication between our internal logistics team to ensure your staffing needs are met.


Quality review team

- Candidates undergo a thorough process by account management and review
- Teams under the guidance of our in-house Chief Medical Officer.

For more information, contact locumsWFS@qualivis.com Ethan Castelow, Kansas Business Development
Ethan.Castelow@qualivis.com or Qualivis.com



CorroHealth




APS
SHARE • SOLVE • SAVE




End-to-End Revenue Cycle Services Available at Discounted Rates

- 📁 Revenue Cycle Management:
 - Guaranteed Savings of 25% Transparent services with Key Performance Indicators
 - Interim, Recovery, Clean up of AR , Coding review Small Balance
 - **Pre Authorization and Follow up** These programs can be on Contingency.
- 📁 T-System is part of CorroHealth
- 📁 [CorroHealth Academy – CorroHealth provides an invitation only Lunch and Learn webinar for coders. https://academy.corrohealth.com/](https://academy.corrohealth.com/) (It is FREE)
- 📁 APRIL 26 12:00 pm – 1:00 pm
- 📁 [Respiratory System Coding IP & OP: Anatomy, COPD, PNA, COVID, CHF, Respiratory Failure, ARDS, etc](#)
- 📁 MAY 24 12:00 pm – 1:00 pm
- 📁 [2nd Quarter Coding Clinic Updates](#)
- 📁 JUNE 28 12:00 pm – 1:00 pm
- 📁 [HCC Coding Overview](#)

CorroHealth is a trusted vetted APS partner Offering a free assessment of 2023 E/M coding



Solutions

 <small>BY VERSALUS HEALTH</small>			 <small>BY THE T SYSTEM</small>
REVENUE INTEGRITY	CODING	REVENUE CYCLE MANAGEMENT	POINT OF CARE
Data & Analytics	Coding Automation	PARA Data Editor	Ambulatory EMR
Physician Advisors	Outsourced Coding	NSA Co-Provider Portal	
Utilization Management	HCC Coding & HEDIS Abstraction	Small Balance AR	
Clinical DRG Validation		Zero Balance	
Appeals		Transfer DRG	
CDI		AR Workflow	
Education		Auditing and Compliance	
Regulatory Compliance		Contract Management	



Cybersecurity Solution Offers Affordable Network Monitoring and Detection

Critical Insight is the first trusted provider named by the AHA and the only Managed Detection and Response provider.

- 📦 Managed Detection and Response provider.
- 📦 Managed Detection Response Services (MDR):
 - Bolster cybersecurity, MDR creates a powerful, last line of defense inside your facility's network
- 📦 Rapid Threat Identification:
 - Catch intruders in minutes – not months
 - Meets compliance requirements, HIPAA Security and Privacy Rule, and PCI-DSS.
- 📦 Cost-Effective Approach:
 - Critical Insight MDR integrates seamlessly and remotely with your existing infrastructure.
 - Annual costs typically are less than one FTE
 - Consulting services focused on broad cybersecurity issues, training, data protection, compliance, vendor and service provider contract review.

APS is here to Serve you!

Share—Solve—Save

Contact:

Kathi Branyon, Vice President, Client Services
 Traci Parsons, Director, Regional Services
 Bruce Frerking, Senior Director, Client Services
 Barb Bogart, Senior Director, Client Services
 Dennis George, CEO
 Call us at 888-941-2771

Or visit us at:

www.apskc.org
www.apstaffing.org
www.vizientinc.com





BlueAid Health, LLC





Next-generation patient financial engagement tool...

- ✓ Dramatically increases patient revenue
- ✓ Improves patient obligation collection efficiency
- ✓ Enhances overall patient experience



Through AblePay, KHA members receive the following:

- Prompt payment in 14 days, with absolutely no recourse.
- Patients/families save up to 13 percent or extend over time with savings or 0 percent interest.
- No patient denied along with no credit checks or propensity to pay scores.
- Easy implementation and integration; lower costs and better staff utilization.
- No changes to current internal processes and keep current vendors.
- AblePay Health assumes all the financial risks for its members.





- <https://vimeo.com/790955449/4c37c8e44a>

Introductory webinar recording available at www.KHSC.ORG

Contact Info:

Shelly Soupier Shelly.Soupier@ablepayhealth.com
402-651-2103



Hospital health plan dilemma = one or two large health plan claimants

- ❖ May make self-funding difficult
- ❖ Results in “lasering” those claims and/or increasing stop-loss insurance costs
- ❖ Impacts value from grouping stop-loss coverage in a captive

The solution =



BlueAid Health, LLC





BlueAid Health, LLC

- [BlueAid Health](#) finds an alternative health insurance program for the plan member.
 - ☐ Removes high-cost liability from the plan
 - ☐ Member receives health insurance which is covered 100 percent by BlueAid Health.

Program is especially effective for self-insured facilities with 100 to 500 employees; generally, the ones hurt most when faced with a \$250,000 laser. And this can all be arranged *without disrupting your broker relationship or your current health plan.*



Individual Insurance Coverage



BlueAid Health, LLC

The Government's "Marketplace" allows individuals to purchase coverage for themselves with no "pre-existing condition" limitations.

Can only be done if a person experiences a qualifying event. (One of which is a group plan's annual Open Enrollment)

Most individuals do not consider this option when they have access to group insurance offered by their employer.





Win - Win Scenario



**Member Coverage
100%**

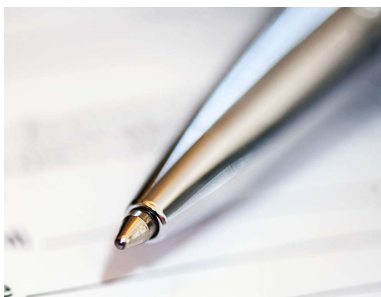
Company Savings

Our fee is \$55,000 per member.
Member must agree to waive
group coverage to participate.

*Depending on the condition this
could be \$100,000 to \$300,000 or
MORE!



Example



- Company has 100 employees, and 160 members on their health plan.
- They purchase a stop loss policy with a \$50,000 Specific Deductible
- 2 months prior to renewal, the company is informed of a member with a newly diagnosed cancer who is projected to spend \$250,000 in the coming plan year.

Scenario 1

Stop loss places a laser on the member of \$250,000. Plan incurs an additional \$200,000 liability on this member.

Scenario 2

Company partners with BlueAid Health. Member receives "free" coverage for the upcoming plan year. Company's plan liability is capped at \$55,000*



* BlueAid Health's fee



More Information



BlueAid Health, LLC

Introductory webinar can be viewed at www.KHSC.ORG

Or contact:

Joe Murray jmurray@blueaidhealth.com

(913) 274-8822

With health plan renewal period just around the corner, this is a great time to reach out to learn more.



* BlueAid Health's fee



Kansas Hospital
ASSOCIATION

HOT TOPICS AND MEMBER UPDATES



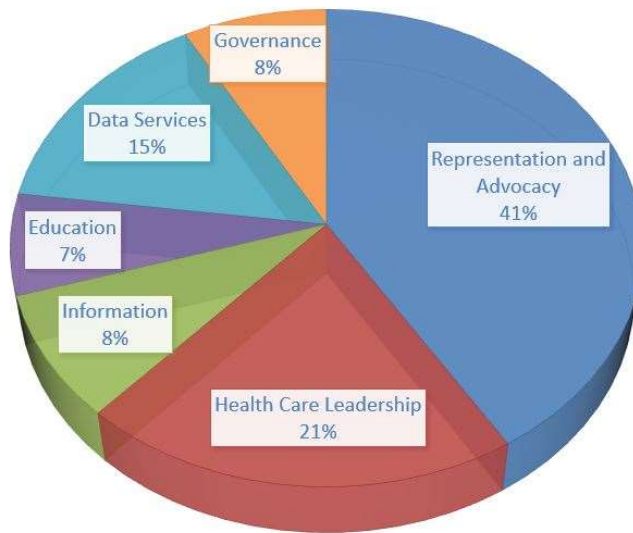
Kansas Hospital Association 2024 Budget with 2023 Budget and Projected Results

	2024 Proposed Budget				
	Income	Expense	Net Costs	Overhead	Net Budget
Representation and Advocacy	2,400	1,589,089	1,586,689	216,212	1,802,901
Networking/Collaboration	73,900	877,615	803,715	98,076	901,791
Communications/Information	69,750	355,196	285,446	86,931	372,377
Education	696,675	897,275	200,600	99,933	300,533
Data Services	108,500	679,625	571,125	76,529	647,654
Governance	15,500	331,100	315,600	39,750	355,350
GRAND TOTAL	966,725	4,729,900	3,763,175	617,430	4,380,605
Dues					4,200,000
Operating Income/(Loss)					(180,605)
Interest/Investment Income					180,605
Net Before Board Designated					0
Board Designated Activities					0
Reserves - Addition/(Usage)					0

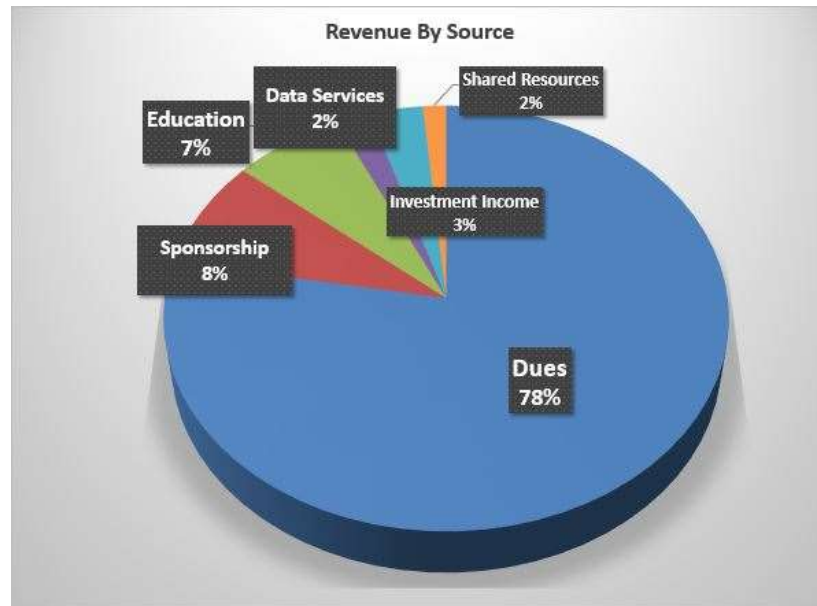


KHA BUDGET 2024

EXPENSES BY FUNCTION



KHA BUDGET 2024



KHA STRATEGIC PLAN

2022-2024

Updated March 2023



VISION:
Optimal health for Kansans

MISSION:
To be the leading advocate and resource for members

VALUES:

Excellence:
Exceeding Expectations

Innovation:
Pursuing and Shaping Solutions

Integrity:
Upholding Respect and Trust

Knowledge:
Sharing Insights and Developing Expertise

2022-2024 STRATEGIC AIM: Improve Kansas' statewide health ranking with a focus on preventive health services.

STRATEGIC PRIORITIES



POLICY INFLUENCE



Advocate for policies that expand access, including workforce development, telemedicine and KanCare expansion.



Advance policies that reduce administrative burden.



Mitigate the impact of behavioral health crisis patients in emergency departments.



Expand grassroots advocacy network.



FINANCIAL STABILITY



Advocate for improved reimbursement and insurance accountability.



Educate legislators and consumers about the cost and complexity of health care.



Share the impact of prior authorizations with policymakers and the public.



Engage in the KanCare 3.0 RFP and implementation process.



WORKFORCE



Promote hospital and health care careers.



Collaborate with stakeholders to increase health care graduates.



Develop strategies to recruit and retain health care providers and staff.



Provide education and resources to support development and advancement of health care careers.



Strategic Aim Update

Improve Kansas' statewide health ranking, with a focus on preventive health services.



Healthy Kansas Hospitals

Revised Toolkits – Available Soon – HealthyKansasHospitals.org



HKH Toolkit 1
Creating a Worksite
Wellness Committee.



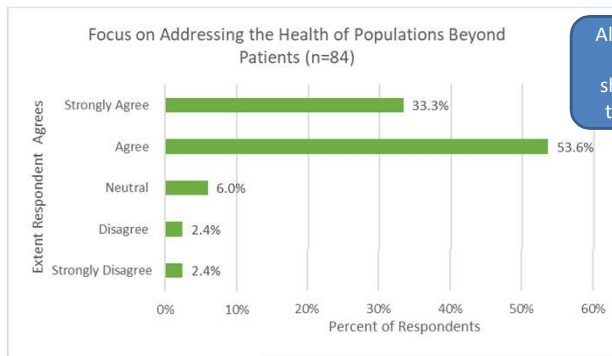
HKH Toolkit 2
Fostering Change
in the Hospital.



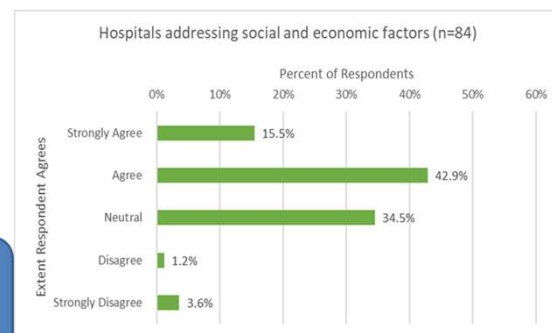
HKH Toolkit 3
Nurturing Strategies for a
Healthy Culture.



2023 Population Health Survey Highlights



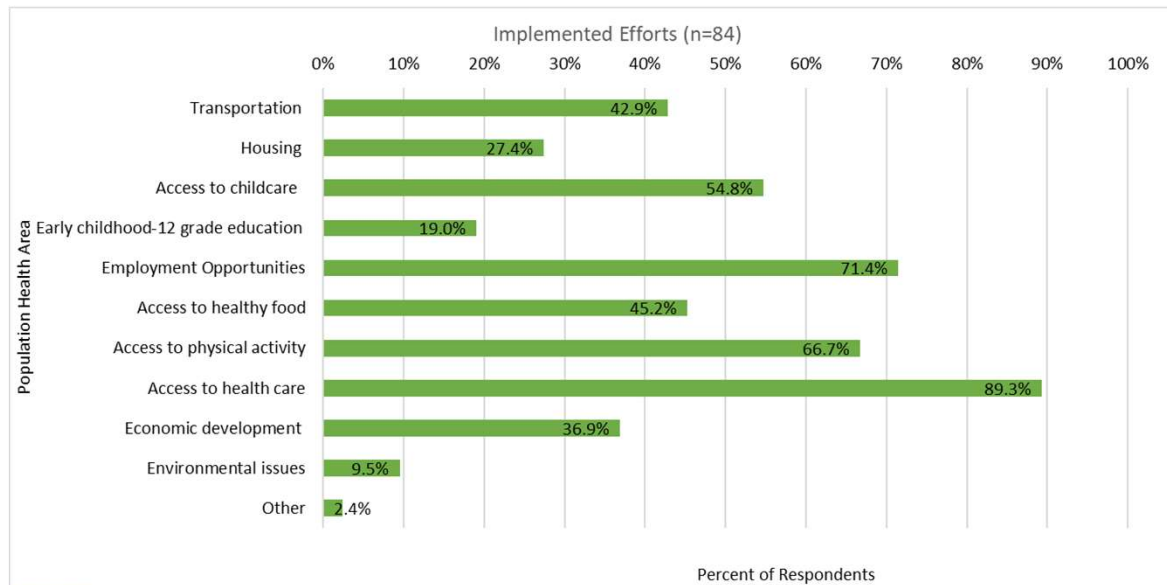
Almost 87 percent of respondents agreed or strongly agreed that their hospital should focus on addressing the health of their community beyond their patients.



Over 58 percent of respondents agreed or strongly agreed that their hospital should address health related social needs within their community



2023 Population Health Survey Highlights



2023 – 2024 Respiratory Virus Prevention

Type of Intervention	Product Options	Who is eligible	Schedule	When
Influenza vaccine (all quadrivalent)	Afluria, Fluarix, FluLaval, Fluzone, Flucelvax Flublok (≥ 18 yo) Fluzone High-Dose (≥ 65 yo) Fludac (≥ 65 yo)	6 months of age and older (no limitations related to egg allergy; although egg-free available)	One dose	September / October through flu season
Respiratory Syncytial Virus (RSV) vaccine	Abrysvo – Pfizer	Adults age 60 and over (shared clinical decision making)	One dose	As soon as available for this season
	Arexvy - GSK	Pregnant persons	One dose	32 – 36 weeks of pregnancy
RSV monoclonal antibody (passive immunization)	Nirsevimab (Beyfortus)	All infants younger than 8 months; high-risk infants 8 – 19 months	One dose	For newborns born during RSV season – birth hospitalization or OP within first week; or shortly before RSV season for eligible infants
COVID-19 vaccine	Pfizer and Moderna mRNA monovalent	6 months of age and older	One dose (unless 6 mo – 4yo and previously unvaccinated or immunocompromised)	at least two months after last dose of any COVID vaccine
	Novavax protein-based monovalent	12 years of age and older	One dose (two doses if not previously vaccinated)	

[CDC Vaccines and Preventable Diseases](#)



#KansasFightsFlu

Honest Conversations



Education Modules

Facts Over Fears



Info For...

Vaccines

Diseases

Resources

Outreach

Data

About IKC

Toolkits and Resource Hubs

As part of our mission to protect all Kansans from vaccine-preventable diseases, IKC developed these toolkits to focus on the priority areas of increasing adolescent vaccine rates, answering common questions on vaccines, supporting COVID-19 vaccination, and promoting the flu vaccine.

- [HPV Vaccine Toolkit](#)
- [HPV Community Education Events](#)
- [Meningococcal Vaccine Toolkit](#)
- [Tdap Vaccine](#)
- [Common Questions](#)
- [COVID-19 Vaccines](#)
- [Vaccine Equity](#)

For questions regarding purchasing vaccine or VFC: contact KDHE.Vaccine@ks.gov



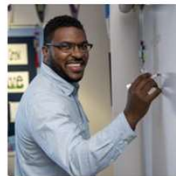
Social media and video

Click below for shareable content you can use to promote healthy immunization on web and social media channels.



Social media posts

[Download >](#)



16:9 teacher photo

[Download >](#)



16:9 mom-to-be photo

[Download >](#)



16:9 campfire couple photo

[Download >](#)



16:9 grandmother and grandson photo

[Download >](#)



Public awareness



Public awareness



Vaccine provider

For questions regarding purchasing vaccine or VFC: contact KDHE.Vaccine@ks.gov

ASPR Grant Funding Available

- Administration for Strategic Preparedness and Response (ASPR) COVID-19 Hospital Association Grant
- Remaining funds available for grant period April 9, 2023 – February 28, 2024; First come first served basis
- Funding Focus Area: PPE Procurement
- Send reimbursements requests to Melissa Willey at mwilley@kha-net.org
- For questions, contact Ron Marshall at rmarshall@kha-net.org



The Importance of the Health Care Sector to the Kansas Economy

Kansas Hospital Association
University of Kansas
Institute for Policy & Social Research

Statewide Report
March 2023

Dr. Donna K. Ginther, Director, IPSR
Pat Oslund, Associate Researcher, IPSR
Thomas Becker, Assistant Researcher, IPSR
Dr. John Leatherman, Kansas State University, Retired



Executive Summary

The health care sector in Kansas provides substantial contributions to the state's economy. Not only does it generate direct jobs and employee income—it also supports additional businesses across many industries through supply chain linkages and employee spending on household goods and services. These secondary feedbacks are known as multiplier effects. **The Kansas health care sector contributes over 300,000 jobs and almost \$20 billion in labor income to the Kansas economy,** including direct effects and multiplier effects. This labor income, when spent, generates over \$600 million in sales tax revenue. On average, **every 100 jobs in health care industries support an additional 50 jobs in other Kansas industries.** Similarly, each \$1000 in health care wages sustains an additional \$365 in wages for other industries. The table on the following page summarizes the contributions of health care and its component industries to the current Kansas economic system.

Hospitals comprise the largest industry within the health care sector, with direct employment of over 72,000 Kansans and direct labor income of over \$6 billion. The hospital sector also has large multiplier effects. Every 100 hospital jobs support an additional 73 jobs in non-health care sectors. And **every \$1000 in current hospital wages and salaries sustains an additional \$483 in income** for employees of grocery stores, restaurants, gas and electric utilities, and other industries used by hospitals and their employees. As will be discussed later in this report, multiplier effects are even higher when we consider changes in hospital activity rather than contributions of current levels.

A vigorous health care system is essential not only for the health and welfare of community residents, but also to enhance economic opportunity. **Health-related sectors are some of the fastest growing in the economy.** Given demographic trends, this growth is likely to continue. Furthermore, evidence shows that **quality health care improves business productivity, aids in the recruitment and retention of businesses, and attracts and retains retirees.**

County Economic Impact Reports

- Statewide Report
 - <https://www.kha-net.org/CriticalIssues/EconomicImpact/>
 - Brochure
 - Template Media Release
 - Template Community Presentation
- 105 County-Specific Reports
<https://www.kha-net.org/CriticalIssues/EconomicImpact/countyeconomicimpacts/>



KHA POLICY GROUPS

- Guide our policy positions and activities.
- CEO to coordinates reply for the hospital.
- One-year term.
- Travel expenses reimbursed.
- Call for volunteers coming soon.



2023 Upcoming Events

- Management and Leadership Training Three-Part Webinar Series:
(Oct. 18, Nov. 15 and Dec. 13)
- KHA Worker's Comp Fund & Safety Seminar (Oct. 19-20)
- Hospital Board Chair Leadership Program (Oct. 24, Nov. 28)
- KMS/KHA Physician Leader Forum (Nov. 3)
- Rural Health Symposium (Nov. 16)
- Legislative Dinners (Nov/Dec)



2024 Events

- Advocacy Day (Jan. 16)
- Infection Prevention Conference (Feb. 16)
- Critical Issues Summit (Feb. 29 and March 1)
- KHA Leadership Institute (June, July, Sept)
- KHA Annual Convention (Sept. 5-6)



PLEASE COMPLETE A FEEDBACK SURVEY

QUESTIONS

THANK YOU TO OUR SPONSORS

