KHA District Meetings
Fall 2025

Kansas Hospital ASSOCIATION

1

Thank You
District Meetings Sponsors

APS SHARE • SOLVE • SAVE

KHSC Kansas Health Service Corporation

KAMMCO

Qualivis

2

Today's Agenda

- Strategic Direction and Budget
- Health Care Workforce
- Advocacy and Regulations
- Networking Lunch
- Quality and Safety
- Finance and Reimbursement
- KHSC and APS Spotlight Services
- Member Updates and District Discussion

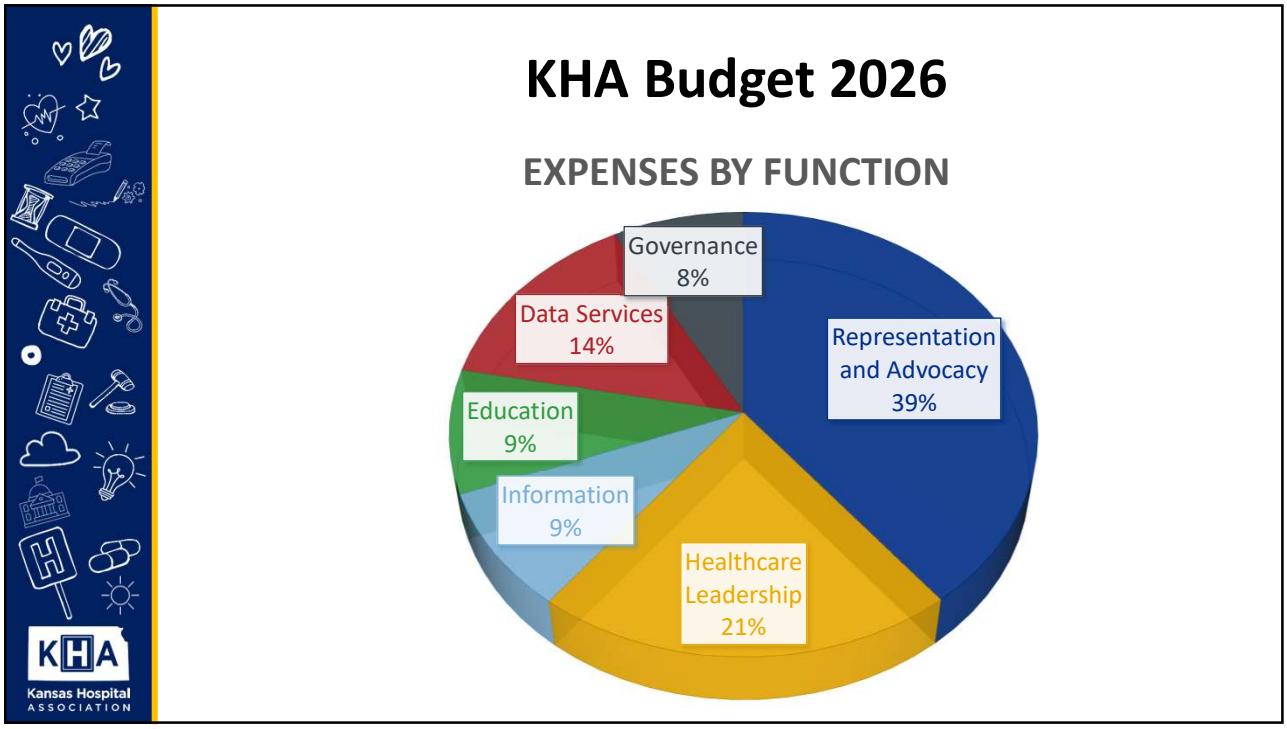
3

Strategic Direction
KHA Board of Directors

4

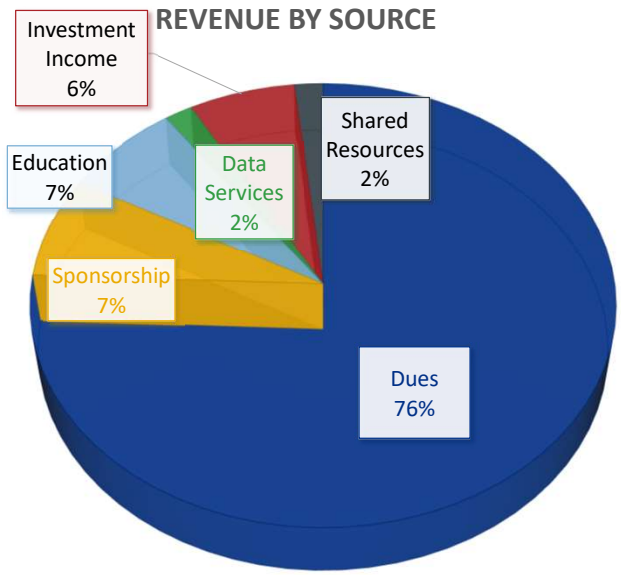

KHA
Kansas Hospital
ASSOCIATION
2025 - 2027
Strategic Plan
Vision
Optimal health for Kansans and Kansas hospitals.
Mission
To be the leading advocate and resource for members.
Values
Excellence – Exceeding Expectations
Collaboration – Building and Fostering Partnerships
Integrity – Upholding Respect and Trust
Knowledge – Pursuing Innovation and Developing Expertise
Strategic Aim
Improve Kansas' statewide health ranking with a focus on preventive health services.
Strategic Priorities
Advocacy and Regulations
Finance and Reimbursement
Health Care Workforce
Quality and Safety
January 2025
Strategic Priorities
Advocacy and Regulations
Advocate for and initiate policies to maintain and expand access to health care with a focus on workforce and financial viability.
Collaborate with partners to showcase the importance of health care to the state economy.
Advance and initiate policies that reduce the administrative burden in health care.
Increase the number of hospital advocates engaging on health care issues.
Finance and Reimbursement
Create an environment where hospitals are financially healthy.
Hold payers accountable for inequitable policies and practices.
Advance state and federal programs that support hospitals.
Foster new models and technology to improve financial sustainability.
Health Care Workforce
Promote hospital and health care careers.
Develop and share tools to enhance hospital recruitment and retention efforts.
Collaborate with stakeholders to optimize the number of health care graduates who stay in Kansas.
Identify and communicate innovative and emerging trends and technologies.
Quality and Safety
Provide and promote data, tools and technologies to reduce disparities in care.
Foster innovation and partnerships to improve health care quality and safety.
Engage with stakeholders to support health equity and community health improvement.
Focus on preventive services and engage partners to address Kansas health rankings.
www.kha-net.org

5


KHA
Kansas Hospital
ASSOCIATION
KHA Budget 2026
EXPENSES BY FUNCTION
Governance 8%
Data Services 14%
Representation and Advocacy 39%
Education 9%
Information 9%
Healthcare Leadership 21%

6

KHA Budget 2026



7

KANSAS HOSPITAL ASSOCIATION					
	2026 Proposed Budget				
	Income	Expense	Net Costs	Overhead	Net Budget
Representation and Advocacy	$ 1,900	$ 1,758,049	$ 1,756,149	$ 265,402	$ 2,021,551
Networking/Collaboration	$ 2,150	$ 985,013	$ 982,863	$ 105,840	$ 1,088,703
Communications/Information	$ 34,200	$ 387,100	$ 352,900	$ 93,813	$ 446,713
Education	$ 701,475	$ 1,055,670	$ 354,195	$ 107,845	$ 462,040
Data Services	$ 175,200	$ 808,405	$ 633,205	$ 82,587	$ 715,792
Governance	$ 14,000	$ 379,350	$ 365,350	$ 42,897	$ 408,247
GRAND TOTAL	$ 928,925	$ 5,373,587	$ 4,444,662	$ 698,384	$ 5,143,046
Dues					$ 4,691,350
Operating Income/(Loss)					$ (451,696)
Interest/Investment Income					$ 451,696
Reserves - Addition/(Usage)					$ -

8

Strategies for Creating a Stronger Health Care Workforce

9

Background

- KHA has invested resources to bolster the efforts related to health care workforce
- KHA completed a three-year initiative and developed new programs and strengthened partner relationships
- KHA Board provided new input during 2025

10

Newer Strategies – Continued

- Virtual Health Care Career Day
- Apprenticeship Program
- HOSA Engagement and Growth
- Preceptor Academies
- HappyInHealthCare.Org and Health Career Quiz
- Regional Networking and Roundtables
- Kansas Health Care Micro-Interns
- Education, Data and Collaboration

11

New Ideas to Develop – Year 1

- Regional school counselor externships/education sessions
- Apprenticeship expansion to Non-clinical roles
- “Stay Interview” toolkit and best practices
- Standardized onboarding playbook
- Health care program instructor viability through increased compensation or other financial incentives

12

New Ideas to Develop – Year 2

- Implement targeted outreach to non-traditional students (second-careerists, GED earners, ESL learners)
- Enhance middle manager training programs
- Standardized student flow and rotation site process
- Promote transition to practice programs for onboarding new grads, focusing on retention
- Advocate for licensure reform, STEM visa and service-tied loan forgiveness programs.

13

Discussion

- Did these hit the mark? What other ideas do you have?
- Are there areas of current emphasis that may have run their course?
- What impact are you seeing in your area?

14

Kansas Health Care Preceptor Academy

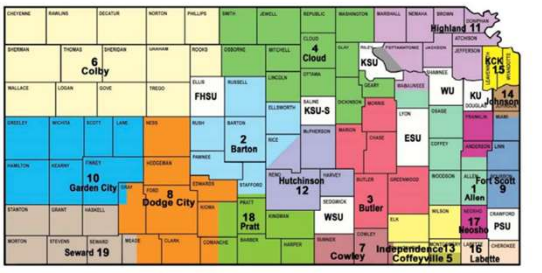
- What:
  - This complimentary one-day, in person interactive program provides information and practical tools to improve preceptor abilities in orienting/onboarding new staff or students to the profession
- Who:
  - Any nursing or allied health employee serving as a preceptor in a health care setting – 30 spots available per session.
- When:
  - Locations being selected for 2026 – let us know if interested.
- Goal:
  - Better prepare and equip clinicians to serve as preceptors/mentors to **increase capture of students** during rotations and **improve retention of staff**
- More information and to register for free:
  - registration.kha-net.org

Health Care Preceptor Academy

15

Fall 2025 College Enrollment Check-In

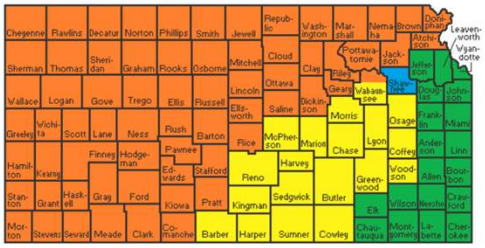
MAP OF SERVICE AREAS FOR KANSAS COMMUNITY COLLEGES



1. Allen County Community College, Iola
2. Barton County Community College, Great Bend
3. Butler County Community College, El Dorado
4. Cloud County Community College, Concordia
5. Coffeyville Community College, Coffeyville
6. Colby Community College, Colby
7. Cowley County Community College, Arkansas City
8. Dodge City Community College, Dodge City
9. Fort Scott Community College, Fort Scott
10. Garden City Community College, Garden City
11. Highland Community College, Highland
12. Hutchinson Community College, Hutchinson
13. Independence Community College, Independence
14. Johnson County Community College, Overland Park
15. Kansas City Kansas Community College, Kansas City
16. Labette Community College, Parsons
17. Neosho County Community College, Chanute
18. Pratt Community College, Pratt
19. Seward County Community College/Area Technical School, Liberal

State Universities/Washburn
Unassigned

MAP OF STATE UNIVERSITY AND WASHBURN UNIVERSITY SERVICE AREAS



Service Area	University	County of Main Campus
	Fort Hays State University Kansas State University	Ellis County Riley County
	Wichita State University Emporia State University	Sedgwick County Lyon County
	University of Kansas Pittsburg State University	Douglas County Crawford County
	Washburn University	Shawnee County*

*KU, KSU, ESU, and WU share responsibility for serving Shawnee County

16

Health Care Upskilling and Training Grant Program

New workforce grant opportunity through KDHE.

Who: Hospitals, health systems and long-term care organizations.

What: Projects will assist health care organizations in providing specialized training for employees to support improved access to care and organizational efficiency.

Program Objectives:

- Support health care-based initiatives that aim to improve staff capacity and elevate the local workforce.
- Expand local training and career advancement initiatives that also support local employee retention and access to care.
- Evaluate intervention effectiveness.

Expected award range: $10,000 - $50,000

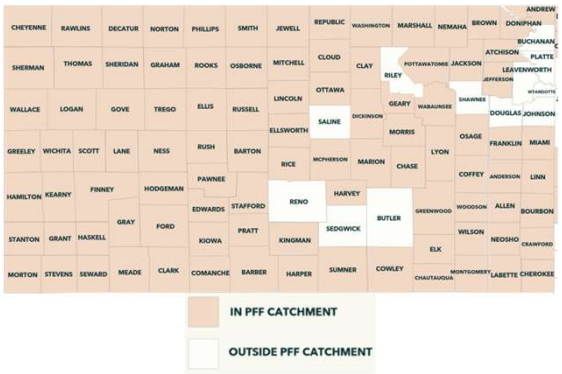
- Funding for the total program is capped at $1 million

Applications open until May 22, 2026.

17

New Healthworks Apprenticeship Grant Project

- Grant funded Healthworks project from the Patterson Family Foundation
- Funded by the Patterson Family Foundation over 2 years (ending Q4 2027)
- Focus: Strengthening the rural health workforce through **Registered Apprenticeship Programs (RAPs)**



18

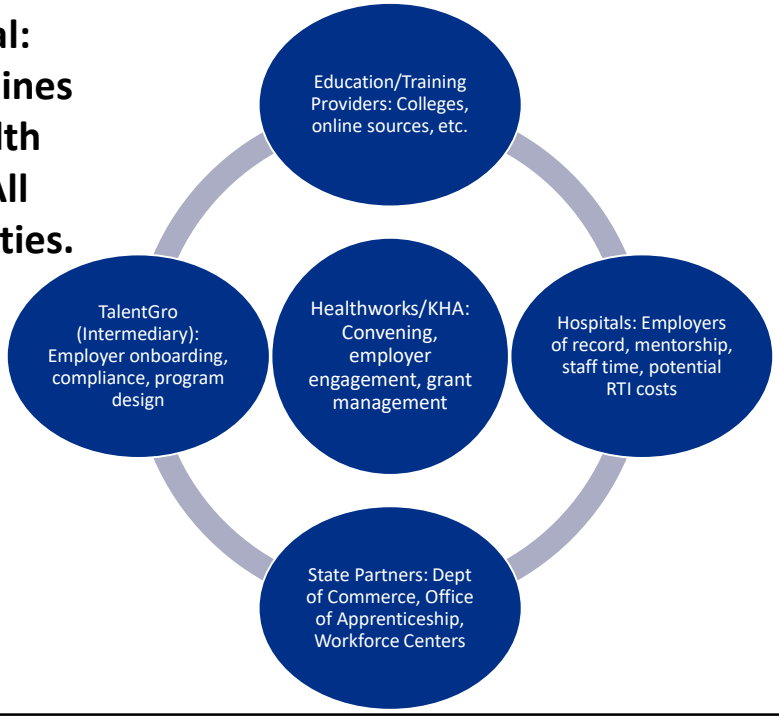
What the Grant Project Will Do

- Onboard 25 new rural health care facilities into RAPs
- Support approximately 150 apprentices in high-need roles
  - Each health care job created supports **0.73 jobs in other industries**; every $1,000 in health care wages sustains **$450 in other local income**
- Host a statewide Health Care Workforce Symposium to share best practices and build sustainability
- Offer technical assistance and intermediary services at no-cost to KHA members

Kansas Hospital Association

19

Long-Term Goal: Sustainable Pipelines for Critical Health Care Roles in All Kansas Communities.



Kansas Hospital Association

20

Register for the Apprenticeship Webinar

November 4, 10-11am

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION

21

Health Care Apprenticeship

Grow Your Own

- ✓ 30 hospitals have launched with apprentices
- ✓ Financial support is available to assist with growing your own via registered apprenticeships

$2,000+ available per trainee
+
Additional funding to cover tuition costs if appropriate

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

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

22

HEALTH CARE OCCUPATIONS AVAILABLE TO APPRENTICE:

- **Clinical Roles Include:**
  - CNA/PCT
  - Medical Assistant
  - Post-Licensure LPN/RN Residency
  - Phlebotomists
  - Surgical Technicians
  - Sterile Processing Technicians
  - Pharmacy Technicians
  - Paramedical/EMT
  - Medical Laboratory Technicians (MLT)
  - Registered Nurses
  - Post-Licensure Imaging Roles
- **Non-Clinical Roles Include:**
  - Dietary Aide
  - Certified Dietary Manager
  - Maintenance
  - Medical Billers/Coders/Admin Assistants
  - IT-HIT/HIM/HIA and Help Desk
  - Community Health Workers
  - Unit Clerks

And many more!

23

Feedback: Kansas Health Care Apprenticeship Program

- What clinical or non-clinical positions do you consistently struggle to fill/retain that could be better supported through apprenticeship?
- For those who have launched RAPs, what has worked well? What barriers did you encounter?
- If you haven't yet launched a RAP, what has held you back (time, resources, lack of awareness, or concerns about sustainability)?
- What tools or supports from Healthworks/KHA would make apprenticeship easier to implement at your organization?
- If we provided $1,000–$3,000 per trainee through KS-HCCAP, would that move the needle for your hospital to adopt or expand apprenticeships? Why or why not?

24

Historical Management Support from KHA

- Management Development Institute (till 2012)
- Leadership Workshop (2017)
- KHA Leadership Institute (2002-present)
- Management and Leadership 3-part annual webinar series (2019-present)
- *Care*Learning On-Demand Online Courses

25

Middle Manager Support Discussion

- Are your middle managers/those new to management needing additional support? If so, in what areas?
  - Technical based (budgeting, conducting interviews, HR law 101, etc.)?
  - Soft skill based (how to navigate the transition from peer to manager, conflict management, etc.)?
  - Both?
- Looking back, what's worked well (or not so well) when you've supported new or existing managers in your hospital?
- What resources would be most helpful to your team over the next year+ to strengthen your middle managers?
  - Webinars or workshops?
  - Ongoing cohort programs or academies?
  - Toolkits/templates for HR/budgeting/leadership essentials?
  - Peer-to-peer learning networks?

26

STATE ADVOCACY UPDATES

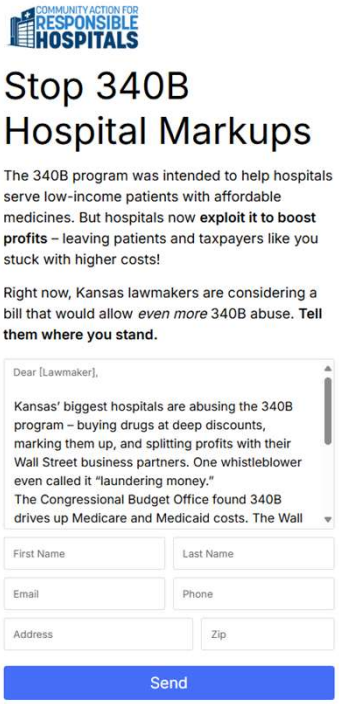
27

What's the Latest on 340B in Kansas?

- 2021 Interim Committee
- 2024 Legislative Session – budget proviso approved to prohibit the ability of drug manufacturers to restrict contract pharmacies
- Fall 2024 – Kansas AG determines budget proviso not enforceable
- 2025 Legislative Session – Senate Bill 284 passed Kansas Senate 34 to 6
- Sept. 2025 – Interim Committee – 1 Day
- 2026 Legislative Session Ahead

28

What Are Our "Adversaries" Saying?



29

What Can "WE" Do?

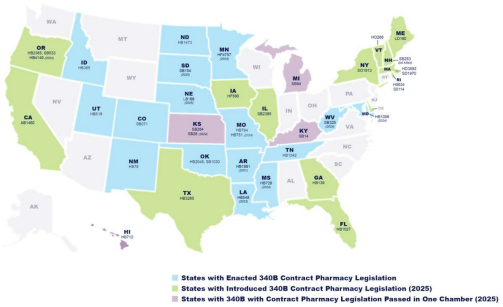
- EDUCATE, EDUCATE and EDUCATE elected officials – all levels of government – Federal, State Local
- Engage your board, medical staff and hospital team members
  - Send emails
  - Attend legislative coffees
- Be a champion for the program in your community at large
- Support the KHA-PAC

30

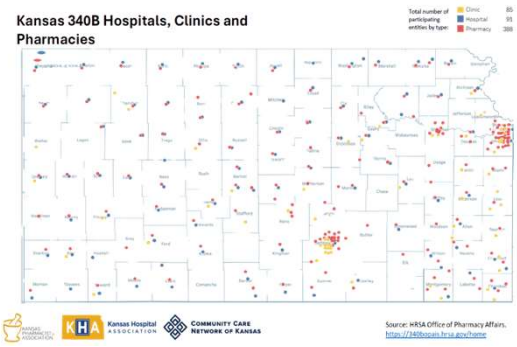
Access the 340B Toolbox for:

- Opinion Editorials
- Video and Audio Messages
- Social Media Posts
- Public Messaging and Presentations
- Other Ideas Always Welcome

All Surrounding States Have 340B Protections



Kansas 340B Hospitals, Clinics and Pharmacies

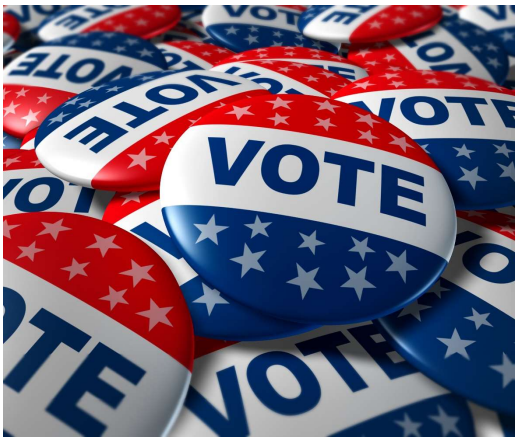


Kansas Hospital Association

31

Upcoming Elections

- All House Members up in 2026
- Statewide Elected Officials
  - Governor
  - State Insurance Commissioner
  - Secretary of State
  - Attorney General
- US Congressional Districts
  - All 4
- US Senate
  - One of Two



Kansas Hospital Association

32

340B in Kansas: Let's Discuss

- How have you been educating on the topic of 340B?
- What messages work best?
- What do you need from KHA to continue discussion?

33

Workforce Advocacy

Board of Nursing

- House Special Committee on Government Oversight created Recommendations
- Kansas Board of Nursing created Corrective Action Plan

Committee on Health and Human Services

- Nurse Educators
- Preceptors
- Scholarships

Legislative Budget

- One meeting to date

34

Behavioral Health: Current Care for Patients in ER

Flow of Patients

- 65% responded they hold 1-5 patients per month
- 21% say 5-10 patients per month
- 9% say 11-20 patients per month
- 3 report more than 31 patients per month

Length of Patient Stays

- 31.5% less than 24 hours
- 50% saying 24-48 hours
- 18.5% saying 2-7 days

- More than 80% of respondents do NOT have rooms specifically designed for behavioral health patient holds.

Kansas Hospital Association

35

Needs of Hospitals

$10 Million	$30-$60 Million	$1,300 to $1,700 per day
Add-on Payments	Up-front investments	Daily Rate Adjustments

$5-$8 million

Ongoing Costs

Kansas Hospital Association

36

Impacts of Bed Closures

Community Impact and Patient Care

- Emphasis on keeping patients safe, receiving timely care, and avoiding disruptions to other community health efforts
- Concerns about longer wait times and impacts for hospitals and jails

Mental and Behavioral Health Needs

- Concern around not just shifting capacity from one are to others
- Noting that current capacity, even with future investments isn't going to meet all demands

Hospital and System Capacity

- Worries about ER/ED crowding and longer wait times for patients needing care

Workforce and Staffing

- Respondents highlighted the existing and possible increase in strain on healthcare workers and the importance of staffing levels to avoid burnout.
- Staffing safety and significant recruitment and retentions costs.

37

Behavioral Health: Let's Discuss

- Do you think the closure of hospital beds would impact your hospital?
- What are your feelings about community hospitals taking more behavioral health patients?
- What would you want KHA to discuss with policymakers considering this as a possible solution?

38

2026 State Advocacy Issues

Stabilize Hospital Finances
- Avoidable Days Offset Program
- Education on underpayments
- Protect and fully implement Provider Assessment Program

Strengthen Workforce
- Expand scholarships for part-time health care students
- Target Allied Health programs currently ineligible for aid
- Streamline credentialing processes
- Increase staffing agency transparency and fairness
- Invest in Graduate Medical Education (GME)
- Create nurse educator/trainer incentives
- Expand nursing programs and clinical placements
- Address worker protections
- Reduce administrative burdens contributing to burnout, such as prior authorization

Protect Patient Access to Care
- Safeguard the 340B Program
- Consider add-on payments for at-risk services like maternity care and behavioral health
- Address patient transfer and EMS transport challenges
- Support policies that expand coverage

39

Advocacy in Action

Advocacy All-Stars:

Oct. 20 (evening)-October 22

Legislative Dinners:

Oct. 28 Salina
Oct. 30 Garden City
Nov. 4 Topeka
Nov. 13: Lenexa
Nov. 20: Hays
Dec. 4: Pittsburg
Dec. 10: Wichita

Register Online

40

FEDERAL ADVOCACY UPDATES

41

Major Provisions in HR 1 (OBBBA)

1. $4.5 trillion in tax cuts
   i. Existing tax rates and brackets would become permanent
   ii. No tax on tips, overtime pay, ability to deduct interest payments for some automotive loans, and $6,000 deduction for older adults who earn no more than $75,000/year (temporary)
2. Increase the debt limit by $5 trillion
3. Increase the child tax credit by $200 to $2,200
4. Cap on SALT quadruples to $40,000 for 5 years
5. $350 billion for border and national security
6. State cost sharing of SNAP
7. Roll back of clean energy tax breaks and purchase of EVs
8. Trump Accounts of $1,000 per new baby born

KHA Overview of the OBBBA

42

Key Health Care Impacts of the OBBBA

- Moratorium on new or increased provider taxes.
- Grandfathers certain state directed payments before winding down by 10% per year starting in 2028 until reaching 110% of Medicare
- Delays the minimum-staffing nursing home rule till Oct. 2034
- Medicaid and ACA Premium Tax Credit Eligibility Reform
- Retroactive Medicaid eligibility reduced from 3 months to 2 months
  - Could lead to higher out-of-pocket costs for rural patients and more uncompensated care for hospitals
- Approximately 26,000 Kansans may become uninsured (10 million nationally)
  - Uninsured patients delay care and seek services when they are sicker, leading to increased costs and more uncompensated care for hospitals.
- Created the Rural Health Transformation Program

KFF, Aug. 20, 2025

43

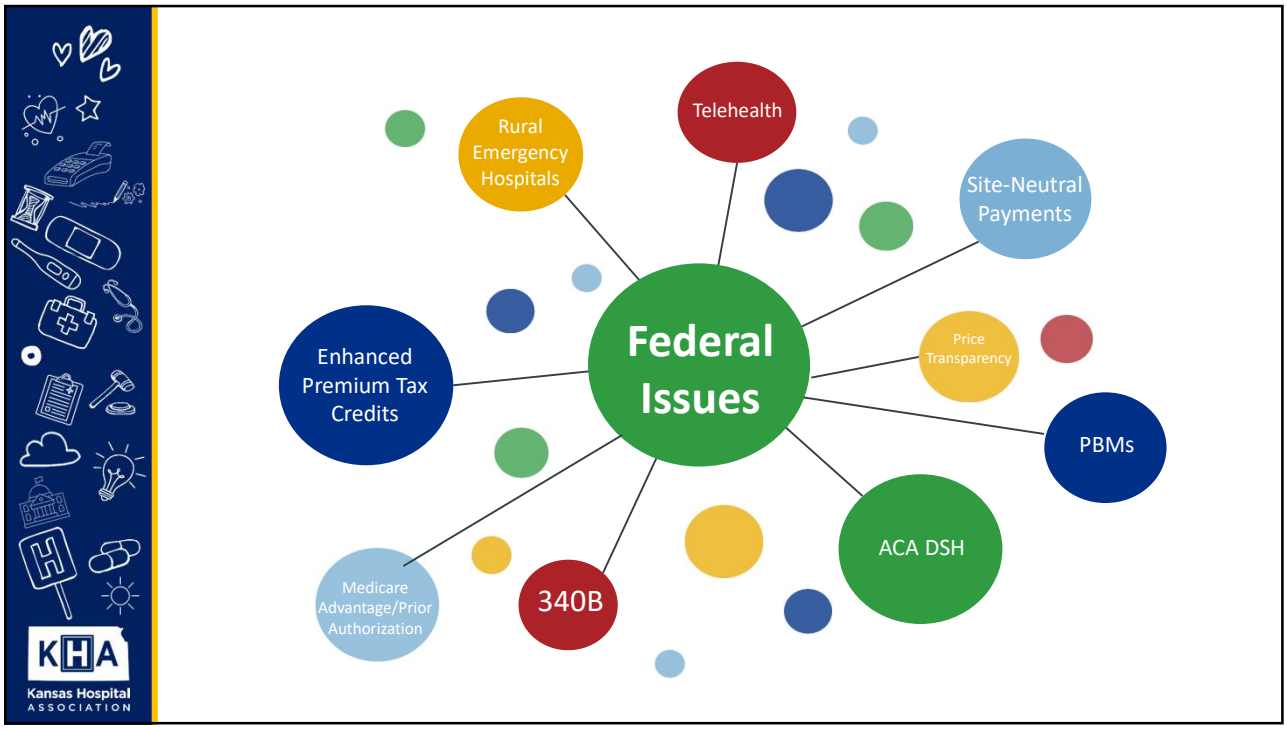
Fiscal Year 2026 and Government Funding

Government funding set to expire Sept. 30, 2025

The authorization of key health care programs require congressional action to extend them further, including:

- Medicaid Disproportionate Share Hospital (DSH) payment cuts.
- The enhanced low-volume adjustment (LVA) and the Medicare-dependent hospital (MDH) programs.
- Medicare telehealth waivers and hospital-at-home program extensions.
- Medicare rural ambulance add-on payments.

44



45

Enhanced Premium Tax Credits

Kansas residents will be disproportionately impacted if enhanced tax credits expire.

- Nearly 24 million people rely on enhanced premium tax credits in the individual health coverage marketplace – including over **170,000** Kansans
- Without congressional action, the enhanced credits will expire at the end of 2025.
- In 2025, over **7% of eligible Kansas residents** have enrolled in a Marketplace plan with enhanced tax credits (0-64; not on Medicaid).
- With tax credits, Kansas' average premium is **$73 per month**.
- If tax credits expire, Kansas Marketplace plans' **annual premiums will go up by about $708** on average – adding substantial strain to family budgets.

Preserving Health Care Credits for Kansans	Annual Premiums would increase by	
For a 60-year-old couple earning **$82,800** per year	$18,767	277%
For a family of four earning **$129,800** per year (ages 40,40,10, 5)	$10,294	95%
For a family of four earning **$64,000** per year (ages 40, 40, 10, 5)	$2,571	216%

Sources: *Manatt Health, The Commonwealth Fund, BCBS Kansas, and Kansas Health Institute*

KHA Kansas Hospital ASSOCIATION

46

Site Neutral Payment Policies

STOP site-neutral payment policies. PROTECT Medicare

Hospitals ≠ Physician's Office

Hospitals are required to equip and staff departments to diagnose and treat whoever may come through the door regardless of their condition and ability to pay.

This makes running a hospital expensive – more expensive than running a clinic or primary care physician's practice that has far less overhead and is not open 24/7.

- Medicare reimbursement already provides challenging reimbursement
  - Statewide, the Medicare margin has varied from a low of **-6.1%** to a high of **-4.8%**
- Site-Neutral proposals fail to acknowledge the profound difference in scale, scope, and quality of services between a hospital and other provider types
- If site-neutral policies were adopted federally, they would have a **$1 billion+ impact** on Kansas
- Site-Neutral does not reduce health care costs. Costs remain, but forces hospitals to shoulder them all.

Kansas Hospital Association

47

Drug Cost Acquisition Survey

- CMS will be conducting a survey to collect outpatient drug acquisition costs from hospitals
  - Costs for each separately payable drug acquired by all hospitals paid under the OPPS
- Survey will be released by early 2026
- Things to consider:
  - The survey is voluntary, and it cannot be mandated.
  - CMS needs a statistically significant sample.
  - Results will be used to propose "any appropriate adjustments that would align Medicare payment with the cost of acquisition" in 2027.

CMS, 2025

Kansas Hospital Association

48

Rural Health Transformation Program Plan

49

Rural Health Transformation Program Overview

- $50 billion over five years for all states with approved applications
  - Distributed starting FY 2026 to FY 2030
- Eligibility for funds:
  - 50% goes to all 50 states equally
  - 50% distributed to states based on CMS discretion
- Applications due Nov. 5, 2025
- Awards made by Dec. 31, 2025

50

Survey Results
Rural Health Transformation Plan Priorities

Priority order ranked by survey respondents in order of importance

- Outline strategies to **manage long-term financial solvency** and operating models of rural hospitals.
- **Recruit and retain clinicians**.
- **Initiate, foster, and strengthen local and regional strategic partnerships** between rural hospitals and other providers to promote quality improvement, increase financial stability, maximize economies of scale, and share best practices.
- **Improve access** to hospitals and other providers for rural residents.
- **Identify specific causes that are driving standalone rural hospitals to close**, convert, or reduce service lines.
- **Prioritize data and technology driven solutions** that help rural providers furnish health care services as close to the patient's home as possible.
- Prioritize use of **new and emerging technologies** that emphasize prevention and chronic disease management.

51

KHA Principles

No "one size fits all" model for health care will address all situations, but **new options for local health systems must be developed and tested.** To help guide that discussion, The Kansas Hospital Association recommends that "*a sustainable Kansas health delivery system should …*

- Focus on prevention, primary care, chronic disease management, emergency services and other essential services to improve the health of the population served.
- Provide access to essential health services within a reasonable distance and timeframe.
- Encourage collaborative local and regional solutions for service provision and governance.
- Continue to pursue the highest standards of quality and patient safety.
- Recruit and retain a robust and resilient health care workforce.
- Promote cost and operational efficiencies and provide value in the provision of local and regional services.
- Embrace the use of technology to expand access and patient participation in his/her care.
- Be reimbursed and financed fairly by federal, state and local resources, private payors and patients such that the health of the population can be improved.

52

Next Steps

Kansas Application Development Team
- Interagency Task Force – KDHE and KDADS
- University of Kansas Health System Care Collaborative

- Governor appointing Kansas Rural Health Innovation Alliance

- Send Ideas to CareCollaborativeGeneral@kumc.edu

KHA Strategy
- Collaborate with application development team
- Utilize KHA Board to provide guidance as needed

Website Resources

53

Networking Lunch

54

Quality and Safety

55

Kansas Healthcare COLLABORATIVE Update

- For 17 years, KHC served as a trusted source for relevant and meaningful health care quality improvement education, evaluation, and measurement.
- Operations concluded effective October 3.
- We thank KHC team members for their partnership and dedication to improving health care and outcomes in Kansas.

KANSAS MEDICAL SOCIETY Established 1859

KHA Kansas Hospital ASSOCIATION

56

CMS-Funded Quality Improvement Initiative

- 13th Statement of Work
- Telligen – Midwest QIN-QIO
- Nursing homes, hospitals, and physicians
- May 2025 – May 2030

MIDWEST QIN-QIO

57

Quality and Safety Priorities Discussion

- Quality and Safety Committee
  - Survey readiness, Culture of Safety, Social Determinants of Health (upstream drivers of health)
- What are your hospital / health system's top quality and safety priorities?
- What resources would be most helpful to your team over the next year to support quality and safety in your facility?

58

Maternal Health Improvement Initiatives for Kansas Hospitals

Initiative	Description	Lead Organization	Eligibility	Contact Person	Notes
Severe Hypertension in Pregnancy Initiative	AIM Severe Hypertension in Pregnancy Bundle (2025 – 2027)	Kansas Perinatal Quality Collaborative / KDHE	All hospitals in Kansas	Michelle Black, AIM Program Coordinator, KDHE, michelle.black@ks.gov	Enrollment complete. Non-enrolled hospitals may access educational information on the website and participate in monthly learning forums.
Kansas Cuff Project	Blood pressure cuffs are a covered KanCare benefit. The project is for KanCare patients and includes a multi-pronged approach to ensure BP cuffs are provided to expectant KanCare mothers	KPQC/KDHE	Benefit specific to KanCare patients.	Michelle Black, AIM Program Coordinator, KDHE, michelle.black@ks.gov Stephanie Wolf, Clinical Perinatal / Infant Health Consultant, KDHE, stephanie.wolf@ks.gov	https://kansaspqc.kdhe.ks.gov/resources/severe-hypertension-initiative-resources/#toggle-id-4
Kansas Maternal Mortality Review Committee	The Kansas MMRC reviews maternal mortality cases to improve systems of care and increase awareness of factors that contribute to pregnancy-related death.	KDHE	KDHE appoints Committee members from across the state representing various specialties, provider types, organizations and systems that interact with and impact maternal health.	Jill Nelson, Maternal & Perinatal Initiatives Consultant, KPQC & KMMRC Coordinator, KDHE, JillElizabeth.Nelson@ks.gov	Data from the KMMRC informs KPQC initiatives.
KDHE Maternal Health Innovation Program	HRSA funded initiative to address severe maternal morbidity and mortality in Kansas.	KDHE	The Maternal Health Task Force is comprised of partners and stakeholders representing various provider types, organizations and systems that interact with and impact maternal health and is responsible for drafting the Maternal Health Strategic Plan which will guide the MHI team in prioritizing innovations to improve maternal health in Kansas.	Kayla Stangis, KDHE Maternal Health Innovation Grant Program Coordinator, kayla.stangis@ks.gov	

59

Kansas Cuff Project

KPQC

Self-Monitoring Blood Pressure Devices for KanCare Patients

Coverage for those at risk for gestational hypertension and related complications

Coverage Information

- Procedure Code: A4670
- Reimbursement: $75 per unit (BP cuff).
- Limit: One device every five years.

Eligibility Criteria

- Acceptable diagnosis codes: **O10.011 – O16.9**

How to Obtain a Device:

Local Options:

- Available through Durable Medical Equipment (DME) providers.
- Call the Member Services number on the back of the Medicaid card for a list of local providers.

Online Options:

- Byram Healthcare – 1-877-902-9726 – www.byramhealthcare.com
- Edgepark Medical Supplies – 1-888-394-5375 – www.edgepark.com

Steps to Obtain a Device:

1. Member gets a prescription from her prenatal care provider.
2. Choose a provider:
   - Local DME: Bring photo ID + Medicaid card.
   - Online DME: Enter Medicaid info + provide prescription and/or provider name.

Important Notes for DME Providers:

- Submit claims using CMS-1500 claim form.
- Do not submit using point of sale (POS).
- Must be registered with KMAP as:
  - Provider Type 25: DME/Medical Supply Dealer
  - Specialty 250: DME/Medical Supply Dealer
- Pharmacy provider types/specialties should not submit claims.

More Information

- KMAP Provider Manual – DME Section (Page 8-63): https://portal.kmap-state-ks.us/Documents/Provider/Provider%20Manuals/DME_24278_24265.pdf
- KMAP General Bulletin 23156 https://portal.kmap-state-ks.us/Documents/Provider/Bulletins/23156%20-%20General%20-%20Self-Monitoring_Blood_Pressure_Devices_Coverage.pdf

This benefit helps pregnant KanCare members monitor blood pressure at home to reduce risks from hypertensive disorders in pregnancy.

60

Model Medical Staff Bylaws

- Final updates in process
- Will be sent to member CEOs/Administrators in the coming days
- Template for members to use, in consultation with your legal counsel and medical staff
- Statutory and regulatory references and examples included

61

Finance and Reimbursement

62

A Strategy for Independent Rural Hospitals

- Even amidst consolidation many rural hospitals remain independent
- Same factors driving consolidation and networks
- Access to capital
- Cost efficiencies in hardware, software, IT, etc.
- Value-Based care support
- Shared resources
- Service coordination and expansion
- Focus on networks can vary from things such as joint services and contracting up to full clinical and operational integration

Figure 1. Map of independent rural hospitals in 2023-24

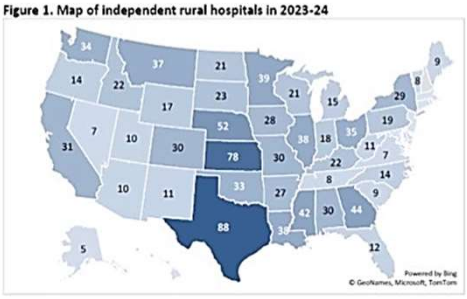


Table 1. Number of independent rural hospitals by state in 2023-24

TX	88	WA	34	ID	22	FL	12	VA	7
KS	78	OK	33	KY	22	NM	11	AK	5
NE	52	CA	31	ND	21	WV	11	NH	4
GA	44	AL	30	WI	21	AZ	10	DE	2
MS	42	CO	30	PA	19	UT	10	CT	1
MN	39	MO	30	IN	18	ME	9	HI	1
IL	38	NY	29	WY	17	SC	9	MD	1
LA	38	IA	28	MI	15	TN	8	MA	1
MT	37	AR	27	NC	14	VT	8	NJ	1
OH	35	SD	23	OR	14	NV	7	RI	0

63

What is a Clinically Integrated Network?

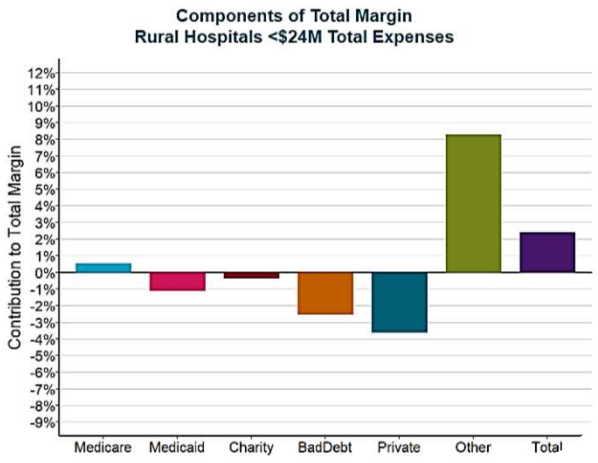
An organization of health care providers that collaborate to improve patient care quality and efficiency by sharing data, implementing clinical protocols, and coordinating care across the continuum of services.

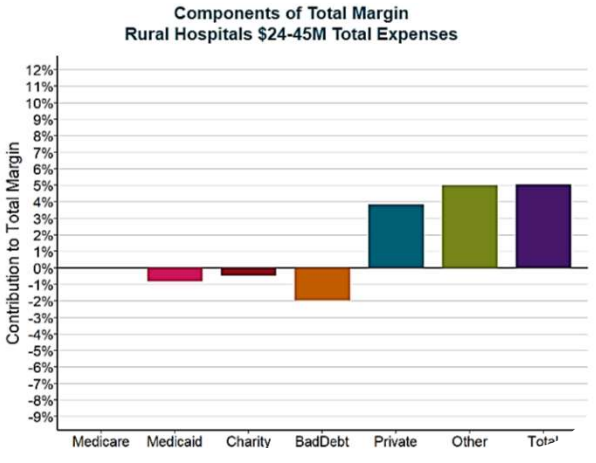
The primary goals are to enhance patient outcomes, reduce health care costs, and enable providers to contract with payers for better reimbursement, all while ensuring coordination and communication among affiliated caregivers.

Kansas Hospital ASSOCIATION

64

Smallest Hospitals Lose Money on Commercial Contracts

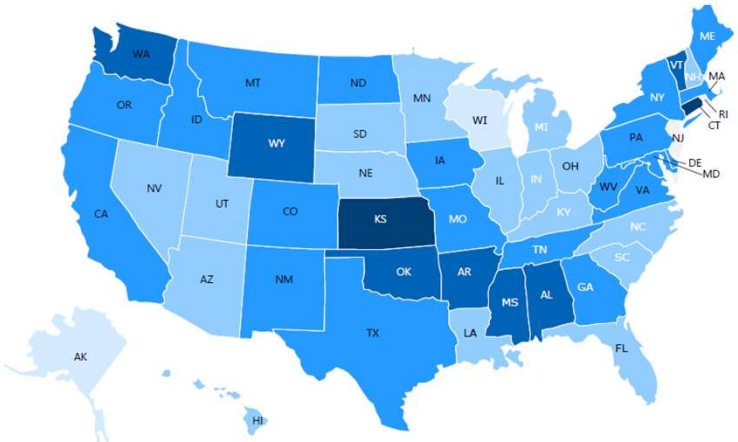




https://ruralhospitals.chqpr.org/Problems.html#revenue_sources

65

Nearly Half of All Rural Hospitals in the Red



Overall, **46%** of America's rural hospitals are operating **in the red**.**

In **non-expansion states**, **53%** of rural hospitals are **in the red**.

Source: The Chartis Center for Rural Health, December 2024.

**CMS Healthcare Cost Report Information System (HCRIS) Q3 2024. Operating margin is computed in accordance with Flex Monitoring Team guidance. Outliers are excluded. Hospitals for which data are unavailable are excluded. Reported Covid-19 PHE Funds (Worksheet G-3 line 24,50) excluded from operating margin. Adjustments made to operating margin to reflect full 2% sequester.

State-level percentage of rural hospitals with negative operating margin.

NA | 0-20 | 21-40 | 41-60 | 61-80 | 81-100

66

Rural Hospital Challenges	Clinically Integrated Network Solutions
Loss of operational control through health system affiliations	Maintaining control through interdependence with peers
Patient and service volumes lack critical mass for value-based contracting	Combining patients through a clinically integrated network allows single signature contracting
Too few covered lives impedes positive value-based performance	Aggregating High-Value Networks (HVN) covered lives provides necessary scale for managing value-based risk
Payer-designed value-based programs that are not practical in the rural setting	Designing health plan products designed to recognize and reward rural strengths
Lack of purchasing power and inefficient resource utilization	HVN shared services builds group purchasing strength and efficient resource utilization
Underdeveloped clinical and financial data systems	Implementing a Population Health Platform for real time sharing of cost and quality data
Difficult providing isolated physicians with peer-to-peer support	Supporting physicians with clinical integration committees composed of their peers
Inadequate training and support for leaders and managers	Sharing learning among leaders and managers through roundtables/competency committees

67

KHA EDUCATIONAL WEBINAR

Clinically Integrated Networks and Rural Health Transformation Program
A ROADMAP FOR KANSAS

10:00 a.m. - October 13, 2025

Topics will include:

- Overview of the CIN model;
- Benefits and risks of CIN participation; and
- A Kansas-specific approach leveraging existing infrastructure for rapid implementation.

Register Online

68

Average Patient Responsibility ($)

National Average Commercial Payers	$175
Kansas Average Commercial Payers	$190
Kansas BCBSKS	$261

69

Observation Rate (%)

National Average – All Payers	17.1%
Kansas Average – All Payers	23.9%
National Medicare Advantage	27.3%
Kansas – Medicare Advantage	35.6%

70

Full Denial Value (%)

National Average – All Payers	7.0%
Kansas Average – All Payers	5.7%
National Medicare Advantage	8.6%
Kansas Medicare Advantage	17.9%
National Managed Medicaid	9.9%
Kansas Managed Medicaid	9.9%

71

Common Denial and Downcoding Areas

Kansas' Largest Payers by # of Claims (excluding Traditional Medicare)
Blue Cross Blue Shield of Kansas Commercial
UnitedHealthcare Medicare Advantage
United Healthcare Commercial
United Healthcare Medicaid
Aetna Medicare Advantage
Ambetter Medicaid
Aetna Commercial
Humana Medicare Advantage

Medicare Advantage	
UHC Inpatient Full Denial %	33%
UHC Observation Partial Denial %	45%
UHC ED Full Denial %	27%
UHC Outpatient Full Denial %	23%
Aetna Observation Partial Denial %	54%
Aetna Inpatient Full Denial %	22%
Humana MA ED Downcoding	21%
Commercial	
UHC & BCBS Observation Partial Denial %	30%
Aetna Observation Partial Denial %	40%
UHC Inpatient Full Denial %	19%
Medicaid	
UHC Outpatient Partial Denial %	65%
UHC ED Partial Denial %	73%
UHC Observation Partial Denial %	87%
UHC Inpatient Full Denial %	20%

72

Be Aware of Prompt Pay Days!

Medicaid	
UHC Inpatient Prompt Pay Days	29
Commercial	
Aetna Inpatient Prompt Pay Days	31
Aetna Observation Prompt Pay Days	34
Cigna Inpatient Prompt Pay Days	29
Third Party Administrators Inpatient Prompt Pay Days	35
Third Party Administrators Outpatient Prompt Pay Days	27
GEHA Inpatient Prompt Pay Days	40

How to Report a slow payment

To report a slow claim payment, send a written notice to the Kansas Department of Insurance. The complaint checklist below tells you what information to include. You will be notified as soon as our Consumer Assistance Division begins to investigate the claim. You will also be notified of the results of the investigation.

Complaint Checklist

Submit a complaint in writing. While no special form is required, it would help expedite the process to include the following information:

- Date claim sent to the insurance company or date company acknowledged receipt
- How the claim was submitted – electronically or by mail
- Copy of claim
- Brief description of your attempts to collect
- Copies of any written notices or other correspondence
- Submit claims for each patient together
- Specify the complaint as "Prompt Pay"

Kansas Department of Insurance

73

Full Denial (%) in KS

5.7%

Although the percentage of denials in Kansas is below the national average, the financial impact remains significant—totaling $506 million annually for the hospitals included in this analysis. Importantly, this figure represents only a portion of Kansas hospitals. When KHA aggregates the impact across all hospitals statewide, the estimated annual cost of denials rises to $1.6 billion.

Partial Denial (%) in KS

14.2%

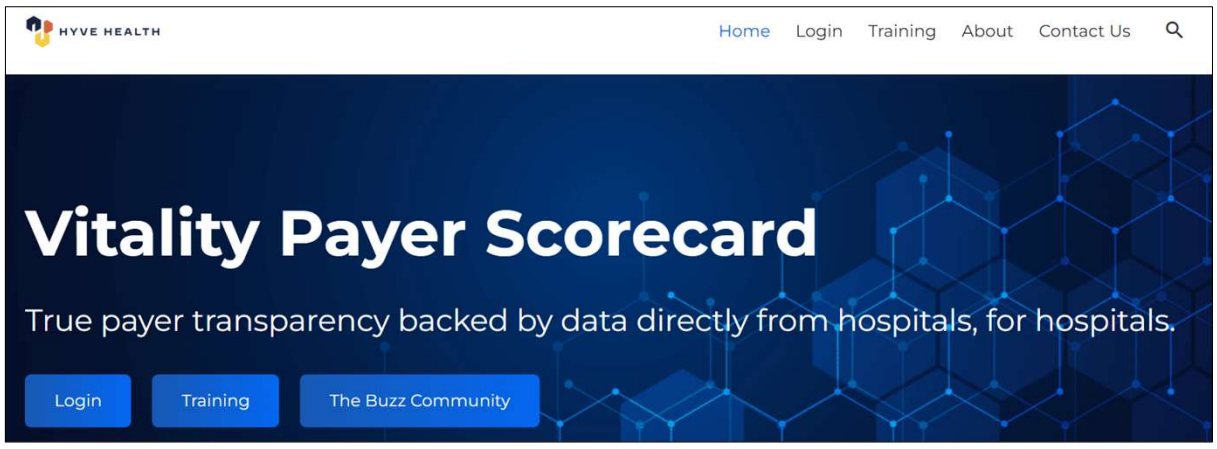
74

Thank you to the following hospitals for your participation in the scorecard!

Ashland Health Center	Caldwell Regional Medical Center	Cheyenne County Hospital	Citizen Medical Center	Coffeyville Regional Medical Center
Ellsworth County Medical Center	Greeley County Health Services	Hanover Hospital	Hays Medical Center	Holton Community Hospital
Jewell County Hospital	Kansas City Orthopedic Institute	Kingman Healthcare Center	Kiowa County Memorial Hospital	Kiowa District Hospital
Labette Health	Lindsborg Community Hospital	Logan County Hospital	McPherson Hospital	Mercy Hospital
Minneola District Hospital	Morris County Hospital	Nemaha Valley Community Hospital	Newman Regional Health	Osborne County Memorial Hospital
Ottawa County Memorial Hospital	Pawnee Valley Community Hospital	Phillips County Hospital	Providence Medical Center	Republic County Hospital
Rice County District Hospital	Russell Regional Hospital	Sabetha Community Hospital	Saint John Hospital	Salina Regional Health Center
Salina Surgical Hospital	Satanta District Hospital and LTC	Scott County Hospital	Sheridan County Hospital	Smith County Memorial Hospital
St. Luke Hospital Marion	Stafford County Hospital	Wichita County Health Center	Wilson County Hospital	

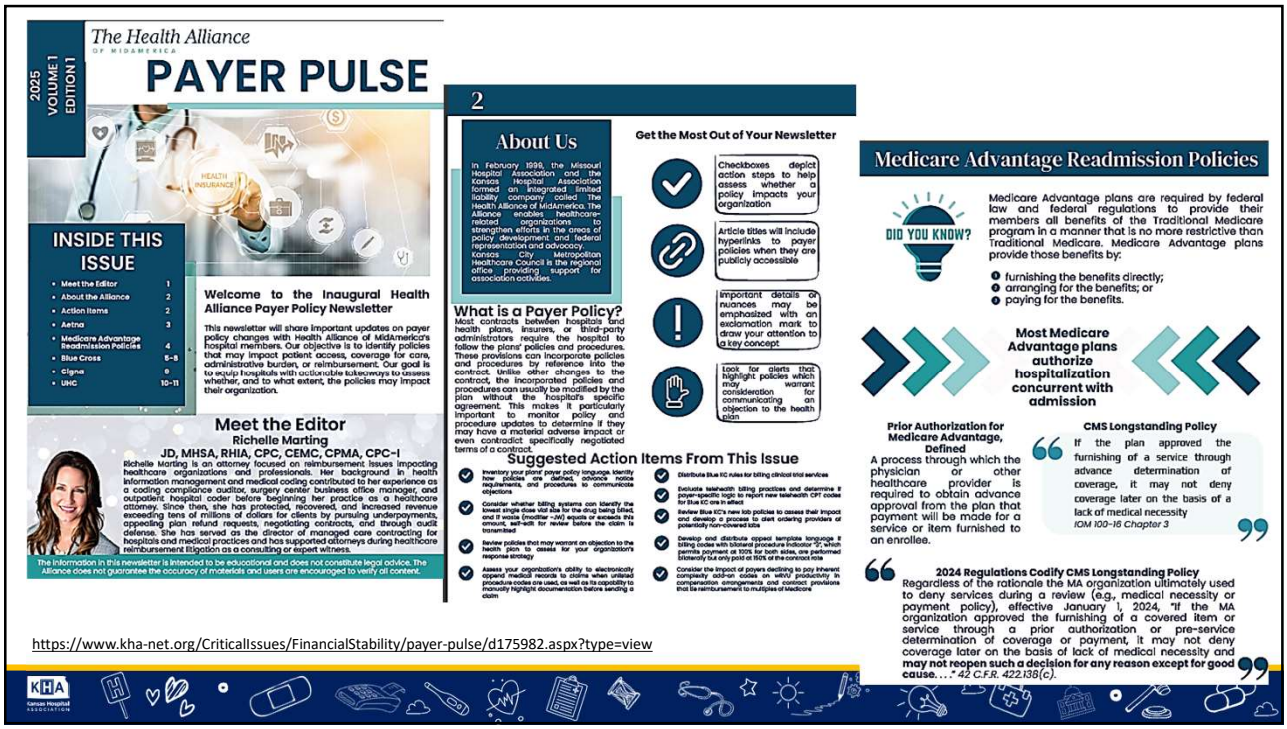
75

We Want You!



Contact Shannan Flach at sflach@kha-net.org or (785) 844-5211 to participate.

76



The Health Alliance OF MIDAMERICA

2025 VOLUME 1 EDITION 1

PAYER PULSE

INSIDE THIS ISSUE

Welcome to the Inaugural Health Alliance Payer Policy Newsletter

This newsletter will share important updates on payer policy changes with Health Alliance of MidAmerica's hospital members. Our objective is to identify policies that may impact patient access, coverage for care, administrative burden, or reimbursement. Our goal is to equip hospitals with actionable takeaways to assess whether, and to what extent, the policies may impact their organization.

Meet the Editor

Richelle Marting

JD, MHSA, RHIA, CPC, CEMC, CPMA, CPC-I

Richelle Marting is an attorney focused on reimbursement issues impacting healthcare organizations and professionals. Her background in health information management and medical coding contributed to her experience as a coding compliance auditor, surgery center business office manager, and outpatient hospital coder before beginning her practice as a healthcare attorney. Since then, she has protected, recovered, and increased revenue exceeding tens of millions of dollars for clients by pursuing underpayments, appealing plan refund requests, negotiating contracts, and through audit defense. She has served as the director of managed care contracting for hospitals and medical practices and has supported attorneys during healthcare reimbursement litigation as a consulting or expert witness.

The information in this newsletter is intended to be educational and does not constitute legal advice. The Alliance does not guarantee the accuracy of materials and users are encouraged to verify all content.

2

About Us

In February 1996, the Missouri Hospital Association and the Kansas Hospital Association formed an integrated limited liability company called The Health Alliance of MidAmerica. The Alliance enables healthcare-related organizations to strengthen efforts in the areas of policy development and federal representation and advocacy. Kansas City Metropolitan Healthcare Council is the regional office providing support for association activities.

What is a Payer Policy?

Most contracts between hospitals and health plans, insurers, or third-party administrators require the hospital to follow the plans' policies and procedures. These provisions can incorporate policies and procedures by reference into the contract. Unlike other changes to the contract, the incorporated policies and procedures can usually be modified by the plan without the hospital's specific agreement. This makes it particularly important to monitor policy and procedure updates to determine if they may have a material adverse impact or even contradict specifically negotiated terms of a contract.

Get the Most Out of Your Newsletter

- Checkboxes depict action steps to help assess whether a policy impacts your organization
- Article titles will include hyperlinks to payer policies when they are publicly accessible
- Important details or nuances may be emphasized with an exclamation mark to draw your attention to a key concept
- Look for alerts that highlight policies which may warrant consideration for communicating an objection to the health plan

Suggested Action Items From This Issue

- Inventory your plans' payer policy language, identify how policies are defined, advance notice requirements, and procedures to communicate objections
- Consider whether billing systems can identify the lowest single dose vial size for the drug being billed, and if wastes (modifier -JW) equate or exceeds this amount, self-edit for review before the claim is transmitted
- Review policies that may warrant an objection to the health plan to assess for your organization's response strategy
- Assess your organization's ability to electronically append medical records to claims when unlisted procedure codes are used, as well as its capability to manually highlight documentation before sending a claim
- Distribute Blue KC rules for billing clinical trial services
- Evaluate telehealth billing practices and determine if payer-specific logic to report new telehealth CPT codes for Blue KC are in effect
- Review Blue KC's new lab policies to assess their impact and develop a process to alert ordering providers of potentially non-covered labs
- Develop and distribute appeal template language if billing codes with bilateral procedure indicator "2", which permits payment at 150% for both sides, are performed bilaterally but only paid at 150% of the contract rate
- Consider the impact of payers declining to pay inherent complexity add-on codes on wRVU productivity in compensation arrangements and contract provisions that tie reimbursement to multiples of Medicare

Medicare Advantage Readmission Policies

DID YOU KNOW?

Medicare Advantage plans are required by federal law and federal regulations to provide their members all benefits of the Traditional Medicare program in a manner that is no more restrictive than Traditional Medicare. Medicare Advantage plans provide those benefits by:

1. furnishing the benefits directly;
2. arranging for the benefits; or
3. paying for the benefits.

Most Medicare Advantage plans authorize hospitalization concurrent with admission

Prior Authorization for Medicare Advantage, Defined

A process through which the physician or other healthcare provider is required to obtain advance approval from the plan that payment will be made for a service or item furnished to an enrollee.

CMS Longstanding Policy

"If the plan approved the furnishing of a service through advance determination of coverage, it may not deny coverage later on the basis of a lack of medical necessity"
IOM 100-16 Chapter 3

2024 Regulations Codify CMS Longstanding Policy

Regardless of the rationale the MA organization ultimately used to deny services during a review (e.g., medical necessity or payment policy), effective January 1, 2024, "If the MA organization approved the furnishing of a covered item or service through a prior authorization or pre-service determination of coverage or payment, it may not deny coverage later on the basis of lack of medical necessity and **may not reopen such a decision for any reason except for good cause**. . . ." *42 C.F.R. 422.138(c).*

https://www.kha-net.org/CriticalIssues/FinancialStability/payer-pulse/d175982.aspx?type=view

77

Plan Compliance?

August 2025

This month's reminders

We regularly review and adjust our clinical, payment and coding policies. Review our policies and claim edits on our provider portal on Availity®.* Just go to **Payer Space > Resources > Expanded Claim Edits.**

90-day notices

Level of severity inpatient payment policy

This policy applies to all participating Medicare facilities that have a Medicare allowable payment methodology and that participate in Aetna Medicare Advantage and/or

Our goal is simple: We want to help you get reimbursed faster for inpatient admissions that are initially denied. You'll receive faster payment and still be allowed to appeal for a higher payment.

Effective November 15, 2025, we'll adopt a new reimbursement approach for hospital stays of 1+ midnight in cases where a member is urgently or emergently admitted to a hospital and the provider has submitted an inpatient order.

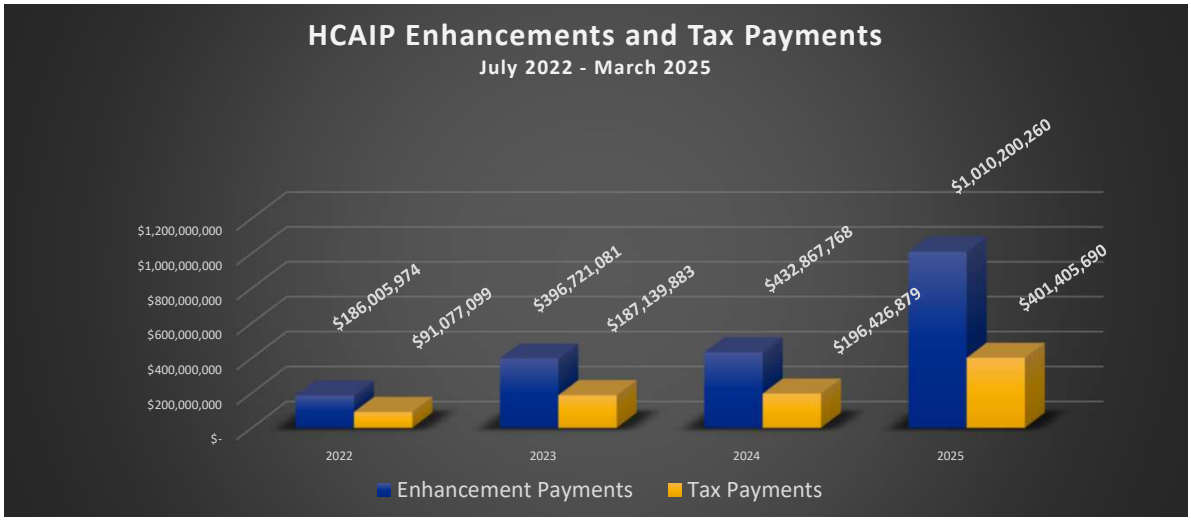
- We'll approve the inpatient stay without a medical necessity review and pay the claim at a lower level of severity rate that's comparable to your rate for observation services.**
- If the inpatient stay meets MCG (Aetna

78

2025 Provider Assessment Has Been Approved!

79

Provider Tax Return on Investment



80

Impact on Medicaid DSH

- New Provider Tax Program has impacted Medicaid DSH eligibility for some hospitals.
- Medicaid Uncompensated Care (listed on S-10 cost report) changed drastically resulting in minimal Kansas Medicaid shortfall.
- As the provider tax program moves to a 6% tax program, more hospitals will lose Medicaid DSH dollars .
- *PLEASE do not assume that you will no longer qualify for Medicaid DSH and not complete the DSH application. Depending on your annual Medicaid mix and Uncompensated Care, there may be a possibility to receive some DSH compensation.
- SFY2026 DSH application has been released! Application deadline is Nov. 7, 2025.

81

Star Rating Basics

- Intended to promote quality of care, ensure public accountability
- Star rating categories
  - Staying healthy: addresses preventive services (e.g., screenings, physical exams, vaccinations)
  - Managing chronic conditions: frequency of tests and treatments for long-term health issues
  - Members experience: member rating of their experience, including getting care from their doctor and getting prescription medications
  - **Member complaints and performance: how often members found problems with plan and how performance improved year over year**
  - Customer service: use of foreign language interpreters and TTY services; processing appeals and new enrollments timely
- 2026 MA and Part D Proposed Rule included changes to categories and criteria, but not finalized

82

Impact of Star Ratings

- Plans with four or more stars receive 5% quality bonus payments
  - Bonus payments used to finance supplemental benefits and zero-premium plans
- Upper and lower thresholds for each measure
  - Approximately 40 measures, scored 1-5
- Plans with five stars can enroll members year around
- Plans with low ratings often restricted from expanding geographically/not renewed

83

Submitting Provider Complaints to CMS

- New Centralized Process for Provider Complaints against Medicare Advantage Plans
  - Provider appeal complaint – plan failed to follow applicable appeals process
  - Claims payment dispute – e.g., plan's decision to partially approve, downcode, or bundle services or approve service at lower level of care
- Provider must complete Appeal/Claim Payment Dispute Cover Sheet* for each complaint (i.e., one cover sheet for each beneficiary case)
  - Send in password-protected file to MedicarePartCDQuestions@cms.hhs.gov and part_c_part_d_audit@cms.hhs.gov
  - CMS will not process complaint unless provider previously communicated with plan
- CMS will facilitate plan-provider communication, track and trend types of complaints – but not resolve specific disputes
  - Input complaint into CMS Complaint Tracking Module (Star Rating measure = # of CTM complaints/1000 members)

84

Provider Complaint Submission Form

- Each file must be password protected
  - Submit a second email with the password to the file
- Information Required for All Complaints

  Date of Submission to CMS
  Submitting Entity (If the case is submitted by an organization *representing* a Medicare provider, submit evidence of the contractual relationship between the provider and the representative organization that documents the organization's authority to investigate the case o the provider's behalf. Likewise, if the submitting entity is representing a beneficiary(ies), submit an Appointment of Representative (AOR) fo demonstrating the authority to investigate the case(s) on the beneficiary(ies) behalf.)
  Complainant's Name, E-mail Address, Telephone Number
  Beneficiary Name
  Beneficiary HICN/MBN (Medicare Beneficiary Number)
  Provider Name, Telephone number, E-mail address
  Medicare Advantage Organization Name
  Claim Number
  Date(s) of Service

- Link to form and Instructions

https://calhospital.org/wp-content/uploads/2024/08/instructions-for-organizations-representing-providers-to-submit-provider-complaints-relate to-medicare-advantage-organizatio.pdf

85

Kansas Hospitals that are filing numerous Medicare Advantage complaints have seen a decrease in denials and downcoding.

Best Practice Hospitals include Susan B. Allen and Amberwell

86

January 2024 Prior Authorization Final Rule

- By 1/1/2026, must send PA decisions within 72 hours (urgent) and 7 calendar days (standard)
  - For MA plans, current rule is 14 calendar days for standard requests
  - For MA plans, shorter time periods for Part B drugs (24/72 hours) will remain
- By 1/1/2026, must furnish provider with written explanation for PA decision
  - For MA plans, current rule requires for post-claim audits
- By 3/31/2026, must post PA metrics on website
  - Percent of PA requests approved, denied, approved after appeal
  - Average time between submission and decision
- By 1/1/2027, must implement APIs to facilitate electronic PA process
  - Identify items/services requiring PA (excluding drugs) and specify documentation requirements

87

CY2026 Policy and Technical Changes

- Cannot deny coverage for lack of medical necessity if:
  - Gave prior authorization
  - Pre-service determination of coverage/payment
  - Concurrent determination during enrollee's receipt of inpatient/outpatient service absent good cause/reliable evidence of fraud
- Cannot use clinical information obtained after initial organizational determination to establish good cause for reopening approved inpatient hospital admission
  - *"…we are finalizing our proposal to restrict plans' ability to use information gathered after the inpatient admission has taken place when reviewing the appropriateness of the admission itself"*
  - Allows for exceptions –
    - When patient is not actually enrolled in the plan on the day of admission
    - When hospital withheld material information that would have impacted the plan's decision

88

Medicare Advantage Open Enrollment Oct. 15- Dec. 7 Resources Available

- Social Media Posts
- Know Your Facts Series
- Postcard Examples
- Poster Examples
- Talking Points
- Box.com

89

2025 Price Transparency Updates

May 22, 2025 - Guidance

No more placeholders – use dollar amounts. CMS explicity said hospitals must top using 999999 for the estimated allowed amount field.

How to calculate the 'estimated allowed amount'. When a charge is expressed as a % or algorithm, hospitals must post in dollars calculated as the average amount paid by the payer over the prior 12 months using the 835 electronic remittance advice data.

90

CY2026 OPPS Proposed Rule (not finalized yet)

- Price Transparency Formal Attestation – requires a CEO or other senior executive to sign affirming they have provided 'all necessary information'
- Require that hospitals publish median, 10th percentile and 90th percentile allowed amounts, plus a count of the claims used for the calculation
- Replace "estimated allowed amount" with "median allowed amount"
- Identify the hospital in the MRF file by including the Type 2 NPI Number
- Resolution of penalties – CMS proposes a 35% reduction in the civil monetary penalty if a hospital waives its right to a hearing within 30 days of the monetary notice.

91

Kansas Health Service Corporation

92

Key Facts:

- Subsidiary of KHA
- Started in 1984
- Serve members while providing KHA with non-dues revenue
- Began with focus on insurance products

93

Top Programs:

- KHA Workers Compensation Fund – 69 hospitals
- KAMMCO – 66 hospitals
- Chubb Property Program – 49 hospitals
- Cincinnati D&O Program – 55 hospitals
- MASA – 50 hospitals

94

Workers' Compensation Insurance Pool

- KHSC provides Administration and Safety Consulting/Loss Control
- Owned by the policyholders
  - Dividends each of past eight years = $3,005,000 total

Staff: Ronni Anderson & Chris Saiya

95

Professional Liability Insurance

- Local ownership and local resources
- Dividend and premium discounts available
- Supports statewide healthcare programs like KHA and KMS

➢ Connie Christian, KaMMCO (785) 232-2224
cchristian@kammco.com

96

CHUBB

Property Insurance Program

- Specially underwritten for Kansas hospitals
  - ✓Concessions on deductibles and rates
- Additional loss control and education services

Access program through:

Conrade Insurance Group, Inc.
Chris Conrade: (316) 283-0096 cconrade@conradeinsurance.com

97

THE CINCINNATI INSURANCE COMPANIES

Management Liability Insurance Program

- Broad hospital-specific D&O coverage
- Employment practices coverage
  - ✓ Unlimited access to employment legal consultation

Access program through:

Conrade Insurance Group, Inc.
Chris Conrade: (316) 283-0096 cconrade@conradeinsurance.com

98

masa

Emergent ground and air transportation solution

- Employer or employee paid benefit
- Provides payment beyond what health insurance covers
- Pays benefit on **ALL** emergent air and ground ambulance service. Most memberships only cover their flights.

➢ David Dye (913) 912-9008
DDye@masamts.com

99

What's Next?

- Payroll processing and HRIS services

Value KHSC can bring:

- Dedicated service teams in the healthcare vertical
  - ➢ True dedicated service where hospitals have direct phone and email for their team
- Enhanced Implementation Services
- Data validation services (implementation and afterward)
- Discounted pricing

100

What is the need?

KHSC Payroll Processing Survey

101

KHSC Staff:

- Steve Poage, CEO
  spoage@kha-net.org
- Ronni Anderson, WC Fund Administrator
  kanderson@khsc.org
- Chris Saiya, Safety Program Manager
  csaiya@khsc.org

Contact us at (785) 233-7436

Visit our website: www.khsc.org

102

APS

SHARE • SOLVE • SAVE

103

APS
SHARE • SOLVE • SAVE

Courses Tailored for Your Risks, Your Staff and Your Budget.

- **TEAM®Essentials**

  Available in two hour, instructor-led and 60 minute, e-Learning formats, this course teaches staff to recognize factors, hazards and situations that can escalate to aggression and violence. Participants complete the training knowing how to manage disruptive behavior and keep themselves and others safe.

- **TEAM®Advanced**

  This two hour, instructor-led course teaches healthcare-specific strategies and skills designed to protect staff and patients from physical attack. Instructors use hands-on exercises and simulations to build the confidence needed to use the course's techniques in real life.

- **TEAM®Instructor**

  Featuring a "train the trainer" format, our instructor will spend two days training key staff how to deliver TEAM®Essentials and Advanced training to the rest of your staff. This option is ideal for both large and small hospitals that want to conserve costs while maximizing flexibility.

Full review of Facilities Risk Assessment and Security Services for on sight staffing.

APS vetted vendor since 2016

104

Bio-Electronics- Medical Equipment Services

- **Preventive Maintenance/Labor**
- **Preventive Maintenance/Labor + Repair**
- **In-House Programs**
- **Accreditation Support**
- **Vendor Partnerships**

- Contact: Mike DeLanie
  Senior Director, Business Partnerships
  NHA Services, Bio-Electronics
  o: 402-647-0468 | c: 402-630-2291
  mdelanie@nebraskahospitals.org

Bio-Electronics
Medical Equipment Service
A subsidiary of the Nebraska Hospital Association

105

Full-Service Provider Credentialing and Enrollment

- **HSC will present a bid to the State of Kansas for the CVO for Medicaid**
  - **Process is on hold waiting for funding. Request is in the budget.**
- **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

106

Qualivis Physician and Advanced Practice Solutions

- Physician and advanced practice provider (APP) vacancies can make it difficult for a healthcare organization to deliver care when needed. Limited resources and long wait times cause an organization to lose out on valuable revenue as patients explore other choices. With Qualivis Physician & Advanced Practice Solutions, you get a suite of innovative digital tools and superior services for all your recruitment needs, ultimately improving care delivery and system operations. This all-encompassing solution secures high- quality physicians and APPs quickly by:
- Fill permanent vacancies by tapping into active candidate pools to identify best-fit matches.
- Reducing locum tenens costs with transparent pricing and no hidden fees.
- Simplifying locum tenens management and easing your administrative burden with advanced digital tools.
- Qualivis gives healthcare organizations' access to the most innovative workforce solutions based on driving efficiencies in physician, CRNA and APP recruitment to expand patient access to care and increase revenue.
- https://vimeo.com/914479978/c58aa5ffaf?share=copy

107

107

With Vigilor from TRIMEDX, get a comprehensive medical device cybersecurity rapid risk assessment.

Get visibility for your health system with a:

- A Rapid non-intrusive engagement
- A Complete inventory and vulnerability risk assessment
- A Compliance evaluation
- Receive **immediately actionable** inventory, vulnerability, and process opportunities to improve your health system's cybersecurity risk posture.

Vigilor will evaluate and provide a detailed assessment and report on your health system's:

- A Connected and connectable medical device inventory
- A Associated vulnerabilities
- A Program maturity vs. industry standards
- Receive a risk prioritized strategy and an actionable set of recommendations for your people, process,
- and technology.

108

Cybersecurity Solution Offers Affordable Network Monitoring and Detection

- Lumifi is the first trusted provider named by the AHA and the only Managed Detection and Response provider. Offer all Cybersecurity Services
  Free review of Incident Response Plan

- 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:
  - Lumifi 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.

109

Kansas Hospital ASSOCIATION

Member Updates and District Discussion

110

Collaboration and Partnership

Financial Position & Stability	Allows the hospital to better sustain itself financially over the long-term.
Facilities & Equipment	Brings new resources to the to help keep the facility and equipment current. Patients do not want to come to an old facility with outdated equipment.
Workforce	Improves the ability to recruit and retain physicians and nurses to sustain services that the community needs.
Telemedicine	Telemedicine can bring access to specialty care and additional workforce support to the community.

Kansas Hospital Association

111

Collaboration and Partnership

- What examples are happening in this district?
- What other examples do we see across the state?
- What other examples do we see across the nation?

Kansas Hospital Association

112

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 emailed Oct. 1-3.
- Submit nomination by Oct. 24.

113

Hospital Board Leaders' Program

- Oct. 23, Nov. 6 and Nov. 18
- Three 90-minute sessions on Zoom
- Optional individual coaching session
- New board chairs, chair-elects or vice chairs
- Topics include board chair's leadership role; how to build purposeful agendas; facilitation and executive session; the open meetings act; quality oversight; the board chair/CEO relationship; board conduct; board orientation, learning and development; and board self-assessment.

114

Save the Date!

Kansas Physician Leader Forum

NOVEMBER 7 TOPEKA, KANSAS

Barry Chaiken, MD
Keynote Speaker

AI-Powered Future of Health Care: Transforming Patient Care and Clinical Excellence

Artificial intelligence is transforming health care, unlocking capabilities that enhance patient care, streamline operations and accelerate innovation. In this forward-looking keynote, Barry Chaiken, MD, MPH, explores how AI is fundamentally reimagining health care delivery—creating a more precise, personalized and proactive system.

Drawing from extensive experience in health care informatics and his book, *Future Healthcare 2050*, Chaiken offers practical frameworks for effective AI adoption while preserving the human elements essential to quality care.

115

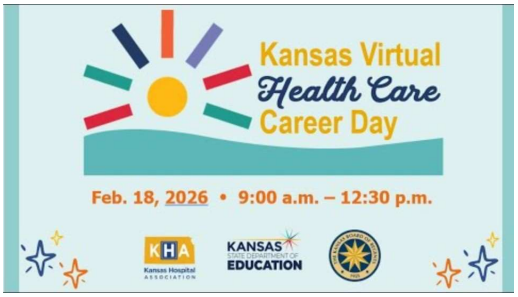
UPCOMING EVENTS

- Rural Health Symposium, Hays – Nov. 20
- Legislative Dinners – Oct., Nov., Dec.
- Advocacy Day – January 22, 2026
- Managed Care Virtual Educational Workshops – Dec 4th, February 19th, and March 26th
- Critical Issues Summit – March 5-6, 2026

116

Kansas Virtual Health Care Career Day
Feb. 18, 2026 • 9:00 a.m. - 12:30 p.m.

Virtual Health Care Career Day
Building on our Success



Planning has begun for the 2026 event to promote awareness of the wide variety of health care careers.

2025 Results:

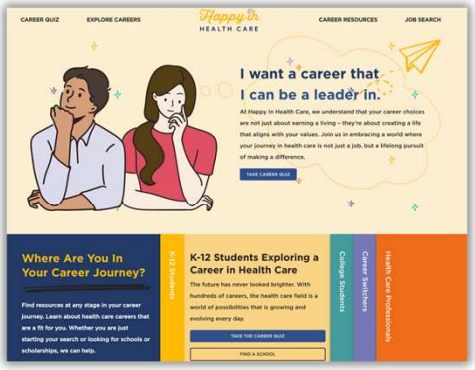
- **4,000+ Students Registered**
- **200+ Schools**
- **Hundreds** of homeschoolers, college students, and adult learners

Save the Date: February 18, 2026
Registration opens October 13, 2025

Kansas Hospital Association

117

Kansas' Health Care Careers Site



HAPPYINHEALTHCARE.ORG

VISIT OUR WEBSITE

Kansas Hospital Association

118

Please Give Us Your Feedback

KHA 2025 Fall District Meetings

119

Questions?
Thank You to Our Sponsors

120