

KHA District Meetings Spring 2026



District Meetings Sponsors



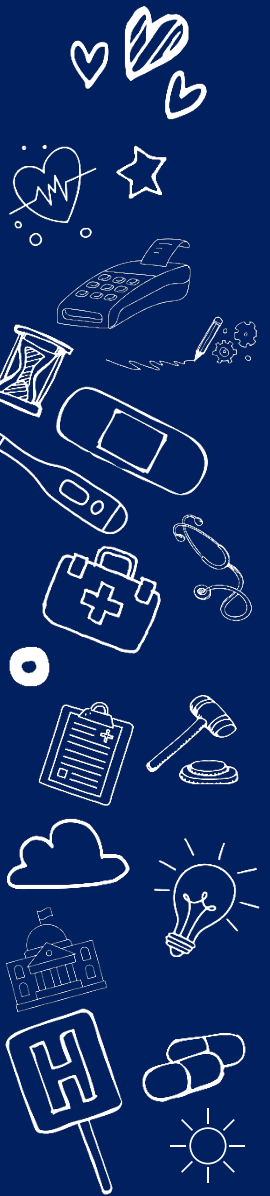
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Today's Agenda

- Rural Health Transformation Program
- Federal and State Advocacy
- FIFA World Cup 2026
- Networking Lunch
- KHSC and APS Spotlight Services
- Finance and Reimbursement
- Member Updates and District Discussion





KANSAS

RURAL HEALTH TRANSFORMATION



Hospital Participation in Kansas Rural Health Transformation Plan

KHA Spring District Meetings

March – April 2026

Kansas' Rural Health Transformation Plan is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$221.89 million in Budget Period 1 with 100 percent funded by CMS/HHS.

Kansas Rural Health Transformation Plan

Overview

- Developed as part of State’s application to federal Rural Health Transformation Program
- Meets RHT Program requirements by addressing CMS-specified priorities
 - Make rural America healthy again
 - Sustainable access
 - Workforce development
 - Innovative care
 - Tech Innovation
- To be implemented over 5 years; cannot make significant changes
- Year 1 funding = **\$221.89 million**
 - 6th largest award
 - *Year 2 funding contingent on Year 1 performance*

Governance and Operations

- Governor’s Office
- KDHE and KDADS
- Kansas Rural Health Innovation Alliance
- State Legislature (HB 2555)
- UKHS Care Collaborative

Year 1 Schedule

Milestone	Date
CMS Budget Approval + Funds Release	02/17/2026
Deadline to submit Y1 Progress Report + Y2 Budget Request	8/30/2026
End of Y1, Y2 Budget Approval	10/30/2026
Deadline to Expend Y1 Funds	9/30/2027

5 Initiatives, 24 Programs

Initiative	Program
Expand Primary and Secondary Prevention Programs	1.1 Accountable Food is Medicine + CHW Deployment Program
	1.2 Consumer-Facing Technologies Program
	1.3 Behavioral Health Services Program
	1.4 Integrated Care for Dual Eligible Beneficiaries Program
	1.5 Mobile Cancer Screenings Program
	1.6 Tribal Health Program
Secure Local Access to Primary Care	2.1 Regional Partnerships Grant Program
	2.2 REH Conversion / Transformative Capital Investment Grant Program
	2.3 Revenue Improvement Program
	2.4 Anchor Hospital Advancement Program
	2.5 Mobile Integrated Health Pilot Program
	2.6 Rural Primary Care – Public Health Integration Program
Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program
	3.2 Education and Training Program
	3.3 Recruitment and Retention Program
	3.4 Career Exploration Program
Enable Value-Based Care	4.1 Evidence-Based Practice Incentive Program
	4.2 ACO Readiness Program
	4.3 Transportation Program
	4.4 Medicaid Provider Incentive Payment Program
Harness Data and Technology	5.1 Remote Patient Monitoring Program
	5.2 Telehealth Navigator Program
	5.3 Data Infrastructure Program
	5.4 Emerging Technology Program

1 Our current “sick care” system must be transformed into one that enables every rural Kansan to live their healthiest life possible.

2 All rural Kansans should have access to a well-coordinated continuum of care, including local primary care and social services and seamless transitions to regional specialty care.

3 Rural Kansas providers should leverage technology, from telehealth and remote monitoring to data analytics and mobile health solutions, to bridge geographic gaps, enhance care delivery, and empower patients.

4 Kansas should invest Program funds wisely by implementing proven solutions in as efficient a manner as possible to maximize the benefit to rural communities across the state.

1. Grant Programs

5 Grant Programs Distributing \$78.8M in Year 1



Regional Partnerships

\$44M; State anticipates 5-10 awards of \$2M - \$10M

Applications due April 3; awards announced in mid-May



REH Conversion/Transformative Capital Investments

\$15M; State anticipates 15 awards of up to \$3M

Applications due March 20; awards announced in mid-April



Health Professions Training

\$3M to expand or launch allied health training programs

RFA to be released later this spring



Non-Emergency Transport

\$6M for rural communities to build capacity (vs. payment for services)

RFA to be released later this spring



Emerging Technology

\$10.8M to expand IT capabilities; RFA to be released later this spring

\$12M for ambient listening AI acquisition; application process TBD

Emerging Technology Committee to advise on IT-related investments

2. Evidence-Based Practice Program

EBP Program Distributing \$33M in Year 1

Infrastructure payments (\$22 million)

- Commit to workplan to implement and maintain evidence-based practices
- Funds to offset related expenses
 - ✓ \$100K for rural hospitals
 - ✓ \$50K for RHCs, rural FQHCs, rural CCBHCs, rural provider-based and independent full-time primary care clinics
- Streamlined documentation requirements

Incentive payments (\$11 million)

- Report data on specified performance measures
 - ✓ May, June, July performance reported by end of September
- \$50K for rural hospitals, \$25K for rural clinics



Hospital Performance Measures

Chest Pain - STEMI and NSTEMI Patients

Stroke – Ischemic and Hemorrhagic Stroke Management

Sepsis with Hypotension – Timely Vasopressor Utilization


Diabetes Hospital Discharge Checklist

Heart Failure Hospital Discharge Checklist

ED Arrival to Contact with Qualified Medical Provider*

Discharge Medication Reconciliation Checklist*

*Measures applicable for REHs where DC Checklists may not. Also applicable for CAHs with no eligible cases to report in a quarter for another measure






Clinic Performance Measures

- Abnormal WHtR (Waist to Height Ratio) with Documented Action Plan AND Referral to Community Service Provider.*
- Lung Cancer Screening
- Starting Prenatal Care in First Trimester*
- Postnatal Depression Screening*
- Cardiovascular-Kidney-Metabolic Syndrome
- Dementia Screening and Alzheimer's Blood Biomarker Selection*
- Medication Reconciliation Between Primary Care and Behavioral Health*
- Medication Reconciliation Less than 30 days Post-Discharge

*Measures potentially applicable to CCBHCs



EBP Program Next Steps




- March 30 webinar recording, Frequently Asked Questions, and hospital and clinic Participation Agreements now available on KDHE RHT Program webpage
 - <https://www.kdhe.ks.gov/2361/Rural-Health-Transformation-Program>
 - New Care Collaborative website launching soon
- Review, execute, and return signed Participation Agreement
- Begin work on Attestation Form requirements
 - Governing body, medical staff, and clinical leadership engagement
 - Adoption and implementation of evidence-based protocols
 - Performance measure reporting and QHI training

3. Anchor Hospital Advancement Program

Program Overview



- Objective: Keep care close to home by elevating identified anchor hospitals' ability to provide specialty care and support rural health systems in their region
 - Action Plan: Deliver curated services and IT funding to reinforce anchor hospitals' capabilities and capacity to serve their respective regions
 - Establish board with anchor hospital participation
 - Initial work facilitated by joint venture between Ascension Via Christi and the University of Kansas Health System
 - Anchor hospitals required to formally commit to regional service
 - Not intended to implement/enforce hub-and-spoke model for care delivery
- 

Identifying Eligible Hospitals

Criterion	Hard screen
Coverage contribution (60-min proxy) ¹	
Discharges	>= 1,000
Population of hospital city	>= 9,000
Operating rooms	>= 2
Total surgeries	>= 1,500
Outpatient Visits	>= 25,000
Births (OB proxy)	>= 100
ED visits	>= 3,000
Net patient revenue	>= 60,000,000
Affiliated physicians	>= 40

Anchor Hospital	Hospital Type	City
A01 Citizens Medical Center	CAH	Colby
A02 Salina Regional Health C	PPS	Salina
A03 HaysMed AKA Hays Medical	PPS	Hays
A04 Ascension Via Christi Ho	PPS	Manhattan
A05 Great Bend TUKHS	PPS	Great Bend
A06 St Catherine Hospital	PPS	Garden City
A07 Newman Regional Health	CAH	Emporia
A08 Labette Health	PPS	Parsons
A09 Southwest Medical Center	PPS	Liberal
A10 Hutchinson Regional Medi	PPS	Hutchinson

AHAP Year 1 Goals and Workstreams

1. On-Demand and Consultative Resources - \$250,000
 - Make available subject matter experts to assist with location-specific needs, e.g., cybersecurity, long-term site planning and mechanical assessment, quality & safety assessments, managed care contracting
2. Artificial Intelligence and EHR optimization - \$9.8 million
 - Form committee to identify and prioritize operational challenges that have viable technology solutions for rapid and broad implementation
 - Deploy solutions across anchor hospitals to help with efficiency, patient safety, and experience
3. Remote Patient Monitoring - \$9.75 million
 - Deploy wearables for continuous inpatient monitoring to decrease length of stay, reduce complication rates, and reduce hospital staff workloads
4. Rural Residency Programs - \$8.5 million
 - Expand/develop programs in 5 high-need specialties: OB/GYN, Behavioral Health, Family Medicine, General Surgery, Psychiatry, and Orthopedics.

4. Revenue Improvement Program

New Services Coordinated by Healthworks




- Centralized Credentialing Verification Pilot
 - Primary source verification
 - Plan enrollment
 - Background checks
- Revenue Support Program
 - Best practices
 - Staff training and ongoing support
 - Assistance with specific claims

5. Workforce Programs

Multi-Pronged Approach




- Healthworks Leadership
 - Medical student rural rotation housing (payments to hospitals to secure local housing)
 - Rural nurse residency program
 - Clinical preceptor and instructor incentive payments
 - K-12 career exploration
 - Additional Opportunities
 - Expansion of Kansas Bridging Program (KUMC Institute for Community Engagement)
 - Health professions service educational awards (Kansas Board of Regents)
 - Mobile simulation lab (Care Collaborative)
- 

6. Accountable Food Is Medicine Community Health Worker Deployment

New Resources To Meet Community Needs



- Non-Clinical Staff Deployment
 - KDHE placing 20 CHWs/year in rural primary care clinics and CCBHCs + 6 practice facilitators
 - K-State placing 20 CHWs/year in regional extension offices + 29 nutritionists and 4 agricultural specialists
 - Responsibilities
 - Identify and recruit FIM-eligible individuals
 - Screen individuals for upstream drivers of health and connect to community resources
 - Charitable food distribution system
 - Engage families in healthy eating education
 - Enroll FIM participants in remote monitoring
 - Connect individuals to consumer-facing technologies for primary and secondary prevention
 - Computerized cognitive behavioral health therapy
 - Alzheimer's Disease prevention and resource coordination
 - Lifestyle, fitness, and nutrition
 - Asynchronous Diabetes Prevention Program
- 

7. Behavioral Health Programs


Expanding Capacity to Meet Behavioral Health Needs

- Behavioral Health Integration in Primary Care
 - Funds for up to 70 practices to evaluate opportunity, develop implementation plan
 - Support to launch in-person and virtual services
- Pediatric Psychiatric Access
 - Support for PCPs in diagnosing and managing pediatric behavioral health issues
- Emergency Department Behavioral Health Intervention Hubs
 - Establish and operate 6 regional hubs to support rural EDs with behavioral health cases
- Behavioral Health Crisis Transport
 - 24/7 access to patient assessments, coordinated services, and transport to appropriate level of care
- Statewide SUD Referral and Stabilization Network
 - Single point-of-contact for SUD crises

8. Transportation Programs

Right Heads in the Right Beds




- Interfacility Transport Teams
 - Dedicated teams in 8 locations with centralized dispatch
 - Non-Emergency 911 Calls
 - Transfer non-emergent 911 calls to 24/7 nurse navigators to guide patients to most appropriate level of care
 - EMS Reimbursement for Treat-in-Place and Transport to Alternative Location
 - Mobile Integrated Health Pilot Program (5 participating communities)
 - Specially-trained CMAs to provide at-home supportive services
- 

9. Programs Benefitting Clinically Integrated Networks

Newly Available Statewide Resources




- ACO Readiness Program (Program 4.2)
 - Rural Provider Commercial Rate Analysis (Program 2.3)
 - Comparison to Medicare reimbursement for contract negotiations
 - Direct-to-Employer Contracting Assistance (Program 2.3)
 - Quality Performance Data through EBP Program (Program 4.1)
- 

10. Medicaid Provider Incentive Payment Program

New KanCare Reimbursement for Care Coordination



- \$1,000 incentive payment to providers who successfully connect Medicaid beneficiaries to MCO care coordination services
 - Care Collaborative to provide on-the-ground support to help providers identify and connect Medicaid beneficiaries
 - Demonstrate value in paying providers for care coordination services (KanCare 4.0)
- 

11. Program Administration

Maximizing Provider Payments

- RHT Program permits states to spend up to 10% of total award on administrative expenses
- Kansas' Year 1 administrative budget of \$7.2M = 3.3% of total award
 - KDHE staff/related resources = \$470K
 - Consultant (Boston Consulting Group) = \$2.3M
 - Fiscal agent (BDO Government Services) = \$3M
 - Grant assistance (Care Collaborative) = \$1.2M
 - Evaluation (KHI/FHSU) = \$240K

KHA's Involvement with RHTP

KHA continues to actively participate in discussions related to the implementation of the Kansas plan and keep members informed of the process as it evolves.

- Dedicated section on the KHA website.
- KHA has representatives on the KRHIA and are participating in meetings of the group.
- Regular email communication to members with updates.
- Member Huddles via Zoom.



Resources/Contact Information

<https://www.kha-net.org/CriticalIssues/AccessToCare/RuralIssues/>

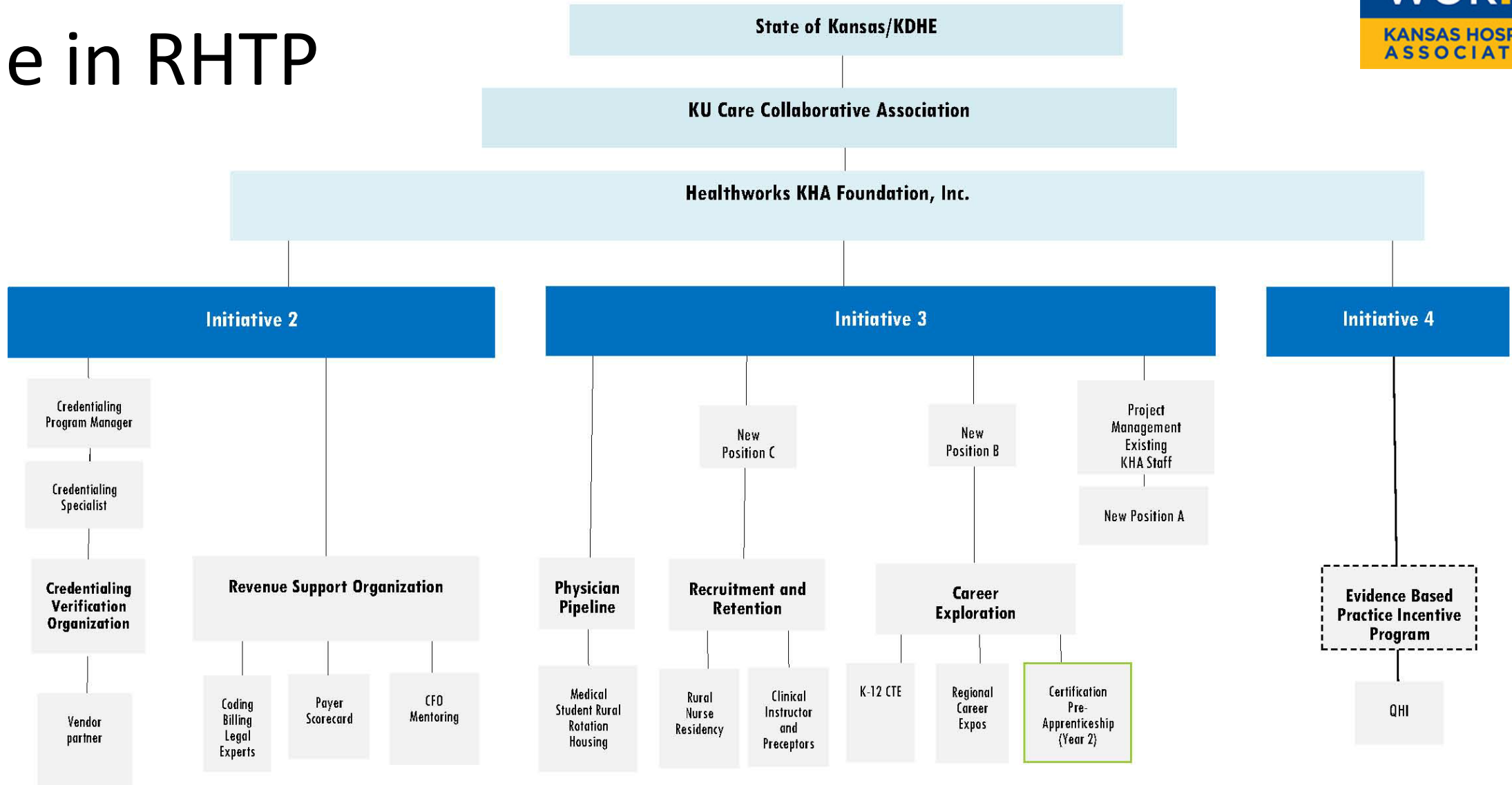
Jennifer Findley

(785) 233-7436

jfindley@kha-net.org



Healthworks Role in RHTP



Medical Student Rural Rotation Housing Assistance Project

Objective: Increase rural medical student rotations by reducing one of the most significant barriers students face: safe, affordable and practical short-term housing during rural rotations.

- Provide financial assistance to rural hospitals, clinics and other rural facilities/providers to support housing for medical students spending two-six weeks on rural rotations.
- Considering housing stipends and site-specific facility enhancements.
- Goal: 100 medical students supported.



Rural Nurse Residency Program

Objective: Establish a statewide Rural Nurse Residency Program using evidence-based curriculum to provide standardized, accredited training and mentorship for recent nursing school graduates transitioning into practicing in rural facilities.

- Empowers nurses and increases retention while reducing turnover costs and improving patient safety.
- 12-month transition to practice program for newly licensed and hired nurses.
- Year 1 Goal: 50 nurses in 5-20 hospitals participating.



NRP Curriculum

Curricular domains	Chapters
Knowledge for nursing practice	Program overview, intro to nursing (scope, code of ethics, professional identity), management of the changing patient, prioritization, time management
Interprofessional practice	Conflict management, interprofessional communications, team-based care
Person-centered care	Patient and family education, end of life, nursing ethics, health equity
Leadership and system-based practice	Business of healthcare, resource management, delegation, informatics
Development of the professional nurse	Professional development, wellness and self care, advocacy, health policy
Scholarship for nursing practice	Nursing research, quality improvement, evidence-based practice (EBP), EBP initiative handbook
Foundations of nursing quality and safety	Intro to quality and safety, medication safety, pain and symptom management, infection prevention and control, workplace safety



How does a NRP work?

- Nurse Residents are placed in cohorts that will start after graduation in December and May.
- Residents will meet virtually once per month for 4 hours, lead by KHA's Nurse Residency Program Coordinator.
- Program builds upon your existing orientation and onboarding.
- Program provides new nurses with additional professional development, quality and evidence integration, and a professional practice project.

Hospital Commitment:

- ✓ Identify an existing staff member to help coordinate logistics.
- ✓ Register all new nurse grads you hire into the Residency Program.
- ✓ Support the scheduling needs of nurse residents.
- ✓ Provide as-needed on-site practice project support.
- ✓ Report various HR data.



Interested in
participating or
learning more?

Complete this brief
interest form:



Nurse Residency Program
Interest Form

Clinical Instructor Incentives

Objective: Increase the number of clinical sites available to support the enrollment and training of nursing students in rural areas.

- Provide an incentive payment to rural health care employers to provide qualified nurses to serve as adjunct clinical instructors for area nursing programs.
- Eligible nurses at your facility would be an RN with a Master of Science in Nursing or an RN enrolled in an MSN program.
 - Clinical instructors supervise students in clinical practice while at your facility and assist students by debriefing and evaluating those nursing students during their clinical practice.
- Y1 Goal: Fall Semester 10 hospitals/10 instructors.



Clinical Instructor Incentives

Incentive Payment

- Can be used as the facility determines most appropriate:
 - Offsetting costs of the eligible RN supervising students rather than being at the bedside.
 - Paying a stipend to the nurse.
 - Purchasing a mannequin or other equipment associated with the training of students.
 - Tuition reimbursement for the RN's MSN.
- For your facility to be eligible for the incentive payment:
 - ✓ Your eligible RN would attend and complete KHA's 2-day Clinical Faculty Academy.
 - ✓ The hospital and the eligible RN have signed agreements with a school of nursing to serve as a clinical site and as a clinical instructor, respectively.
 - ✓ Attest that the clinical instructor has not previously served as an adjunct instructor.
 - ✓ Beginning in RHTP Year 2, your facility/RN must serve for 2 clinical experiences for any Kansas schools of nursing .



Interested in participating or learning more?

Complete this brief interest form:



Clinical Instructor Incentive Interest Form

K-12 Health Science Career Technical Education (CTE) Expansion

- Objective: Launch new Health Science Career and Technical Education (CTE) pathways in rural high schools and expand existing pathways to include additional courses and certifications (e.g., patient care technician, phlebotomy, CNA, EMT).
 - Funds available to purchase necessary equipment for courses to train students.
 - Funds available to train teachers or to pay a hospital/facility employee qualified to teach respective courses.
- Y1 and 2 Goal: 5-10 schools committed to expanding opportunities.



Interested in
participating or
learning more?

Complete this brief
interest form:



K-12 CTE
Interest Form

Regional Career Expos

Objective: Provide more hands-on experiences to students by sponsoring three regional, hands-on career expos in rural areas.

- Provide a sponsorship payment to existing and new events in rural areas.
- Y1 Goal: Support 3 events.



INSPIRING STUDENTS TO STAY AND THRIVE IN WESTERN KANSAS

WESTERN KANSAS CAREER SHOWCASES

2025-2026 SHOWCASES

September 11, 2025 - Ag Showcase - Sublette High School

September 23, 2025 - City/County Essential Careers Showcase - Garden City

September 25, 2025 - Multi-Career Showcase - WaKeeney*

October 16, 2025 - Multi-Career Showcase - Scott City

October 30, 2025 - Multi - HealthCareer Showcase - Oakley*

November 13, 2025 - Multi-Career Showcase - Dodge City

November 20, 2025 - Multi-Career Showcase - Goodland*

December 12, 2025 - Construction Trades Showcase - Garden City

January 22, 2026 - Education Showcase - SWPRSC

February 5, 2026 - Healthcare Showcase - Garden City

April 1, 2026 - Multi-Career Showcase - Liberal

FOR MORE, CONTACT: JOE COLES

620-353-9702
JCOLES3311@GMAIL.COM
WWW.STARTHERESTAYHERE.ORG

ABOUT US

We seek to create a system of career interactions between students, parents, school districts, business, and industry in Western Kansas in an effort to support students in staying in our Western Kansas communities.

PROJECT GOALS

- Build relationships with schools, students, business, and community
- Grow rural workforce retention
- Build a responsive workforce
- Job shadowing, internships, and apprenticeships
- Teach uncommon leadership and build student leadership

2024-2025 HIGHLIGHTS

- 8 SHOWCASES
- 1350+ STUDENTS ATTENDED
- 25+ SCHOOL DISTRICTS REPRESENTED
- 12-15 BUSINESSES/SHOWCASE
- 4-6 COLLEGES/SHOWCASE

***FOR MORE ON NORTHWEST, CONTACT:**

EMILY FAULKENDER - EFAULKENDER@NKESC.ORG - 785-302-0754

UPDATED MAY 20, 2025



Financial Related Programs within RHTP

Centralized Credentialing Verification Pilot

The CCV is a statewide initiative designed to streamline credentialing by verifying your credentials once and securely sharing the verified file with participating payers. The goal is to reduce administrative burden, shorten onboarding timelines and simplify recredentialing.

Timeline

1. Approvals and Contracting – May
2. Development Phase-April through July
3. Pilot Launch – Mid-August



Financial Related Programs within RHTP

Revenue Support Program

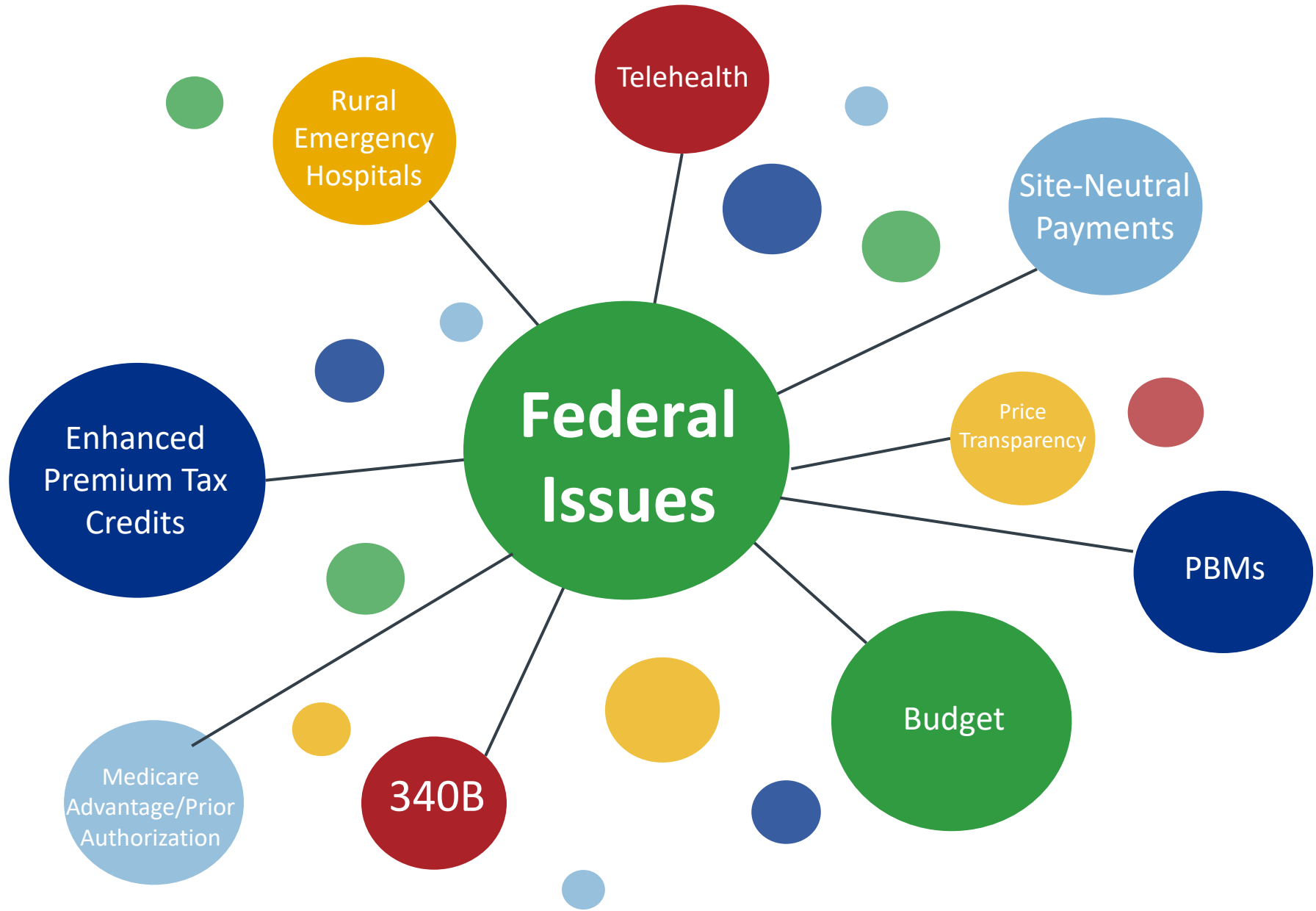
A multi-disciplinary set of legal, medical coding, billing, clinical, and appeals expertise to a centralized system accessible to Kansas hospitals. Hospitals will have faster access to expertise that will drive a combinations of preventive, proactive, and denial-based support to achieve real, measurable, financial results.

- Revenue Cycle Management Education and Guidance
- CFO Mentoring
- Payer Scorecard





FEDERAL ADVOCACY UPDATES



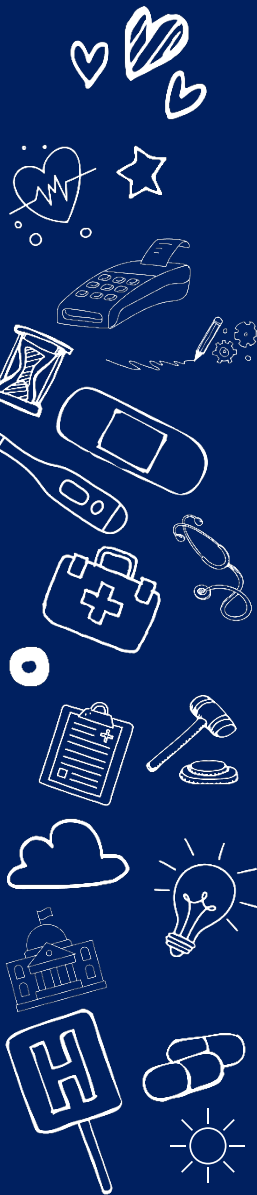
Fiscal Year 2026 and Government Funding

Extended the authorization of key health care programs, including:

- Medicaid Disproportionate Share Hospital (DSH) payment cuts (**delayed through Sept. 2028**)
- The enhanced low-volume adjustment (LVA) and the Medicare-dependent hospital (MDH) programs (**extended through 2026**)
- Medicare telehealth waivers and hospital-at-home program extensions (**extended through 2027 and Sept. 2030 respectively**)
- Medicare rural ambulance add-on payments (**extended through 2027**)

HHS budget for 2026 signed into law:

- PBM Reforms
- Off-Campus PBDs required NPIs and attestation requirements beginning in 2028



New Off-Campus HOPD Requirements

Effective Jan. 1, 2028

1. Each off-campus HOPD must obtain and bill under a distinct National Provider Identifier (NPI), separate from the hospital's main NPI and all other outpatient departments.
2. Hospitals must submit a provider-based attestation for each off-campus HOPD.
 - a) Current interpretation suggests the requirement applies at the department level. A single building with multiple departments could require multiple attestations.

Compliance and Financial Risk:

- May result in denial of Medicare payment, recoupment of claims, loss of provider-based status, increased False Claims Act exposure, and potential 340B child-site risk.





Site-Neutral Payment Policies

STOP site-neutral payment policies. PROTECT Medicare

- 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
 - An estimated 15% cut of projected Medicare payments for Hospital Outpatient Services
- Site-Neutral does not reduce health care costs. Costs remain, but forces hospitals to shoulder them all.

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.

Site Neutral Messaging Points:



(login required)



Patients Deserve Price Tags Act

JULY 17, 2025

Senators Marshall & Hickenlooper Introduce Legislation Requiring Price Transparency in Healthcare

Key Provisions:

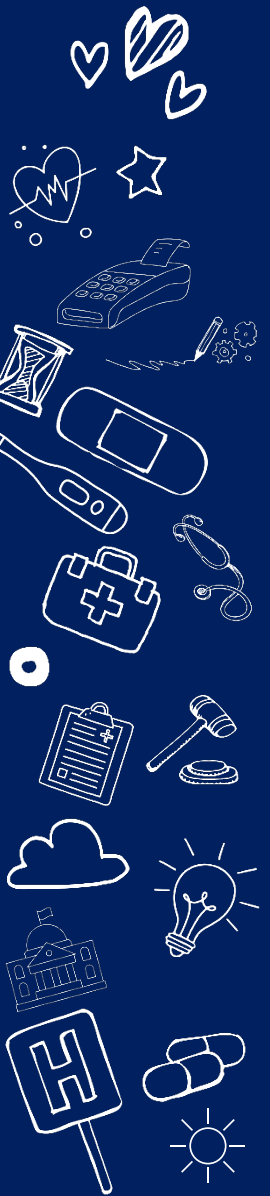
- Requires machine-readable files of all negotiated rates and cash prices between plans and providers, **not estimates.**
 - Post actual prices for ALL shoppable services
 - Eliminates the use of price estimator tools.
- Requires hospitals to update price information monthly, as opposed to annually
- Increases monetary penalties and requires annual review of all hospitals
- Requires the disclosure of contractual provisions between plans and providers, including the actual algorithm, percentage, formula, or criteria set forth in the contract
 - Places undue burdens and penalties on hospitals to provide information that is best acquired from the health plans
- Requires facilities to provide a patient with an itemized bill of the cost of each reasonably expected item or service that was provided to the individual within 30 days after the facility received a final payment on the service from a third party.
 - The provider cannot take any collections actions against an individual unless the provider adequately provided the itemized bill OR if the service on the bill exceeds the amount disclosed in price transparency regulations or provided through a good faith estimate

The Message:

- Hospitals strongly support efforts to ensure patients have access to accurate, actionable price information to make informed decisions when possible.
- We are not anti-price transparency. We just want to get it right.
- This bill presents significant operational challenges for hospitals and providers.
- Compliance would drive substantial new costs (increased vendor expenses, unreimbursed staff time, additional personnel) for Kansas hospitals.
- This does not address the underlying drivers of health care spending.
- Price transparency needs to be made meaningful for patients. Flexibility for tools like price estimators is critical to delivering real value. Otherwise, it is a massive cost increase for hospitals to implement without any patient value.

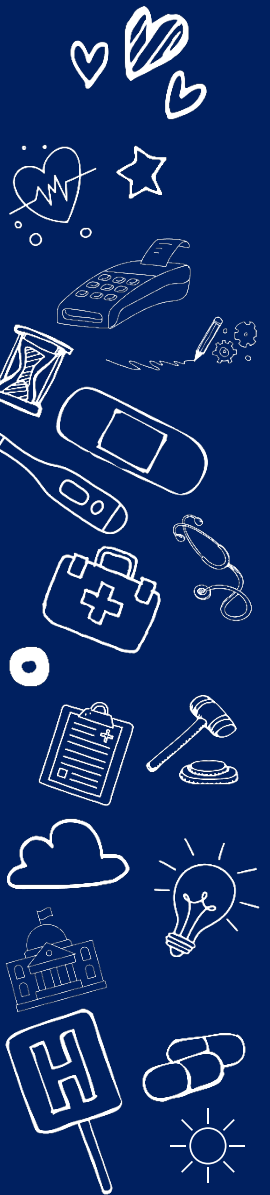
FY 2027 Appropriations Requests

1. Protect FLEX/SHIP Funding
2. Reauthorize the Rural Community Hospital Demonstration Program
3. Instruct CMS to increase the CRNA pass-through cap and require a regular review;
 - a) Attach the reasonable cost-based reimbursement cap to the Medicare Economic Index; and
 - b) Instruct that MedPAC and the Government Accountability Office review the inclusion of on-call CRNA costs on the cost report and how that can be fixed sustainably.
4. Include bill text of the [Professional Student Degree Act](#) that would define a “professional degree” and lists the graduate programs which meet the criteria, including many health care programs.
5. Include bill text of the [Resident Physician Shortage Reduction Act HR 3890](#) that would increase the number of Medicare-funded physician residency slots and fund 14,000 new slots for the next seven years.
6. Request a report to Congress on how a revised formula or other payment mechanism can enable Sole Community Hospitals and Medicare Dependent Hospitals to receive full Graduate Medical Education payments to grow the physician workforce.



ACTION ITEM: **Submit Comments on 340B Rebate Request for Information**

- HRSA needs to hear from individual hospitals, specifically on:
 - **Detailed information about the costs and administrative burdens a rebate model program would impose.**
- Comments are due by April 20 and may be submitted at [Regulations.Gov](https://www.regulations.gov) .
- AHA's model comment letter for your use:
(login required)

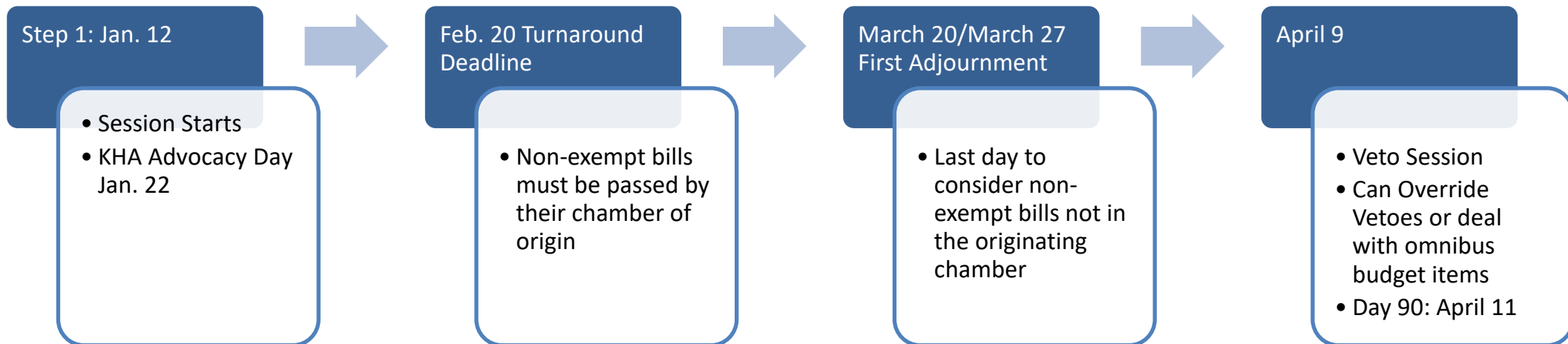




STATE ADVOCACY UPDATES

2026 Nuisances

- Running for Offices – Statewide and House of Representatives
- New Faces
- Faster Pace



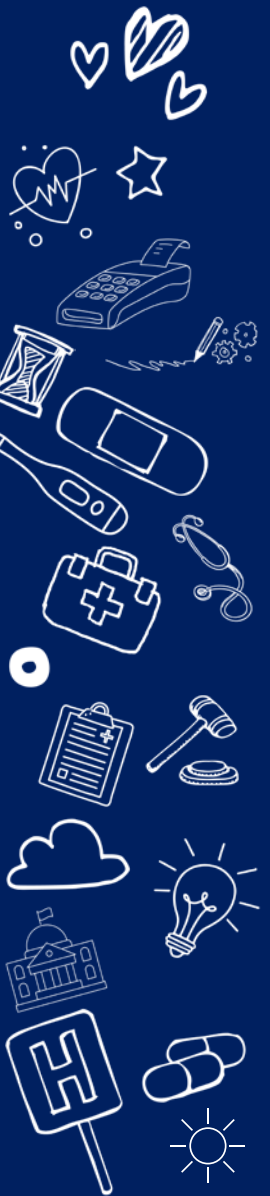
Items of Importance

KHA











- Financial Viability: PBM and 340B
- Workforce: Scope, Licensure and Compacts
- Access to Right Care at the Right Time:
Behavioral Health and
Prior Authorization

Legislature

- Budget and Taxes
- Social Issues
- Campaign Trail and Election Reform










Where Things Stand

- PBM: Transparency on PBMs 
- 340B: Contract Pharmacy Protections & Transparency/Reporting for 340B Hospitals 
- APRN's in HCSF 
- Rural Health Transformation Grant Fund Oversight 
- Financial Impacts of Health Insurance Legislation 
- Hospital Charity Care Requirements 
- Hospital Price Transparency 
- Prior Authorization Reform 
- Eliminating Cost Share in Diagnostic Screenings 
- Reporting and Medicaid Eligibility Redeterminations – might get vetoed 



Workforce

- Licensure Compacts:
 - Athletic Trainers 
 - Estheticians 
 - Occupational Therapists/OTAs 
 - Respiratory Therapists 
- Nurse Educator Requirements 
- Board of Nursing Reforms 
- Licensing Anesthesiologists Assistants 
- Prohibits Medical Non-Competes 



Other Races on the Ballot

US Senate:

- Roger Marshall (R)
- Five Democratic Candidates
- Potential Independent – Adam Hamilton

Kansas Attorney General

Kansas State Treasurer

U.S. House Members

Kansas House Members

Special Questions:

- The Election of Judges: August Primary
- Citizenship Voting Requirement: November General Election



We CARE
We VOTE

2026 Resources Coming Soon

Advocacy Contacts

Chad Austin

caustin@kha-net.org

(785) 276-3127

Tara Mays

tmays@kha-net.org

(785) 969-9270

Jaron Caffrey

jcaffrey@kha-net.org

(316) 640-9570



JUNE
1

12:00 p.m. deadline to file as a candidate.
Deadline for Kansans to change party affiliation.

JUNE
20

Deadline to transmit UOCAVA ballots.

JULY
14

Deadline to register to vote or update your voter registration to change address or name only to participate in the 2026 primary election.

JULY
15

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

JULY
28

Advance in-person voting must begin for all counties.

AUG
4

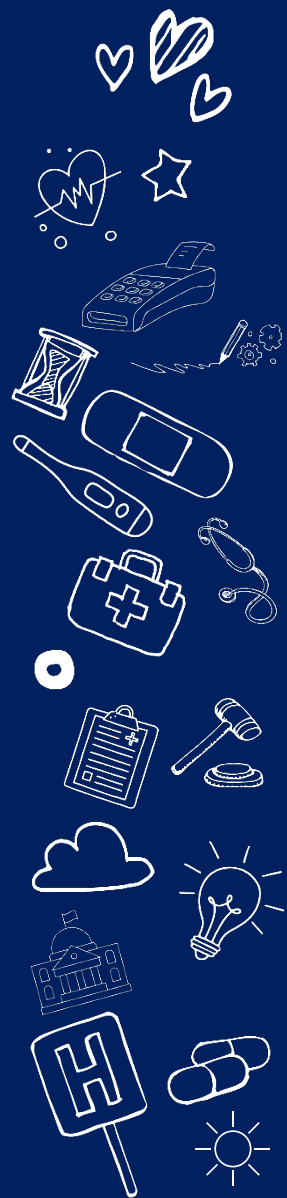
PRIMARY ELECTION

(All mail ballots must be received on Election Day. NEW IN 2026)

SEPT
1

Last day for State Board of Canvassers to certify official results.

VOTEKANSAS.GOV



Kansas Hospital
ASSOCIATION





Benefits of KHA-PAC

- Few qualified candidates can personally afford political campaign.
- Impact the election of candidates who recognize and support health care's important role.
- Provides KHA and its members with enhanced visibility at the state and federal levels.
- Facilitates a good working relationships with candidates.
- Assures a voice before public policy makers.



FIFA World Cup 2026

KHA

Kansas Hospital
ASSOCIATION

KANSAS CITY MATCH SCHEDULE

3 Weeks. 4 Continents. 7 Teams. The stage is set.

June 11 – July 19, 2026



GROUP STAGE

ARGENTINA  V  ALGERIA

JUNE 16 • 8:00 PM CT

ECUADOR  V  CURAÇAO

JUNE 20 • 7:00 PM CT

TUNISIA  V  NETHERLANDS

JUNE 25 • 6:00 PM CT

ALGERIA  V  AUSTRIA

JUNE 27 • 9:00 PM CT



ROUND OF 32

1K  V  3DEIJL

JULY 3 • 8:30 PM CT

QUARTERFINAL

W95  V  W96

JULY 11 • 8:00 PM CT



Kansas Hospital
ASSOCIATION

KC26 FIFA World Cup™ Team Base Camps



Algeria – The University of Kansas, Rock Chalk Park, Lawrence Kansas



Argentina – Sporting KC National Performance Center, Kansas City, Kansas



England – Swope Soccer Village, Kansas City, Missouri



Netherlands – KC Current Training Center, Riverside, Missouri

*** Teams and fans arriving late May to mid-June, until their team is eliminated.**

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KC26 FIFA World Cup™



- <https://kansascityfwc26.com>
- Assumptions and Planning
 - Anticipating 650,000 or more visitors over that time – 200+ mile radius from KC.
 - KC2026 Health and Medical Working Group and The University of Kansas Health System.
 - 6-8% Increased volume of urgent, emergent and acute patients – access, beds and transportation – KC area hospitals are planning to be available for transfers.
 - Spanish, Dutch, Arabic, German, Austrian and French are the known languages at this point, if not English – cultural sensitivity.
 - Infectious Diseases – Endemic and Non-endemic.
 - www.KDHE.ks.gov >Travel and Health Page >Educational Resources.
 - Weekly Domestic and International Infectious Disease Report.
 - Cybersecurity and physical security concerns – human trafficking.
 - EMResource, Pulsara and other communication platforms are part of the planning.
 - Billing and Collections – most (if not all) from governmental single-payer systems.



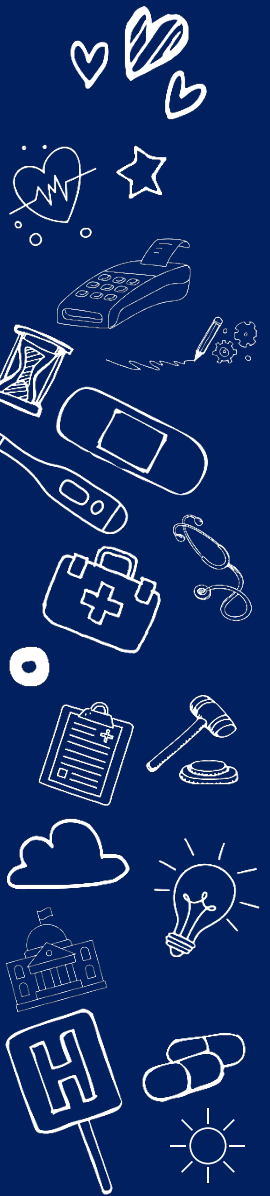
Networking Lunch



APS
SHARE • SOLVE • SAVE



Qualivis





KHSC

Kansas Health Service Corporation

What is NFPA 70B?



Purpose of NFPA 70B Standard:

NFPA 70B: Provides for the practical safeguarding of persons, property, and processes from the risk associated with failure, breakdown, or malfunction and a means to establish a condition of maintenance of electrical equipment and systems for safety and reliability – I.E reduce risk and increase equipment uptime



Typical application – Industrial plants, institutional and commercial buildings, and large multifamily residential complexes

Why Do We Care About NFPA 70B?

Risk Reduction

Poor electrical maintenance is a major cause of fires, equipment failure, and business interruptions. Compliance with NFPA 70B reduces the likelihood of these events occurring.

Business Continuity

Unplanned outages are reduced when in compliance with NFPA 70B thereby supporting long-term business resilience

Extending Equipment Useful Life

As NFPA 70B is implemented, better cared for equipment is proven to last longer than equipment without regular maintenance

Regulatory Compliance

Insurance carrier mandates, cross code references (NFPA 99, NFPA 70E, etc.), OSHA accident investigations, etc.

Win-Win:

Better maintained electrical systems mean fewer disruptions for businesses.

Why Do We Care About NFPA 70B?

NFPA 70B Interconnections and References

2023 – Becomes a standard that may become enforceable in the future by jurisdictions/regulatory bodies

NFPA 99 (2024)

- Article 6 (testing)

NFPA 110 (2023)

- Annex I (maintenance program)

Insurance Industry

- Insurability
- Best Practices

OSHA

- Potential basis for citations under General Duty Clause
- Potential for incident investigation implications

NFPA 70B Standard for Electrical Equipment Maintenance

State Fire Marshalls

- Potential to adopt by reference like other NFPA codes

Joint Commission

- Potential through industry-recognized standards and practices

Further cross references are expected moving forward as adoption grows

Approaches to NFPA 70B

Common Insurance Carrier Requirements

- Core components (selective EMP):
- Electrical equipment cleaning
- Infrared Thermography (IR scans)
- Arc flash study, short circuit study, and coordination study
- Ground fault protection testing & calibration
- Functional testing on circuit breakers/disconnects

Electrical Maintenance Plan (EMP)

- EMP = Documented & systematic approach to maintaining electrical systems
- Includes identification, maintenance, and documentation of maintenance activities for all 36 referenced electrical equipment types
- Often includes software tools to efficiently execute and sustain

NFPA 70B Compliance

- Includes EMP and the following:
- Single-line diagrams
- Load-flow studies
- Reliability studies
- Electrical Maintenance-Related Design

Time & resources to develop, implement, and sustain increases as you move left to right

Educational Webinar – May 5, 2026



EDUCATIONAL 
WEBINAR 



NFPA 70B and Health Care Facilities

▶ **May 5, 2026**
12:00 - 1:00 p.m. ◀
[Click Here to Register](#)



Jon Stutz, P.E.

Director of Engineering
(316) 799-6911

jons@kansaselectric.com

www.kansaselectric.com

NFPA 70B provides a structured framework for transitioning from reactive maintenance to a documented, defensible reliability strategy. Join Kansas Electric and Kansas Health Service Corporation at noon on Tuesday, May 5, to learn how to proactively position your facility for compliance, resilience and long-term operational stability.

Electrical system's reliability is critical in health care environments where uninterrupted power supports life safety systems, surgical suites, imaging departments and emergency power infrastructure. With the 2023 edition of NFPA 70B transitioning from a recommended practice to a mandatory standard, hospitals must understand the operational and compliance implications.

What Is NFPA 70B?

NFPA 70B sets minimum requirements for developing and implementing a documented Electrical Maintenance Program. It specifies inspection intervals, testing requirements, maintenance procedures and documentation standards designed to improve system reliability and reduce the risk of failure.



chartspan[®]



Care Management Reimbursements - KS

2026 EXAMPLE Kansas: CCM-99490 & 99439

(non QPs)

CPT Code	2025 Kansas Payment	2026 Kansas Payment	Approximate Increase
99490 (First 20 min)	~ \$57.13	~ \$62.06	~ +8.63%
99439 (Each Add'l 20 min)	~ \$43.27	~ \$47.17	~ +9.02%

Note: The percentage increase for 99439 is higher due to a combination of the CF increase and a minor, positive RVU adjustment for the code.

NEW Remote Patient Monitoring CODES (data transmission)



CPT Code	Description	Requirement	2026 Kansas Reimbursement
99454 (Existing)	Device Supply (Standard): Initial supply of device(s) and data transmission	16 days or more of data transmission in a 30-day period	\$46.97
99445 (New for 2026)	Device Supply (Short): Initial supply of device(s) and data transmission	2-15 days of data transmission in a 30-day period	\$46.97



NEW Remote Patient Monitoring CODES (clinical engagement)



CPT Code	Description	Time Requirement (Per Calendar Month)	2026 Kansas Reimbursement
99470 (New for 2026)	Treatment Management (Short) : Clinical staff/QHP time requiring 1 real-time interactive communication	10-20 minutes	\$24.28
99457 (Existing)	Treatment Management (Standard) : Clinical staff/QHP time requiring interactive communication	20 or more minutes	\$48.22





Jason Meadows

(334) 799-6730

Jason.meadows@chartspan.com

Battery Power – Patients, Guests, Team members



BatteryXchange

Desmond Wiggan

(704) 777-0262

desmond@batteryxchange.co



LEASING

BatteryXchange has a kiosk designed to meet the specific need & space of every client.

Possible Locations:

- Cafeteria entrance/exit
- Waiting room area
- ED

Zeus

- 13"L x 13"W x 10"H
- 10" interactive LED
- 8 portable batteries

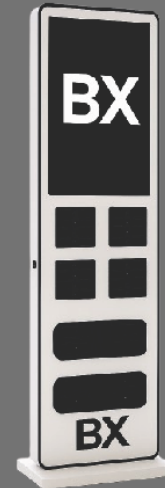
\$2,500



Hercules

- 5'8"H
- 24" interactive LED
- 24 portable batteries

\$5,500



Apollo

- 6'4"H
- 43" interactive LED
- 48 portable batteries

\$7,500



Screens allow for revenue generation through ads, or public information.

Critical Access Hospitals = potential for full deduction on cost report



EDUCATIONAL WEBINAR



.....

Patient/Employee Service: Portable Device Power and Digital Revenue Generation

.....

May 7, 2026

12:00 - 1:00 p.m.

[Click Here to Register](#)

Learn More - Desmond Wiggan, Founder – (704) 777-0262 Desmond@batteryxchange.co



APS

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Group Input - New Services



Peer Review

- Current System
- Do you have needs
- Would you look at a peer review service?

Shared CFO Services

- Need?
- CFO Education or Oversight Coaching?
- Strategy



ECP Therapy

- Wave PRO's™ compact, automated, calf-only design makes ECP therapy more comfortable for patients, simpler for clinicians, and easier for care systems to deploy at scale—expanding access beyond specialized centers.

In Home Patient Monitoring

- Equipment and Service

ENVI

- Materials Management System
- Group Buy



TEAM[®]
WORKPLACE VIOLENCE
PREVENTION TRAINING

hss
Safe in the knowledge



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

Bio-Electronics- Medical Equipment Services



APS
SHARE • SOLVE • SAVE

-  **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



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.



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.

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>





Finance and Reimbursement

KHA

Kansas Hospital
ASSOCIATION

History of Major Financial Changes in the Health Care Industry



Early Foundations (Pre-1960s)

- Health care was mostly out-of-pocket or charity-based
- Rise of early insurance models like Blue Cross for hospital care
- Hospitals operated largely as nonprofits with community funding



Medicare and Medicaid Era (1965–1980s)

- Creation of Medicare and Medicaid (1965) dramatically increased federal spending
- Health care shifted to a third-party payer system
- Rapid hospital expansion and rising costs followed



Cost Control and Managed Care (1980s–1990s)

- Introduction of Diagnosis-Related Groups (DRGs) for hospital payments
- Growth of HMOs and Managed Care to control spending
- Increased role of insurance companies in care decisions



Consolidation and Market Power (2000s)

- Major hospital and insurer consolidation increased pricing power
- Rise of for-profit systems and private equity investments
- Adoption of EHRs added costs but improved billing capabilities

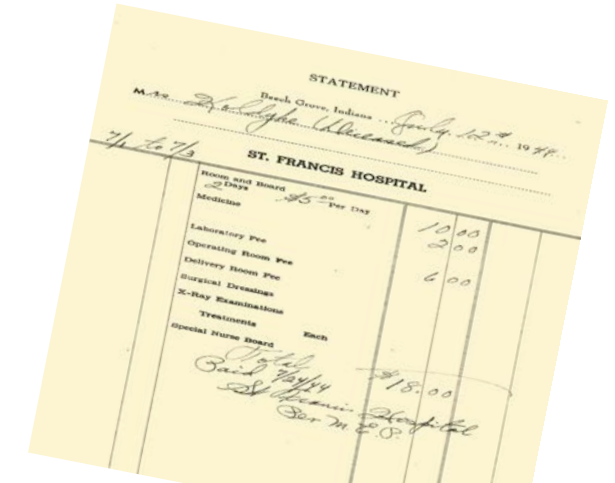


Affordable Care Act (2010s)

- ACA expanded coverage and introduced insurance marketplaces
- Shift toward value-based care
- Growth of ACOs

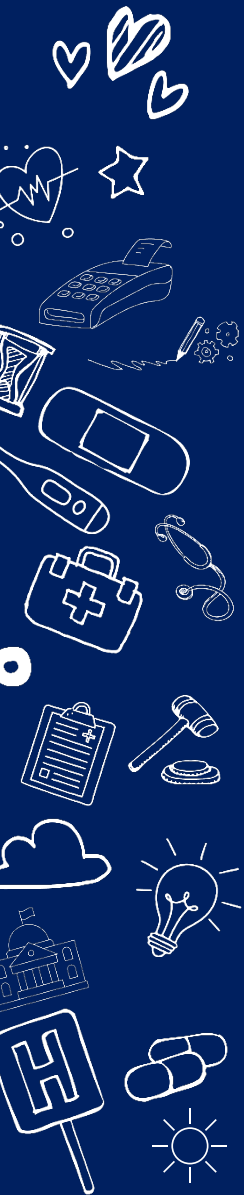


Transparency, Data and Consumerism (2020s–Present)












Northwestern Memorial Hospital

code	description	plan	rate
0001A	ADM SARSCOV2 1ST DOSE PFIZER	List Price	200.00
0001A	ADM SARSCOV2 1ST DOSE PFIZER	Cash Price	140.00
0001A	ADM SARSCOV2 1ST DOSE PFIZER	Aetna	42.01
0001A	ADM SARSCOV2 1ST DOSE PFIZER	BCBS	65.20
MS-DRG 795	NORMAL NEWBORN	BCBS	1691.67



Potential for Financial Structural Reform

-  1. Full Transition to Value-Based and Risk-Based Payment
-  2. Radical Price Transparency → Price Compression
-  3. Employer-Driven Market Disruption
-  4. Continued Consolidation—But With Scrutiny
-  5. Data Liquidity and Real-Time Financial Infrastructure
-  6. Regulatory Shift Toward Rate Setting or Caps (Selective)
-  7. Site-of-Care and Service Migration
-  8. Increased Financial Pressure on Hospitals
-  Big Structural End-State (If Trends Continue)

Transparency vs. Sustainability

1) Am I positioned as a hospital for this era?

2) If prices become fully visible and comparable tomorrow, how confident are we that our system would win on value?

Kansas Payer Scorecard

Payer	Clean Claim Rate	Denial Turn-around Days	Performance
Total	88.6%	63	●
Medicare	90.3%	55	●
Blue Cross/Blue Shield	94.7%	79	●
United Healthcare	77.6%	86	●
Aetna	88.9%	89	●
Vytalize Health	92.0%	81	●
Ambetter	81.7%	70	●
Humana	85.4%	73	●

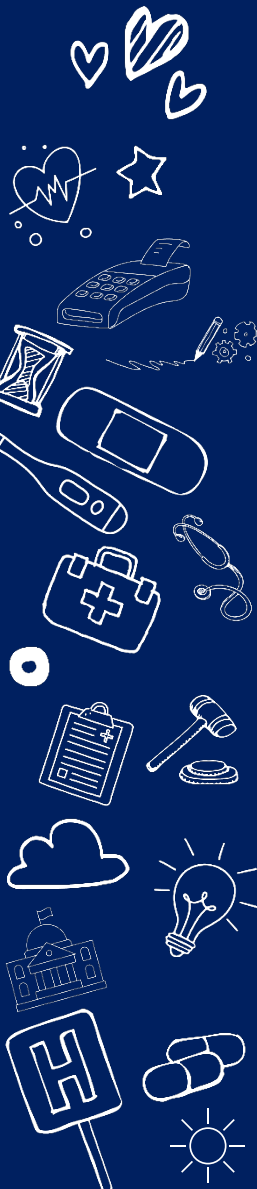


Key Insights for Kansas Hospitals

- Variation across payers is substantial (66% → 95% clean claim rate).
- Denial rework is a major operational burden (~60+ day cycle time).
- National payers (UHC, Ambetter) show the biggest opportunity gaps.

Strategic Focus Areas

- Reduce front-end errors with revenue cycle optimization (eligibility, authorization, coding).
- Target high-friction payers with Focused Interventions (UHC, Ambetter, Aetna).
- Move from Reactive denial management to Proactive.
- Incorporate Performance Guarantees into Payer Contracts.
- Administrative Simplification and Policy Advocacy.



Kansas Hospital Financial Landscape Open Discussion

Landscape Snapshot

- Service Line closures continue in Obstetrics, Behavioral Health, Long-Term Care, and Home Health.
- Government payer reimbursement cuts (Medicare & Medicaid).
- Commercial Payer denials and reimbursement gaps.
- EMS transfer delays and Post-Acute acceptance issues.
- Rural issues – declining and aging population, housing, job market.
- Workforce shortages.

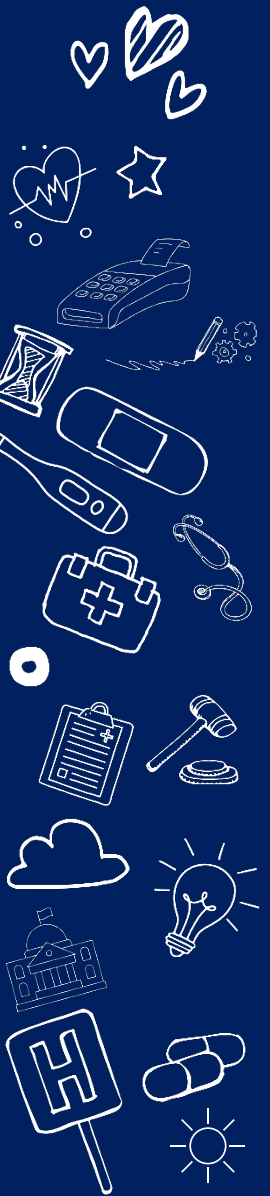
KHA Financial Tactics Focus

- Public Awareness Toolkits on financial pressures, Medicare Advantage, financial fundamentals.
- Launched the Payer Pulse Newsletter.
- Policy briefs on prior auth, avoidable hospital days, administrative cost burdens.
- Medicaid reimbursement increases including CAF payments, provider tax program, behavioral health add-ons.
- Focused education on payer contracting and payer denials management.

KHA's financial tactics for the past 24 months are included in your district packet ...

Discussion Questions

- What current financial tactics have worked well to address the financial challenges?
- Are there specific financial advocacy priorities KHA should consider?
- Where should KHA expand its efforts to better address the financial challenges?



Price Transparency – Important Dates



Effective Date for New
and Updated
Requirements at 45
CFR 180.50 and
180.90

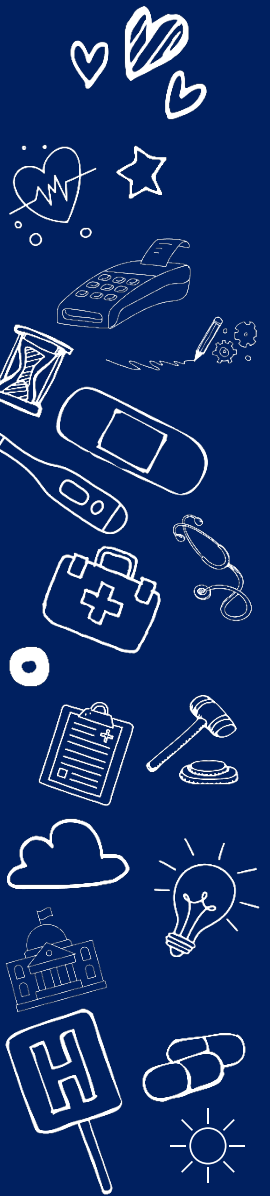


Enforcement Date for New
and Updated
Requirements at 45 CFR
180.50



New Requirements

- Type 2 National Provider Identifier (NPI) now required in general data elements (45 CFR §180.50(b)(2)(i)(A)).
- Attestation Statement replaces Affirmation Statement and now requires the name of the Attester (45 CFR §180.50(a)(3)(iii) and 45 CFR §180.50(a)(3)(iv)).
- Estimated Allowed Amount removed and replaced with four allowed amount data elements (45 CFR §180.50(b)(2)(ii)(C)):
 1. Median Allowed Amount
 2. 10th Percentile Allowed Amount
 3. 90th Percentile Allowed Amount
 4. Count of Allowed Amounts
- Reducing the amount of a civil monetary penalty (CMP) by 35 percent when a hospital waives its right to an ALJ hearing (45 CFR §180.90(c)(4))



New Financial Expertise for CAHs



- Healthworks has engaged Elgin Glanzer as a consultant.
- Assisting with FLEX grant projects related to finance.
- Available for technical assistance phone calls.
- Available through Sept. 1, 2026.
- Contact Elgin Glanzer or Jennifer Findley with questions.





Kansas Hospital
ASSOCIATION

Member Updates and District Discussion

KHA Board made minor updates for 2026



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 2026



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.
- 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.

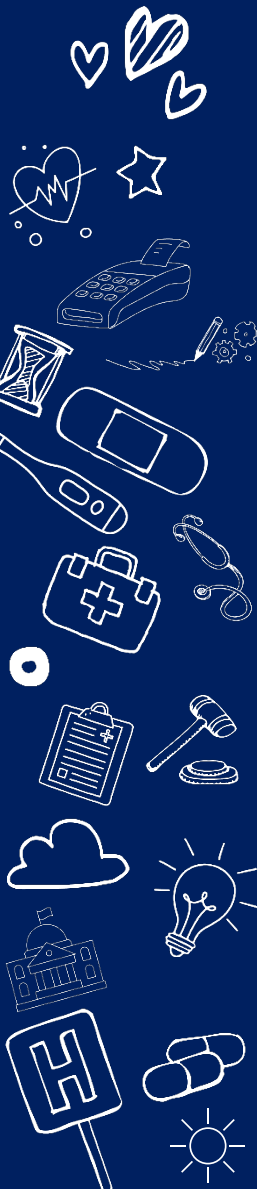
Health Care Workforce

- Promote hospital and health care careers.
- Develop and share tools to enhance hospital recruitment and retention efforts.
- Lead statewide collaboration to strengthen Kansas' health care workforce pipeline.
- Identify and communicate emerging workforce innovations, technologies and evidence-based practices.

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.
- Develop education and resources to help members comply with quality and safety requirements to improve health outcomes.
- Focus on preventive services and engage partners to address Kansas health rankings.

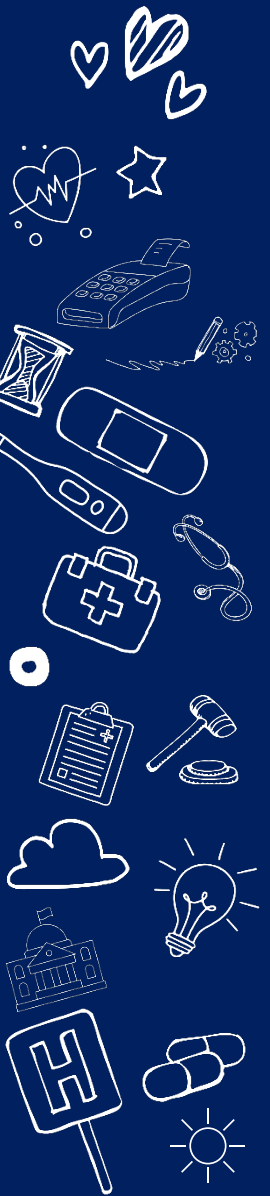
www.kha-net.org



New Resource!

- [Building and Sustaining a Culture of Safety Toolkit](#)
- Available on the KHA Quality and Safety page
- Webinar April 29, 2026
12:00pm -1:30pm

BUILDING AND SUSTAINING A CULTURE OF SAFETY TOOLKIT



Drug Shortage Toolkit – *NEW!*



This toolkit was developed in partnership by the Kansas Council of Health System Pharmacy and the Kansas Hospital Association. Assets within the toolkit are intended to help hospital and health system pharmacies integrate and apply best practices to the process of managing and mitigating drug shortages.

The toolkit will include:

- **Drug Shortage Resources**
- **Management and Mitigation Strategies**



Drug Diversion Prevention Toolkit



Update in Progress

<https://khanet.org/CriticalIssues/QualityandPatientSafety/drug-diversion-prevention-toolkit/>





Nurse Aide Regulations: Naming Guidance and Education

Background

There has been confusion at times regarding the education/certification requirements for nurse aides as well as the appropriate job title in hospitals versus nursing facilities. The confusion has been especially prominent in Critical Access Hospitals, where Centers for Medicare and Medicaid Services Conditions of Participation guidance of Swing Beds and Skilled Care can be difficult to interpret.

This guidance document provides clarification and historical references.

Nursing Service/Nurse Aide CMS Conditions of Participation and Interpretive Guidance

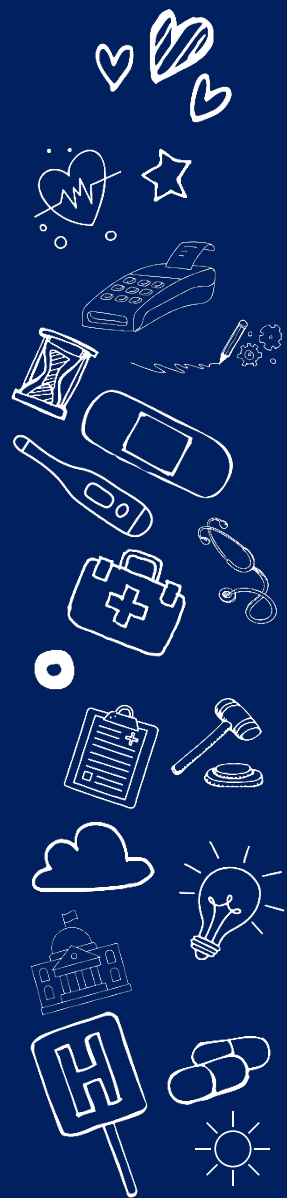
- **Hospital (non-CAH and non-Rural Emergency Hospital)**
 - [§42 CFR 482.11](#) and [§42 CFR 482.23](#) - CoPs related to licensing, applicable standards and nurse staffing
 - [State Operations Manual \(SOM\) Appendix A](#) - interpretive guidelines on pages 38-39 for §482.11(c) and pages 175-182 for §482.23
- **CAHs**
 - [§42 CFR Part 485.608](#) and [§42 CFR Part 485.635\(d\)](#) - CoPs related to licensing, applicable standards and nurse staffing
 - The corresponding interpretive guidelines from [SOM - Appendix W](#) – interpretive guidelines on pages 44-45 for §485.608 and pages 151-153 for §485.635(d) and (d)(1)
 - Appendix W §485.645 Special Requirements for CAH Providers of Long-Term Care Services (“Swing-Beds”) - on pages 243-245, the CoP for §483.12(a)(3) and (a)(4) also contains language of employment and reporting requirements of nurse aides
 - Page 248 includes the CoP of §483.21(b)(2)(ii)(C) where a “nurse aide with responsibility of the resident” should be part of the preparation of the comprehensive care plan
- **REHs**
 - [§42 CFR Part 485.530](#) - do not have corresponding interpretive guidelines at this point, but also do not specifically discuss nursing assistants
- **Distinct-Part Skilled Nursing Facility or Long-Term Care (not CAH Swing Bed)**
 - [§42 CFR Part 483.5\(1\) and \(2\)](#) - definition CoPs
 - [§42 CFR Part 483.35](#) - corresponding nursing services staffing CoPs including §483.35(d) for proficiency of nurse aides and 483.35(d)(e) for requirements for facility hiring and use of nursing aides
 - [SOM - Appendix PP](#) - interpretive guidelines on pages 3-4 for §483.5(1) and (2), page 475 for §483.35(a)(1)-(2) definition of a “Nurse Aide” and pages 491-495 for §483.35(d) for requirements for hiring and use of nurse aides
 - [§42 CFR Part 483.151-156](#) - CoPs for nurse aide training and competency evaluation per CMS for states and state agencies

CNA or PCT



Who can we hire and what do we call them?

<https://kha-net.org/Advocacy/Regulatory/>





SURVEY READINESS WEBINAR



Series

Webinar 2: April 23, 12:00pm – 1:00pm

Quality Assurance/Performance Improvement

- Review common QAPI challenges identified during recent surveys;
 - Clarify federal and state QAPI requirements;
 - Explain what surveyors look for when reviewing QAPI plans, minutes, data, and improvement projects; and
 - Provide practical steps hospitals can take to demonstrate an effective, sustainable QAPI program.
- <https://registration.kha-net.org>

Webinar 3 – May 6, 12:00pm – 1:00pm



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.






Feb. 18, 2026 • 9:00 a.m. - 12:30 p.m.

Virtual Health Care Career Day

Building on our Success



2026 Virtual Health Care Career Day

 by Kansas Hospital Association

Playlist • Public • 10 videos • 140 views

The Kansas Hospital Association, the Kansas Department of Education and the Kansas Board of Regents have...[more](#)

 Play all



Our 2026, fourth annual event to promote awareness of the wide variety of health care careers was a success.

- **5,000+ Students Registered**
- **200+ locations**
- **Hundreds** of homeschoolers, college students, and adult learners

Save the Date: February 17, 2027



Videos added to
[HappyInHealthCare.org](https://www.HappyInHealthCare.org)

Our Contribution to the Kansas Economy

Hospitals' contribution to the local economy is critical to economic viability of communities:

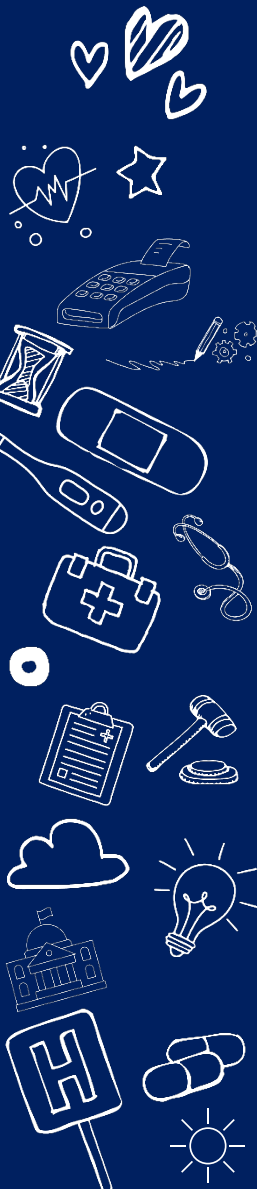
- As a major source of employment
- As a purchaser of goods and services
- As a provider of health care services

The Importance of the Health Care Sector to the Kansas Economy

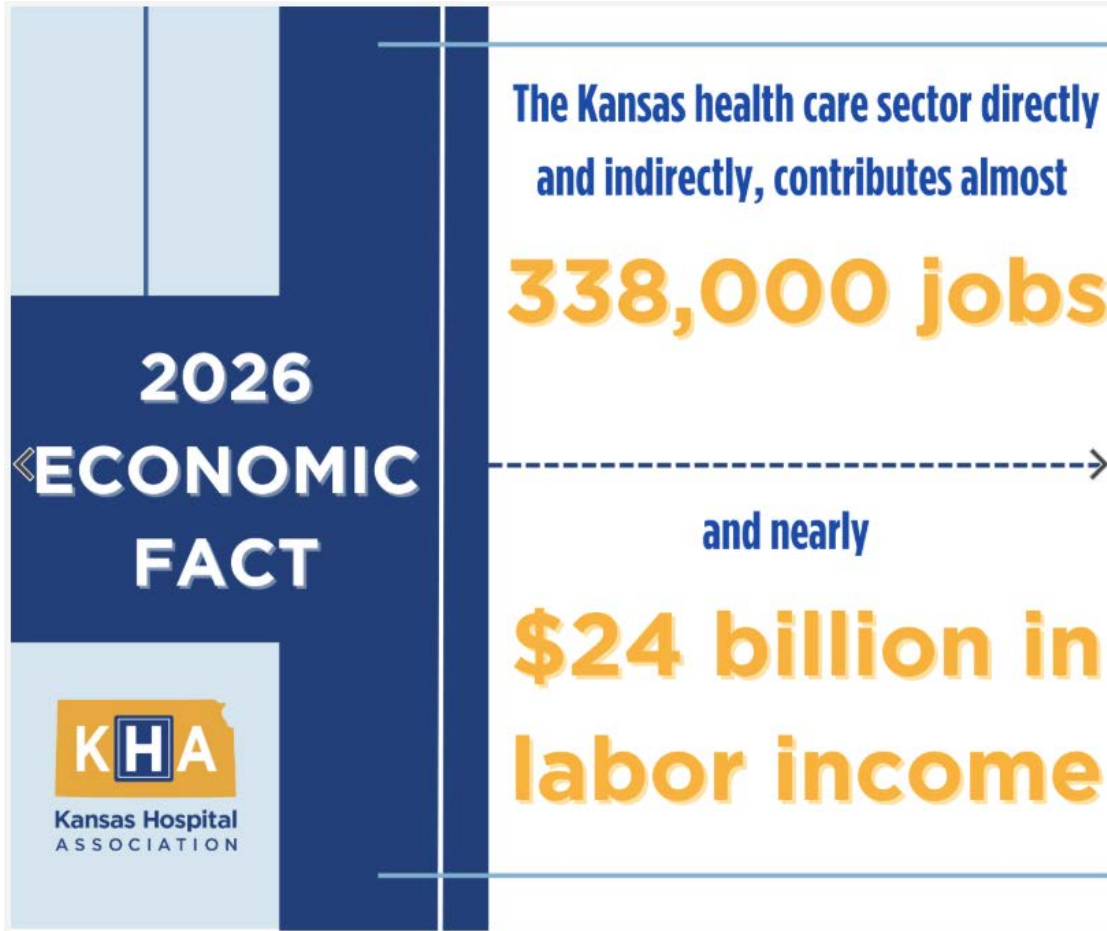
Kansas Hospital Association
University of Kansas
Institute for Policy & Social Research

Statewide Report
January 2026

Dr. Donna K. Ginther, Director, IPSR
Whitney Onasch, Associate Researcher, IPSR
Thomas Becker, Assistant Researcher, IPSR
Pat Oslund, Associate Researcher, IPSR



Essential Employers with Significant Labor Income



Hospitals Multiply Jobs Throughout the Kansas Economy

Every **100** hospital
jobs support an
additional **74** jobs in
the non-health care
sector



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2026 ECONOMIC FACT

Every **\$1,000** in
hospital wages
sustains an
additional **\$475** in
income for other
industries

Fueling a Strong Kansas Economy

2026 ECONOMIC
FACT



Hospitals generate more than
\$305 million
in sales tax
to fund state programs

2026 ECONOMIC
FACT



State and local government collect
\$2 billion
tax revenue
from health sector activities.



Customizable Resources on Box.com

NAME ↑



#HAVHope



Economic Impact Toolkit



Financial Awareness Campaign



Happy In Health Care Toolkit



Health Observances



Hospital Week Toolkit



Original Medicare vs. Medicare Advantage Toolkit



Public Perception Campaign Toolkit



We Care We Vote Toolkit



Workplace Violence Posters

NAME



Medicare Infographic.pdf



Medicaid Infographic.pdf



Medicaid Social Media Posts.pdf



2025 Financial Infographic-2nd Page For Hospital T



2025 Financial Infographic-Public One Pager.pdf



Medicare Social Media Posts.pdf



Addressing the Financial Challenges Facing Kansas



Financially Distressed Hospitals - Impact of Comm



Financially Distressed Hospitals - Impact of Comme



Financial Awareness Campaign - Talking Points - 20



Impact of Commercial Payers - Talking Points - May



Commercial Payer Social Text and Images.pdf



Reimbursement Rates.jpg



Risk of Closure.jpg



Negative Reimbursement Affects All.jpg



400 Plans.jpg



Commercial Payers Infographic.pdf



Financial Stability - Solutions Infographic.pdf



Financial Stability Text and Images.pdf



Financial Stability Social Graphic1.jpg



Financial Stability Social Graphic2.jpg



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KHA Awards – Nominations April-June

Charles S. Billings Award – recognizes a hospital leader for his or her lifetime of service and continuing contribution to the health care of Kansas.

Distinguished Health Care Advocate Award – honors individuals, organizations or groups that have demonstrated their commitment to health care through participation in the public domain.

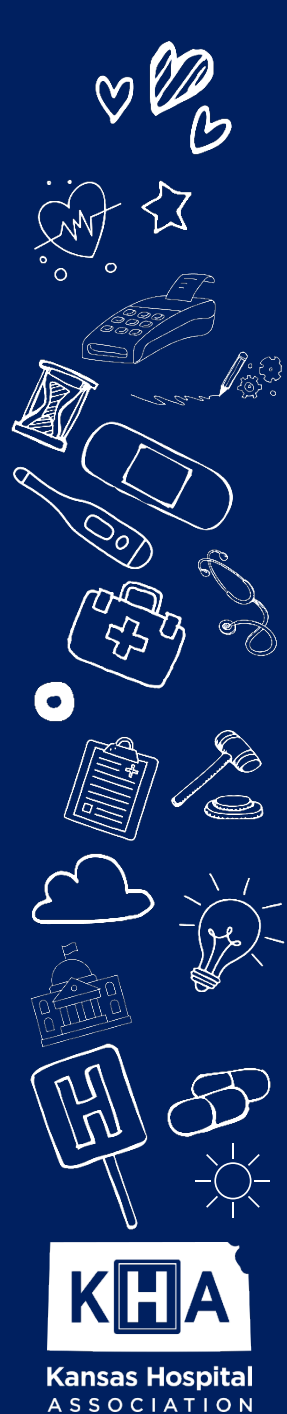
Donald A. Wilson Visionary Award – recognizes hospital-related individuals who have made outstanding, innovative contributions to health care delivery, health care financing or initiatives that improve the health and clinical outcomes of their community.

NEW: BOARD OF THE YEAR – recognizes and honors a hospital board of directors that are leaders, gives back to the community and routinely goes beyond the call of duty.

Workforce Strategies Award – recognizes a team of employees, providers or volunteers who have worked collaboratively to make a significant contribution to the wellbeing, retention or recruitment of health care workers at their facility(s) or in Kansas.

Heart of Health Care Award – recognizes and honors the excellence of health care workers statewide.

Next Call for Entries April 2026



New Trustee Education Resources



TRUSTEE EDUCATION

Kansas Hospital Association Trustee Education

What Strong Boards Do Differently

This four minute video from Karma Bass highlights her presentation at the KHA's Critical Issues Summit.

After the video, consider these discussion questions:

1. According to Karma Bass, what three things do we need to be doing as a board?
2. How well is our board focused on strategy vs day-to-day operations?
3. Do

TRUSTEE EDUCATION

Kansas Hospital Association Trustee Education

Influence Culture at Every Level

This three minute video from Amy Eliza Wong highlights her presentation at the KHA's Critical Issues Summit.

After the video, consider these discussion questions:

1. How well do we exhibit trust in our board meetings?
2. How well do we exhibit trust with our staff?
- How well do we exhibit trust with our community?



TRUSTEE EDUCATION

Kansas Hospital Association Trustee Education

From Oversight to Outcomes - The Board's Role in Quality

This three-and-a-half-minute video from Susan Runyan highlights her presentation at the KHA's Critical Issues Summit.

After the video, consider these discussion questions:

1. How often are we looking at our quality data?
2. Are we regularly asking questions to best understand the data and use it to help make decisions?
3. What should be the focus of



Current Trends / Strategic Leadership

- 2026 Issues and Trends and the Implications for Healthcare Boards
- 2026 Rural Issues and Trends: Implications for Critical Access Hospital Boards
- Community Collaboration and Impact on Population Health
- Leading In Turbulent Times
- The Intersection of Strategy and Culture – Why Culture “Eats” Strategy Every Day of the Week

Boardroom Fundamentals

- Governance 101: An Overview of Board Roles and Responsibilities
- A Governing Board's Fiduciary Duties: Understanding where the “Rubber Meets the Road”
- Optimizing the Difference Between Governance and Management Responsibilities
- Ensuring Conflict of Interest Free Governance
- Financial Basics for Trustees
- Mission, Values and Vision
- New Trustee Orientation – The Foundation for Success
- “Risk” Comes In All Shapes and Sizes: The Board's Role In Enterprise Risk Management

Governing Excellence

- Becoming a Remarkable Board: Unleashing the Power of Purposeful Governance
- Why a Board Self-Assessment is a Governance Best Practice
- Governance “Never Events”: Leadership Failures that Should Never Occur In Hospital and Health System Boardrooms
- The Role of “Accountability” in Driving Organizational Performance
- Board Dashboards and Governance Effectiveness

Board Oversight: Quality and Patient Safety

- The Board's Role In Quality and Patient Safety (Overview)
- Infusing Quality Throughout the Board Agenda
- Measuring Equity in Patient Care Access
- Safety Culture Is Key
- Understanding Performance Measures

Board and Medical Staff Relations

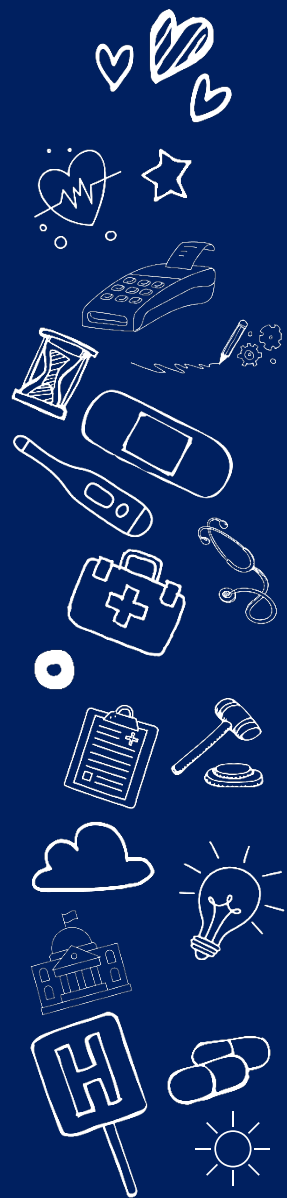
- “What's Up Doc?” – A Trustee Guide to Understanding Medical Staff
- What Trustees Need to Know About Medical Staff Credentialing
- A General Counsel's Perspective: The Role of the Governing Body In Medical Staff and Physician Relations

Board and CEO Relationships

- Board and CEO Relationship – It's a Partnership
- New CEO on Board
- A General Counsel's Perspective on the Board's Interaction with the CEO and Senior Management

Community Connections and Impact

- Becoming a Community-Centered Board
- Leading the Way on Population Health
- The Board's Role In Creating Healthier, More Equitable Communities



Kansas Hospital Association

2026 KHA ANNUAL CONVENTION



**Room Block
Opens April 6!**

September 10-11, 2026

Sheraton Overland Park/
Overland Park Convention Center

Overland Park Convention Center

Overland Park, Kansas



Kansas Hospital
ASSOCIATION



KHA Annual Convention Speakers



Kevin Brown



RaDonda Vaught



Jon Carmichael



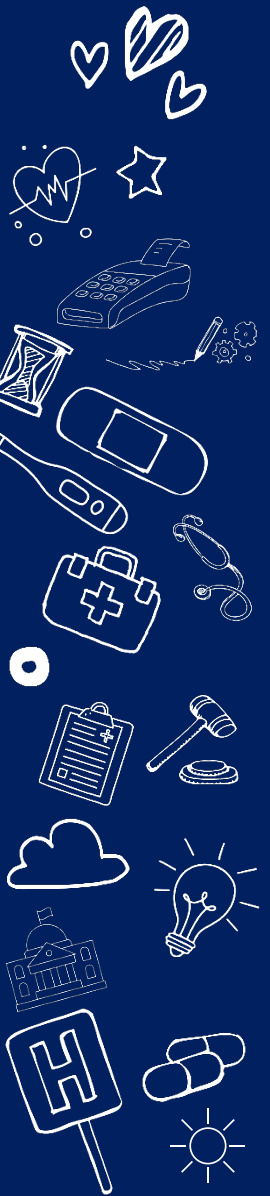
Theresa Payton



Mitch Holthus

UPCOMING EVENTS

- Noon Briefing: Culture of Safety – April 29
- KHA Leadership Institute – Summer 2026
- Fall District Meetings – Oct. 5-16
- Rural Health Symposium, Hays – Nov. 19



District Discussion

Please Give Us Your Feedback

KHA 2026 Spring District Meetings



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