

KHA District Meetings

Fall 2026



Thank You District Meetings Sponsors



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Today's Agenda

- Strategic Direction and Budget
- Public Perception Polling
- Federal and State Advocacy
- Quality and Safety
- Networking Lunch
- Rural Health Transformation Program
- Finance and Reimbursement
- KHSC and APS
- Member Updates and District Discussion



**2026
Progress**

**2027
Priorities**



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.

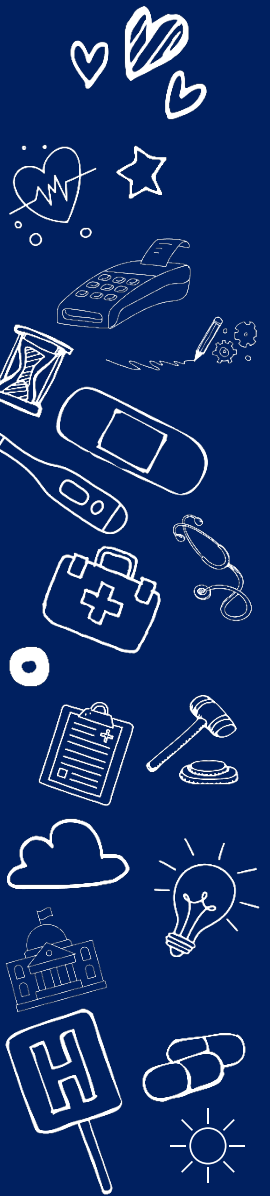
www.kha-net.org



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Strategic Direction Discussion

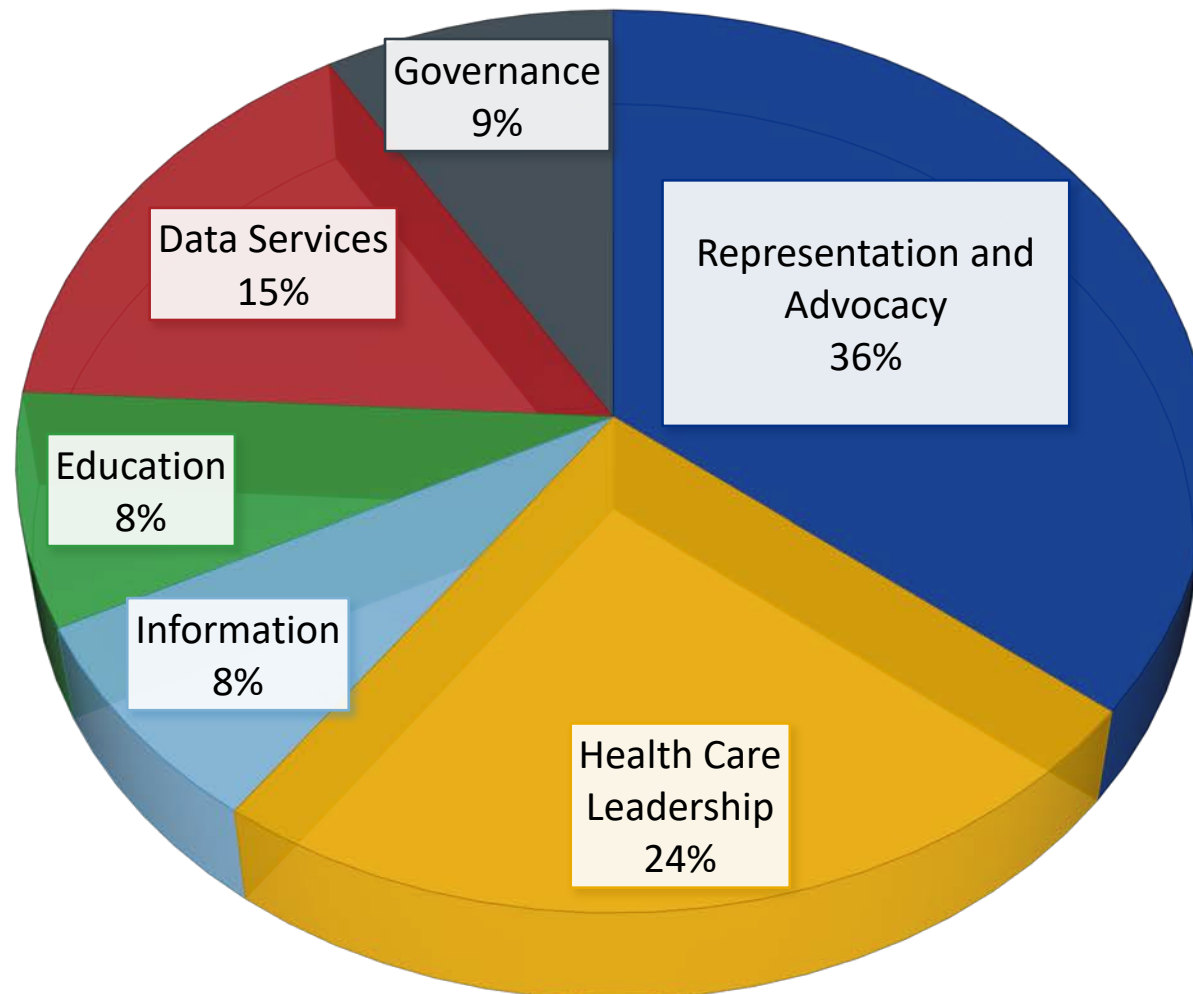
KHA Board of Directors



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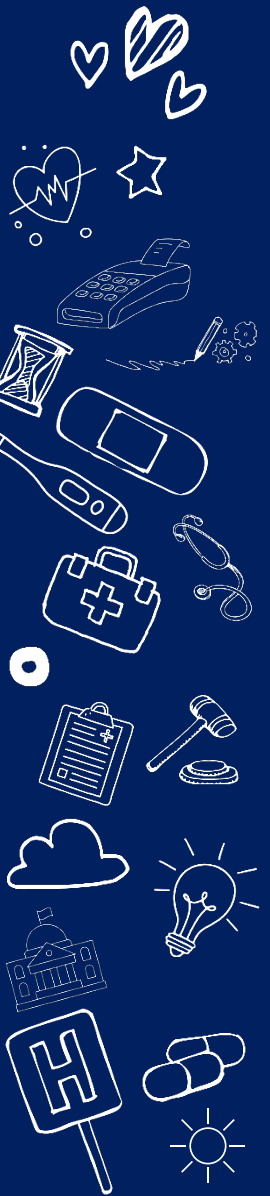
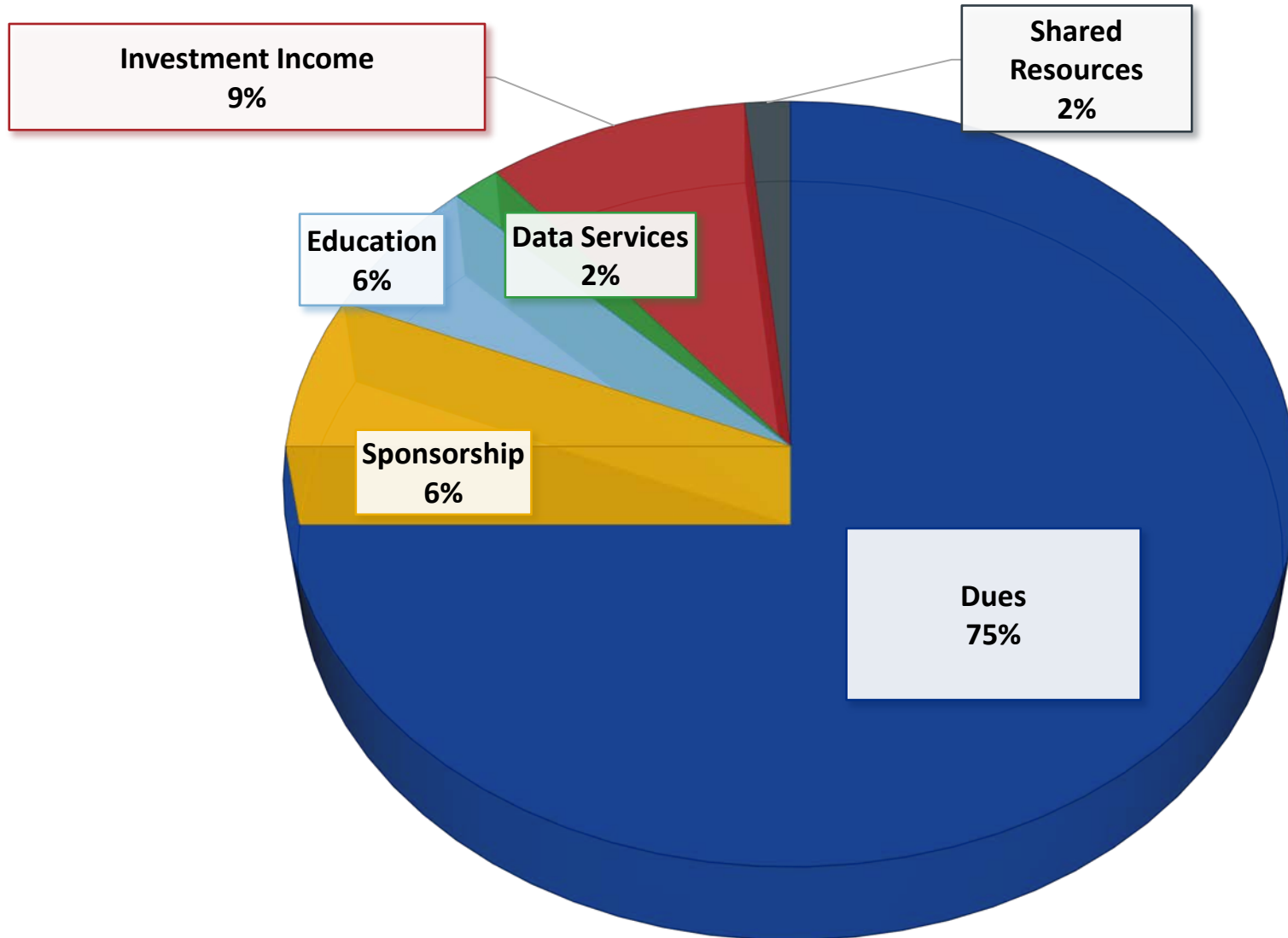
KHA Budget 2027

EXPENSES BY FUNCTION



KHA Budget 2027

REVENUE BY SOURCE

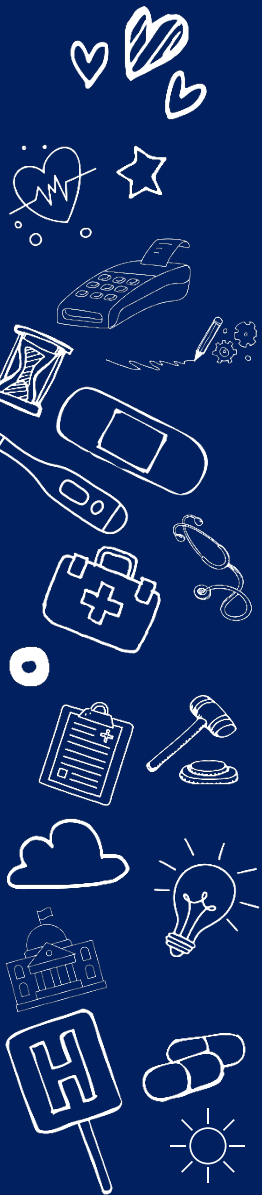




KANSAS HOSPITAL ASSOCIATION

	<u>2027 Proposed Budget</u>				
	Income	Expense	Net Costs	Overhead	Net Budget
Representation and Advocacy	\$ 1,900	\$ 1,738,011	\$ 1,736,111	\$ 212,833	\$ 1,948,944
Networking/Collaboration	\$ 83,975	\$ 1,233,631	\$ 1,149,656	\$ 184,093	\$ 1,333,749
Communications/Information	\$ 37,650	\$ 362,350	\$ 324,700	\$ 89,716	\$ 414,416
Education	\$ 704,750	\$ 1,064,085	\$ 359,335	\$ 95,930	\$ 455,265
Data Services	\$ 132,800	\$ 899,850	\$ 767,050	\$ 78,453	\$ 845,503
Governance	\$ 14,000	\$ 445,625	\$ 431,625	\$ 43,499	\$ 475,124
GRAND TOTAL	\$ 975,075	\$ 5,743,552	\$ 4,768,477	\$ 704,523	\$ 5,473,000
Dues					\$ 4,873,000
Operating Income/(Loss)					\$ (600,000)
Interest/Investment Income					\$ 600,000
Reserves - Addition/(Usage)					\$ -

Public Perception Polling Results and Recommendations



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KHA Public Opinion Poll Dashboard



2026

POWERED BY co/efficient

[Overview](#) [Recommendations](#) [Hospital Standing](#) [Cost & Access](#) [Workforce](#) [Rural & Politics](#) [Full Results](#) [Methodology](#)

As Kansans weigh what health care costs, insurance takes the blame, not hospitals. The benefits hospitals provide outweigh the costs Kansans assign to them.

CARE IS RATED BETTER

Excellent ratings of local hospital care rose to **23%, up 7 points** since 2023, while Poor ratings were cut in half to 6%.

BLAME FOR COST MOVED TO INSURERS

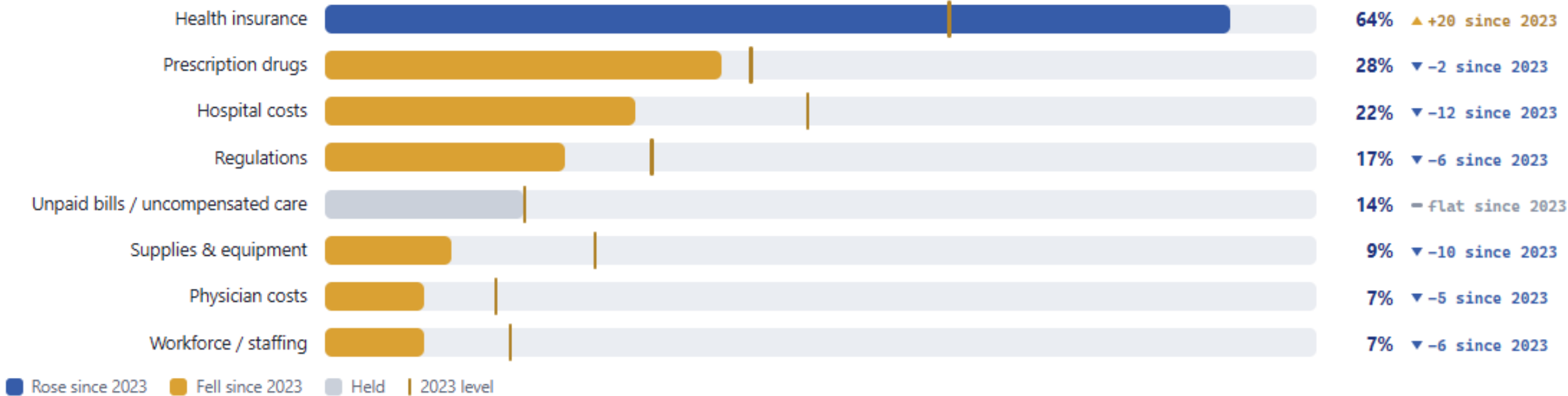
Health insurance is named a top-two cost driver by **64%, up 20 points**, the largest movement in the study. Hospital costs fell to 22%, down 12.

RURAL ISSUES UNITE EVERYONE

State funding to keep rural hospitals open is very important to **70% of Kansans**, and every party and ideology clears 50%, the widest cross-partisan consensus in the study.

Health insurance is now the top cost driver at 64%, up 20 points. Hospitals fell to 22%, down 12.

Top-two drivers of rising health care costs, ranked by share. Blue bars rose since 2023, gold bars fell, grey held; the thin dark tick marks each item's 2023 level. Insurance up 20 and hospitals down 12 is a 32-point relative swing in blame in three years.



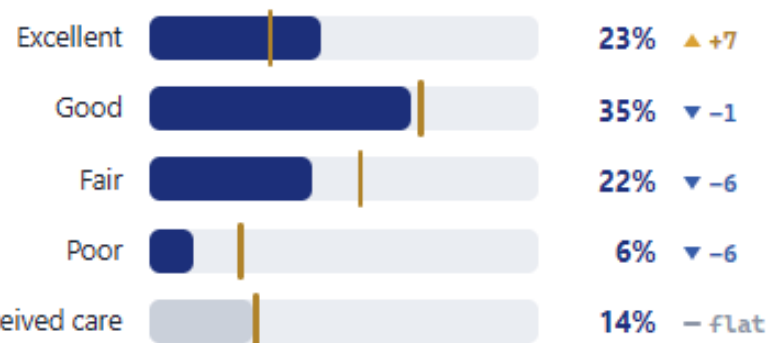
The shift is cross-partisan: health insurance is named by **61% of Republicans, 70% of Democrats, and 59% of independents**. A cost argument that names insurance starts from agreement, not persuasion.

By KHA district, the insurance-blame consensus is nearly universal, but softest in the **Northwest at 45%** versus 60 to 66% everywhere else, a district worth a locally-tailored version of the message.

THE CONTRADICTION

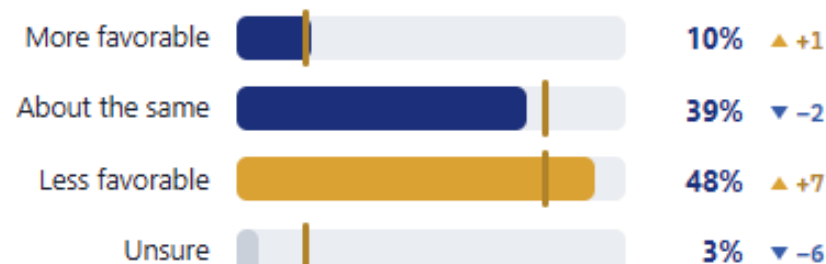
Excellent care ratings rose 7 points, yet less-favorable views of hospitals rose 7 points too.

Quality of care at your local hospital



| 2023 level

View of Kansas hospitals in the last few years



| 2023 level

The two 7-point moves run in opposite directions: **Excellent care up 7, less-favorable views up 7**. Sentiment is no longer being set by the care Kansans receive.

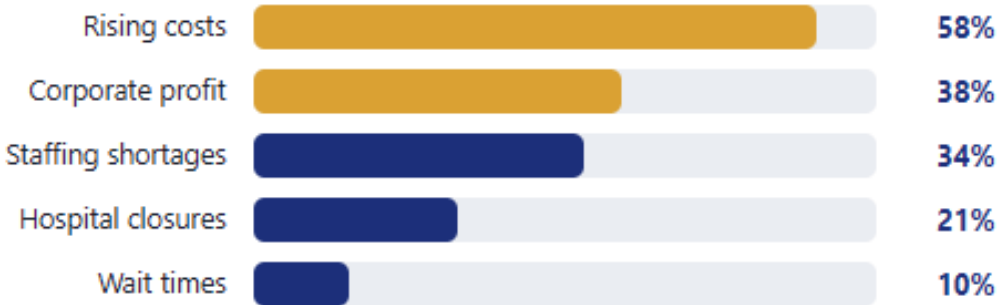
By KHA district, both readings diverge sharply: North Central rates care Excellent at **38%** while Southeast and Southwest sit near the bottom (5% and 1%), and less-favorable views range from **44% in the Northeast to 78% in the Southwest**. This is a story with real regional edges, not a uniform statewide mood.

WHAT IS FILLING THE GAP

A story about motives is filling a vacuum of financial understanding.

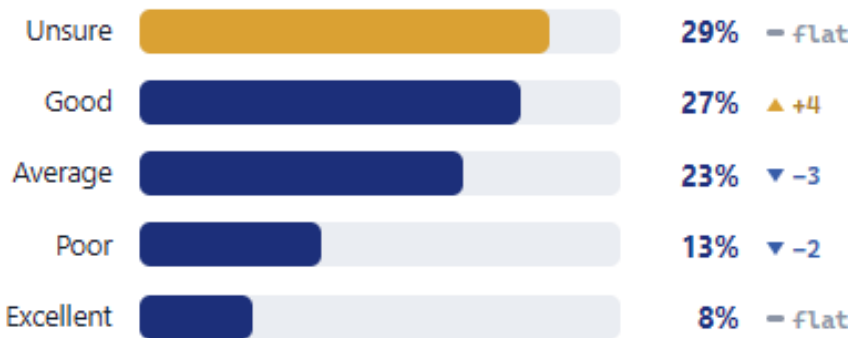
Corporate profit (38%) now trails only rising costs (58%) as the explanation Kansans give for souring views, while 29% cannot describe their local hospital's finances at all.

Why views changed, in their own words



Coded from 326 open-ended responses; a response can carry multiple themes. Cost and motive dominate: **rising costs (58%) and corporate profit (38%)** lead every service-related complaint.

How Kansans read their local hospital's finances



Positive readings actually improved (Good up 4), yet **29% cannot characterize their local hospital's finances at all**, the largest single answer. That is not hostility. It is silence, and it is being filled.

Health care moves votes unevenly. Rural hospitals unite everyone.

A candidate's health care focus significantly moves **71% of Democrats** but only **30% of Republicans**; state funding to keep rural hospitals open is very important to **70% of all Kansans**, majorities of every party and ideology.

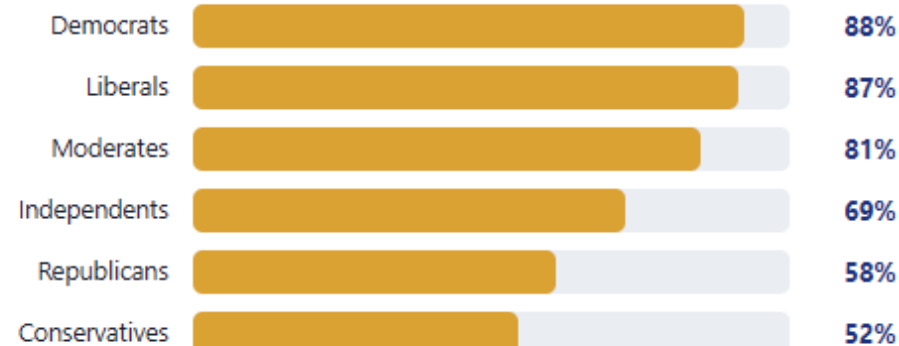
Impact of a candidate's health care focus on the vote for Governor

SHARE SAYING SIGNIFICANT IMPACT



77% say it will affect their vote, but the intensity is partisan: significant impact for **71% of Democrats and 56% of independents** against **30% of Republicans**.

Additional legislative support for rural hospitals: share saying very important



70% overall, and every party and ideology clears 50%, with conservatives lowest at 52%. This is the exception that travels.

By KHA district, North Central is the strongest bloc at **88% very important**, with the Northwest lowest at 61%, still a clear majority everywhere.

The strategic conclusion: KHA has won the cost-blame argument and is losing the character argument. Kansans rate the care higher, they blame insurers rather than hospitals for the bill, and their opinion of hospitals fell anyway, on a story about motives told into a space where 29% have no picture of hospital finances at all. The opening is financial transparency, and there is no incumbent counter-narrative to displace, only an absence.

Five moves, each traceable to a finding.

01 Lead the cost conversation. You are no longer the defendant.

The audience has already moved: Kansans name insurance the top cost driver nearly three to one over hospitals, and the reading holds across party. Stop absorbing the cost question defensively; claim the affordability conversation as the party with standing to demand answers from the actors Kansans actually blame.

Evidence: insurance 64% (+20) vs. hospital costs 22% (-12); named by R 61% / D 70% / I 59%.

02 Fill the financial vacuum before someone else does.

Nearly three in ten Kansans cannot characterize their local hospital's finances, and the void is being filled by a profit narrative. Plain-language, hospital-level "where the money goes" content is the direct answer, and there is no competing narrative to beat, only absence. The messenger already exists: **Kansans trust physicians most for health information at 61%**, against 1% for public health officials. Put the transparency story in clinicians' voices.

Evidence: finances unsure 29%; corporate profit cited by 38% of changed-view respondents; profiteering leads alternate cost write-ins at 58%; physicians most-trusted at 61%.

03 Make quality the proof, not the claim.

Excellent ratings rose 7 points while favorability fell 7: Kansans are not disputing the care. Quality works as evidence inside a cost or stewardship argument and underperforms as a standalone campaign, because the doubt is not about the product.

Evidence: Excellent 23% (+7), Poor 6% (-6), against less favorable 48% (+7).

Five moves, each traceable to a finding. *Continued ...*

04 **Anchor the legislative ask on rural access, not health care generally.**

General health care as a vote driver splits 71 to 30 between Democrats and Republicans; rural hospital support clears 50% in every bloc. The access gap is real and locatable: 60% of rural Kansans report few options against 30% of urban. A rural framing turns a partisan issue into a Kansas issue.

Evidence: rural support very important 70%, conservatives 58%... lowest bloc 52%; few options rural 60% vs. urban 30%.

05 **Do not assume the rural consensus holds itself.**

Very-important support slipped 5 points while somewhat-important gained 5. Support did not leave; it softened. Intensity erodes first, and a session-timed campaign exists to stop that erosion while the consensus is still intact.

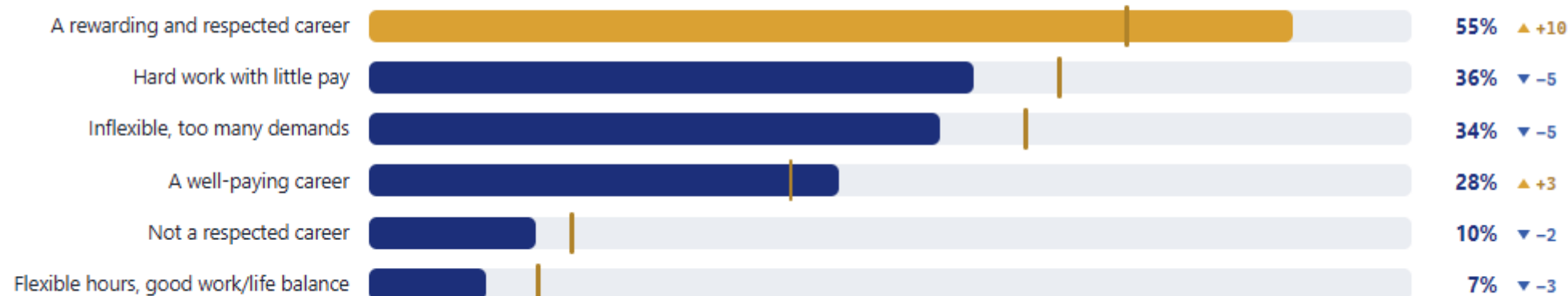
Evidence: very important 70% (-5), somewhat important 18% (+5).

HOSPITALS ARE HERE, AND RURAL KANSAS RELIES ON THEM

Emergency and primary care top the list of essential services everywhere, and rural Kansans lean on them most.

Statewide, **77% call emergency care and 65% call primary care** essential local services. Rural Kansans name emergency care essential at **82%**, ahead of suburban (76%) and urban (68%) Kansans, the clearest sign that the hospital's core role is not in question, even where favorability has slipped.

55% call healthcare a rewarding and respected career, up 10 points, the biggest gain in the study.



| 2023 level

THE PIPELINE

43% would recommend a Kansas healthcare career, up 6 points, led by seniors: 58% of 65+ vs 32% of under-35s.

Would recommend a health care job, by age



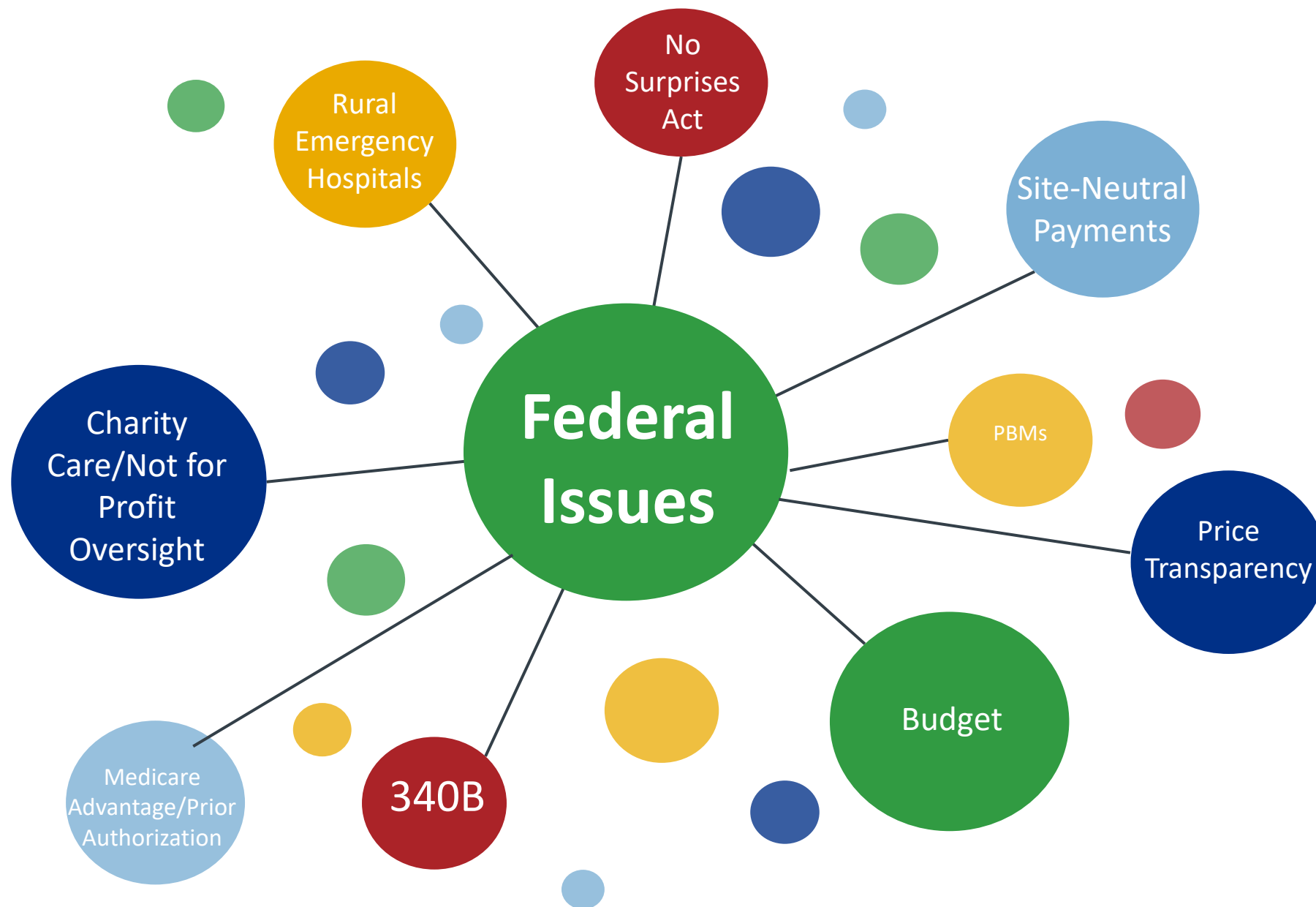
Statewide movement



The 6-point gain came out of uncertainty, not out of opposition. Health care workers themselves recommend the work at 58% against 41% of non-workers (104 health workers in sample), supporting texture for a story the age gradient tells more reliably.



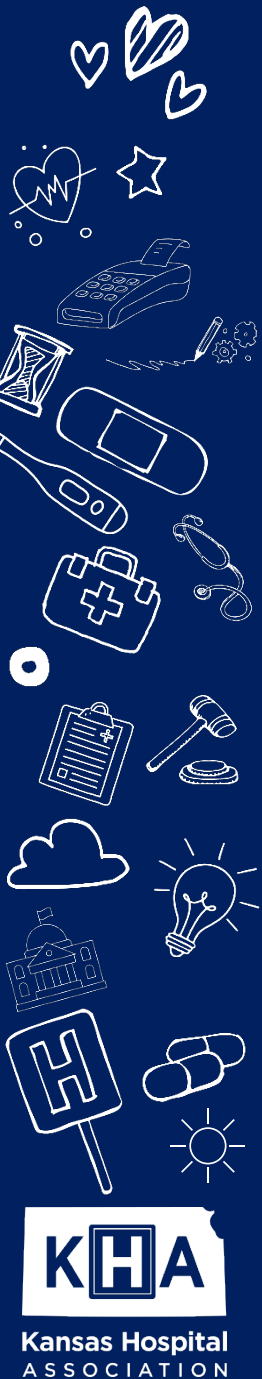
FEDERAL ADVOCACY UPDATES



Key Priorities for Kansas Hospitals – End of Year Congressional Agenda

Key priorities for Kansas hospitals during Congress' end of year session include:

- Support Meaningful Price Transparency without Unnecessary Burdens on Providers
- Protect and Strengthen the 340B Drug Pricing Program
- Support Medicare Advantage Reforms that Improve Patient Access and Payer Accountability



Patients Deserve Price Tags Act

JULY 17, 2025

Senators Marshall & Hickenlooper Introduce Legislation Requiring Price Transparency in Healthcare

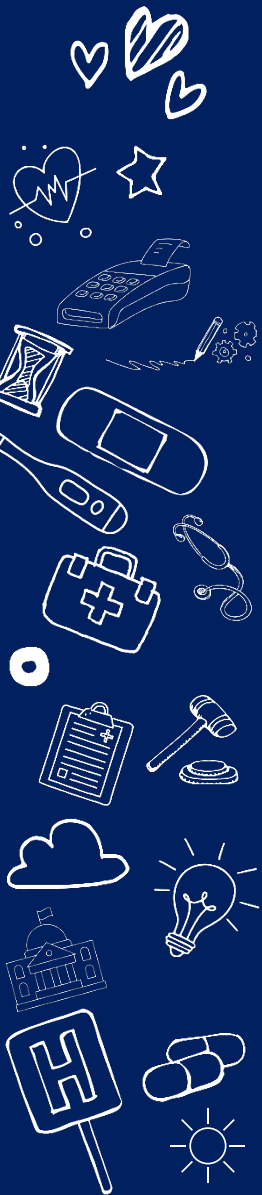
Key Provisions:

- 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 quarterly, 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.

([S. 2355](#) / [H.R. 5582](#))



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Sustain 340B Act Highlights



- Introduced August 5, 2026
- Senate 340B Bipartisan Working Group includes Senator Jerry Moran
- Reaffirms point of sale discount intended by 340B program
- Ends any HRSA rebate model within one year of legislation enactment
- No limits on contract pharmacy (numeric or geographic)
- New annual reporting requirements for covered entities
- Strengthens auditing and reporting procedures
- Establishes neutral 340B data clearinghouse to prevent duplicate discounts
- Annual user fee for covered entities

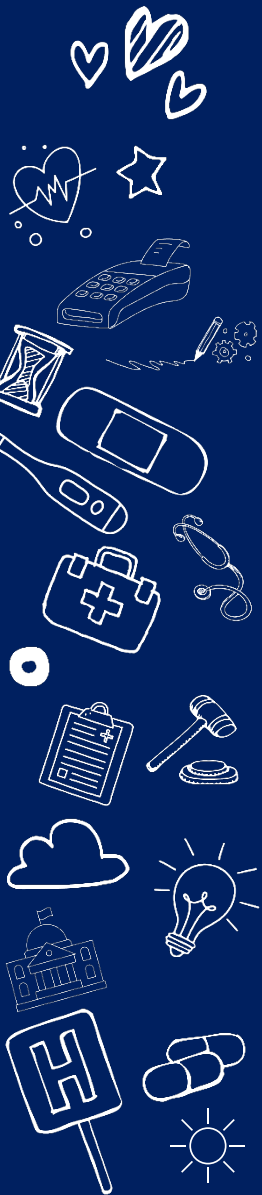
Medicare Advantage

Background – Hospitals continue to experience significant challenges with Medicare Advantage plans, including prior authorization delays, inappropriate denials, retroactive denials and delayed payments. Congress is considering three bills that would address these issues and improve Medicare Advantage for both patients and providers.

Our Requests:

- Work with Leadership to pass *The Improving Seniors' Timely Access to Care Act* (S. 1816 / H.R. 3514) which would streamline prior authorization and strengthen transparency and accountability. Sen. Marshall is the lead Senate sponsor, and the entire Kansas delegation has cosponsored the legislation.
- Advance the *Medicare Advantage Improvement Act* (S. 4384 / H.R. 8375) that will improve prior authorization requirements, end retroactive denials and strengthen payer accountability. Sen. Marshall is the lead sponsor of this bill and nearly all of Kansas' delegation is cosponsoring.
- Co-sponsor the *Medicare Advantage Prompt Pay Act* (S. 2879 / H.R. 5454) which establishes a prompt payment standard for MA plan payments to contracted providers.

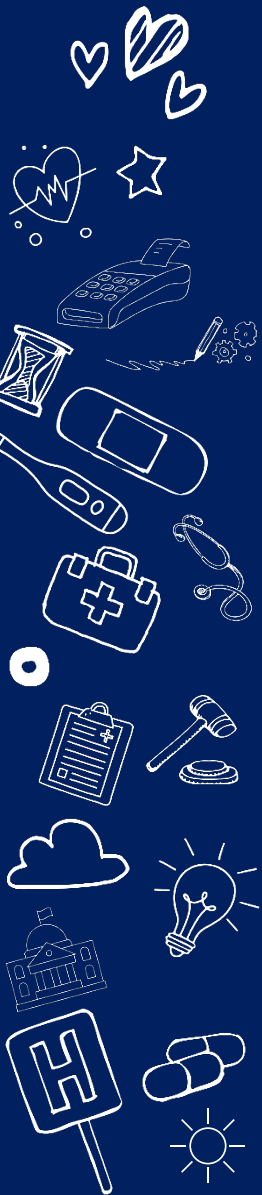
*Encourage the delegation to keep up the fight
and get this placed in an end-of-year bill so that they can become law.*



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Discussion: No Surprise Act

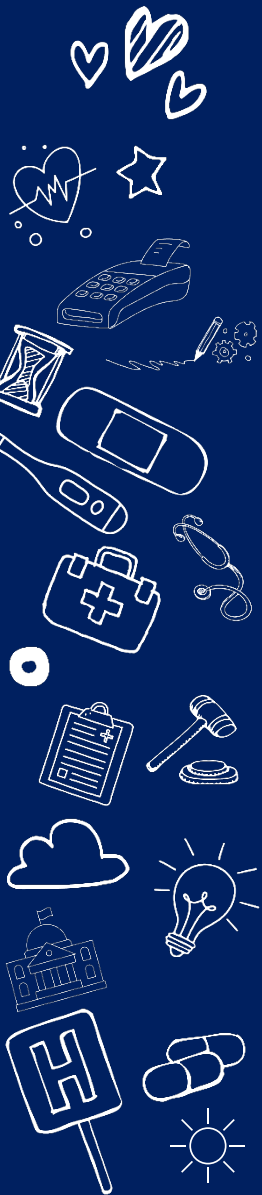
Does your hospital currently use the federal independent dispute resolution (IDR) process to resolve out-of-network payment disputes?



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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.**

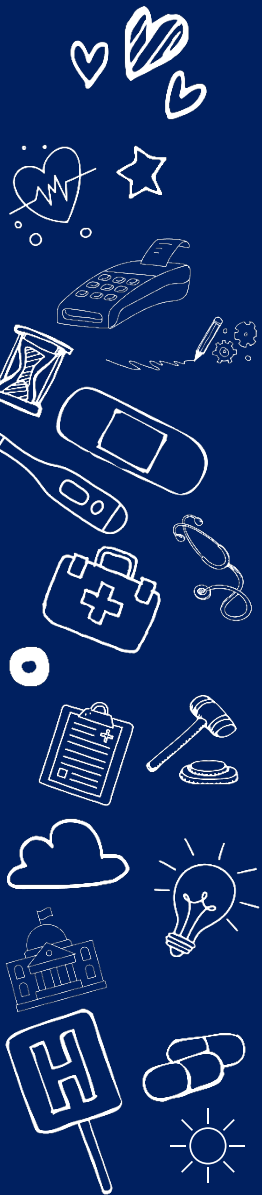




STATE ADVOCACY UPDATES

2027 Health Care Topics

- 340B Contract Pharmacy and Data Protections
- Prior Authorization Reform
- Behavioral Health Funds/Add-On Payments
- Health Care Upskilling and Training Grant Program
- Support a Stable Medical Liability Environment
- Medical Surrogate Decision Makers
- Health Care Workplace Violence Protections
- Rescind Burdensome Regulations
- Medical Debt/Charity Care Mandates
- Non-Compete Agreements
- Anesthesiologist Assistant Licensure



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Access the 340B Toolbox for:

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



Map of the United States showing House Bills by state:

- WA: No bill
- OR: HB 3345, SB 4333, HB 4149 (2006)
- MT: No bill
- ID: HB 335
- ND: HB 1473
- SD: SB 154 (2003)
- NE: SB 198 (2005)
- KS: SB 284 (2004)
- OK: HB 3048, SB 1030
- TX: HB 3285
- WY: No bill
- NV: No bill
- UT: HB 519
- CO: SB 071
- NM: HB 78
- AZ: No bill
- CA: AB 1480
- AK: No bill
- ME: LD 180
- VT: No bill
- NH: SB 233 (not passed)
- MA: HB 355 (2001)
- RI: SB 4 (2004)
- CT: No bill
- NY: SB 1913
- NJ: No bill
- DE: No bill
- MD: HB 1056 (2004)
- VA: No bill
- NC: No bill
- SC: No bill
- GA: HB 139
- FL: HB 1527
- HI: HB 712

- States with Enacted 340B Contract Pharmacy Legislation
- States with Introduced 340B Contract Pharmacy Legislation (2025)
- States with 340B with Contract Pharmacy Legislation Passed in One Chamber (2025)

Total number of participating entities by type:	Clinic	85
	Hospital	91
	Pharmacy	386

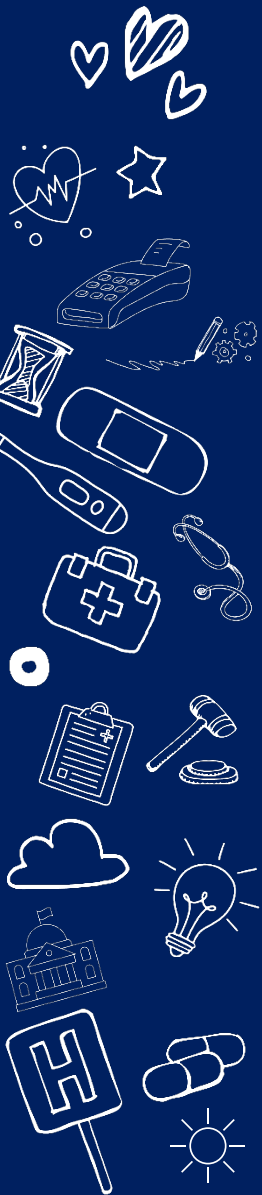


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PHARMACIST
ASSOCIATION



Source: HRSA Office of Pharmacy Affairs.
<https://340bopais.hrsa.gov/home>

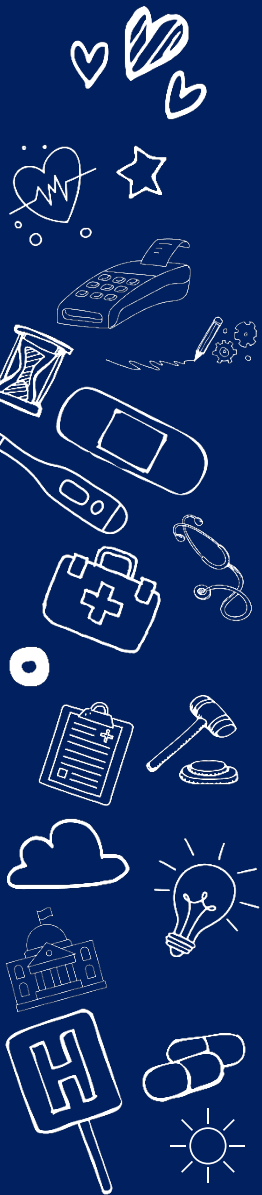
Anesthesiologist Assistants: Policy Landscape and Considerations for Kansas



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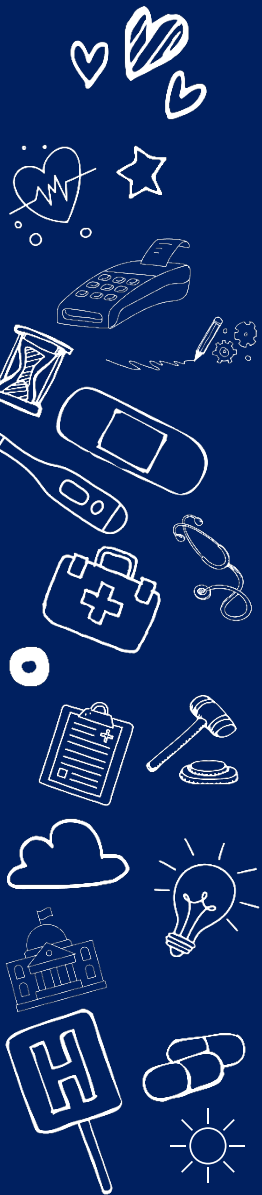
Profession Overview

- The Anesthesiologist Assistant (AA) is an allied health professional who practices exclusively within the Anesthesia Care Team (ACT) model under the medical direction of a physician anesthesiologist.
- AAs represent one strategy health care organizations are using to expand anesthesia capacity
- Master's-level education, 24-28 months, CAAHEP-accredited
- Always supervised by an anesthesiologist; no independent practice authority
- No independent prescribing authority in any state



National Workforce Overview

- 53,500+ anesthesiologists nationally
- 70,700+ CRNAs nationally
- 3,000+ practicing CAAs nationally
- CAA workforce growth: ~700 (2006) to 1,875 (2016) to 3,000+ (2026)
 - CAA job market projected to grow 26.2% by 2032
- 24 jurisdictions authorize CAA practice (up from 16 in 2006)
 - Authorized at all VA facilities in all 50 states
- Demand for anesthesia services outpaces supply in most markets



CRNAs vs. AAs - Education

Category	CRNA	AA
Pre-Program Education	Bachelor's degree; RN licensure; acute/critical care RN experience	Bachelor's degree in arts or sciences; no health care experience/licensure required
Formal Education/Program Length	~7-8.5 yrs from start of nursing education through graduation; ~9,369 avg clinical patient-care hours • Program length: 24-42 months	~2,000-2,700 clinical hours during the AA program • Program length: 24-48 months
Degree Awarded	Doctorate (DNP or DNAP)	Master's degree (Master of Science in Anesthesia or Medical Science)
Certification Exam	NBCRNA National Certification Examination; required to practice in 48 states + DC	NCCAA examination; eligible up to 180 days before graduation; certification not always required by state law
Continuing Education	Recertification every 2 years; 40 CE credits per cycle	Certification renewal every 2 years; 40 CME credits per cycle; must pass the CDQ exam initially after 6 years, then every 10 years

CRNAs vs. AAs - Practice

Category	CRNA	AA
Scope of Practice	Qualified to make independent judgements regarding all aspects of anesthesia care; may practice with or without anesthesiologist supervision; trained to respond to anesthetic emergencies	Develops and implements an anesthesia care plan with anesthesiologist; must work under the direction/supervision of an anesthesiologist; may not work under other physicians
Supervision Requirements	Federal Medicare supervision requirement applies unless the state governor has "opted out"; ~27 states + Guam have opted out as of 2026	Must work under anesthesiologist medical direction in all authorized states; Medicare requires anesthesiologist immediately available
Prescribing Authority	May order and administer medications within scope; prescriptive authority varies by state	Does not independently prescribe; the supervising anesthesiologist prescribes and directs therapeutic interventions
Practice Settings	Hospitals, obstetrical suites, critical access hospitals, ambulatory surgical centers, offices of dentists/podiatrists/ophthalmologists/pain specialists/plastic surgeons, military/VA facilities	Primarily urban hospitals using the anesthesia care team model; cannot where anesthesiologists are unavailable

Sources: NCSL, AANA



HB 2368 – Introduced in Feb. 2025

- No dedicated AA licensure act exists in Kansas
 - Board of Healing Arts regulates the physician, not the AA
- Proposed AA Licensure Act under Kansas Board of Healing Arts
- Scope: Assist anesthesiologist in implementing anesthesia care plan
- Supervision: Anesthesiologist physically present or immediately available
- Prohibited: Prescribing medications, administering drugs the supervising physician is not qualified to prescribe, and practicing without supervision of a licensed anesthesiologist
- Bill died in committee April 10, 2026



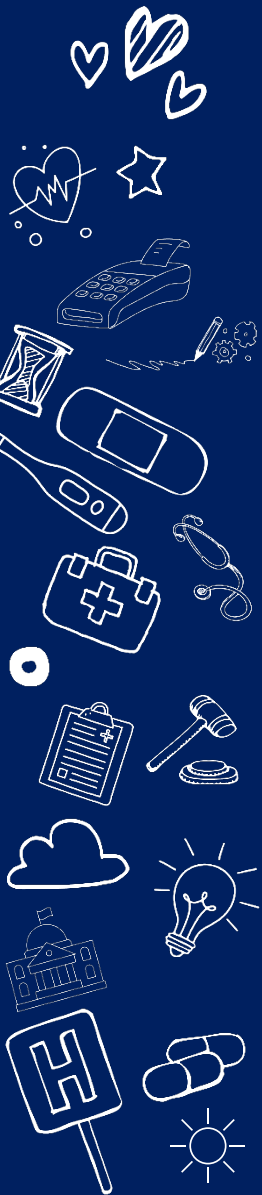
HB 2368 Key Issues

- **Proponents Argued for:**

- o Addressing the anesthesia provider shortage
- o Providing a formal regulatory framework with Board oversight, supervision standards, and quality assurance mechanisms
- o Aligning Kansas with 24 other jurisdictions that authorize AA practice
- o Supporting care-team models that keep anesthesiologists directly involved in anesthesia delivery
- o Expanding hospital workforce flexibility, particularly in urban and suburban settings
- o Creating a pathway for AA graduates from KS based programs to practice in-state
- o Bringing Kansas in line with Missouri's 23 years of successful AA regulation

- **Opponents Argued against:**

- o CRNA training pipeline risk: AA licensure could limit clinical training sites for Student Registered Nurse Anesthetists (SRNAs)
- o AAs wouldn't be able to be used in rural areas
- o Geographic concentration risk
- o Cost concerns for rural areas reliant on independent CRNA practice
- o Supervision ratio debate: whether the 1:4 ratio is appropriate or too permissive
- o Scope ambiguity between AA and CRNA roles
- o Redundancy in a second non-physician anesthesia provider type



Missouri AA Practice Framework

- Comprehensive statute enacted in 2003
- State licensure required through Board of Registration for the Healing Arts
- Must graduate from a CAAHEP-accredited program and pass NCCAA certification exam and maintain active certification
- Written supervision agreement required, retained 8 years with required annual review
- Supervising anesthesiologist: same facility, immediately available, 1:4 ratio
- Workforce: approximately 150 licensed AAs



Quality and Safety Evidence

Key Peer-Reviewed Findings

- o The largest peer-reviewed study (Sun et al., 2018) analyzed 443,098 Medicare cases and found no significant differences in mortality, length of stay, or spending between AA care teams and CRNA care teams under physician supervision
- o A 2014 single-center study (Lynch et al.) of 15,084 surgical cases found no clinically significant outcome differences across anesthesia provider types, though CRNAs and CAAs were combined as one group (limiting AA-specific conclusions)
- o Additional unpublished institutional data from University Hospitals Cleveland (46,845 cases) found complication rates were no higher for AAs than CRNAs

Regulatory Reports

- o Ohio reported zero disciplinary actions against AAs over a multi-year review period
- o Missouri has 23 years of AA practice with no documented CRNA position loss or patient safety issues

Sources: Sun et al. 2018, ASA News Release, Lynch et al. 2024, ASA 2006 Study



Discussion



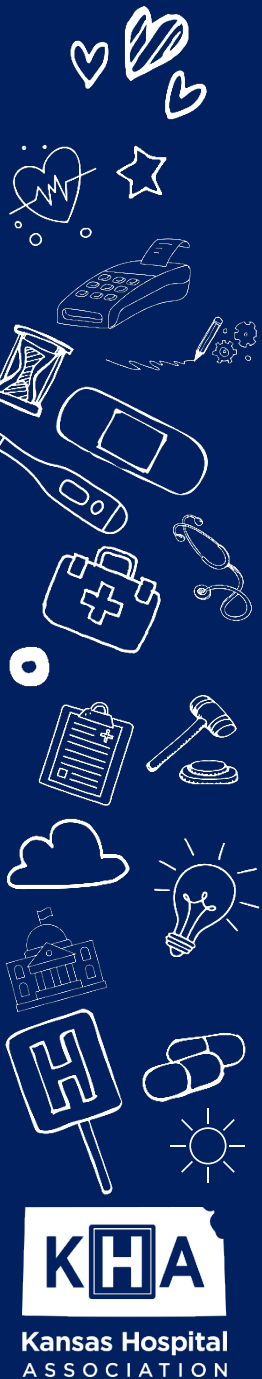
How would AA licensure affect your hospital's anesthesia staffing model or ability to deliver services?



Do you see AA licensure as an opportunity for your hospital, a concern, or something that would have little impact on your organization?



What is your hospital's perspective on Kansas establishing a licensure pathway for anesthesiologist assistants?



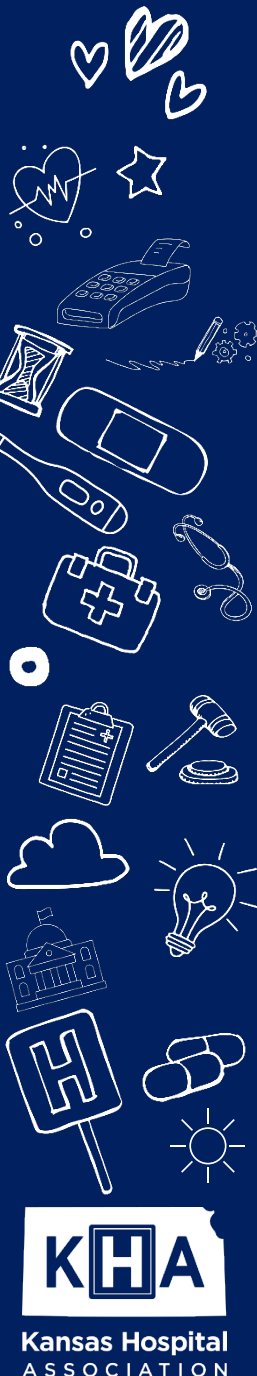
Help Us Identify Opportunities for Regulatory Relief

What state requirements could we simplify to reduce costs, improve efficiency and give hospitals more time for patient care?

- **Credentialing**
Could we eliminate repetitive provider credentialing across Medicaid health plans?
- **Workforce**
Are outdated staffing, supervision or licensure requirements limiting flexibility?
- **Reporting**
Are hospitals submitting the same information to multiple state agencies?
- **Operations**
Are outdated approval or administrative processes adding costs without clear benefits?

Share your ideas

- What regulations or administrative requirements would you change?
- Scan to submit ideas today or take the survey back to your team.

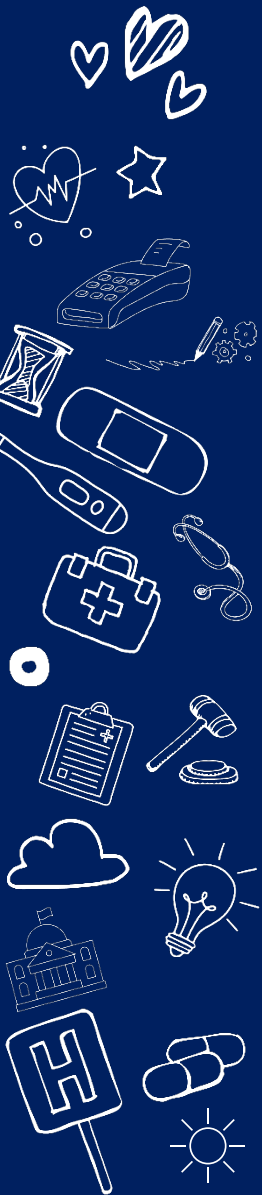


Upcoming Elections

- All House Members up in 2026
- Statewide Elected Officials
 - Governor
 - State Insurance Commissioner
 - Secretary of State
 - Attorney General
- US Congressional Districts
 - All Four
- US Senate
 - One of Two
- Special Question
 - Citizenship Voting Requirement



[We Care We Vote Resources](#)



Kansas Hospital
ASSOCIATION

Governor



Ty Masterson

U.S. Senate



Roger Marshall

Insurance Commissioner



Dan Hawkins



Cindy Holscher



Adam Hamilton



Dinah Sykes

KHA Legislative Dinners

- 11/5: Northwest, Hays
- 11/9: Kansas City
- 11/12: Northeast, Topeka
- 11/30: North Central, Salina
- 12/2: Southwest, Garden City
- South Central: TBD
- Southeast: TBD

Register at: www.registration.kha-net.org





Ensure Your Hospital Achieves Your KHA-PAC Goal!

- 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.

Thank You South Central Hospitals!

Hospitals at Goal!

Comanche County Hospital, Coldwater
Kingman Healthcare Center, Kingman
Lindsborg Community Hospital, Lindsborg

Hospitals at STRETCH Goal!

Edwards County Hospital, Kinsley
Kiowa District Healthcare, Kiowa
McPherson Center for Health, McPherson
Medicine Lodge Memorial Hospital, Medicine Lodge
Mercy Hospital, Inc., Moundridge
NMC Health, Newton
Patterson Health Center, Anthony
Pawnee Valley Community Hospital, Larned
Rice Community Health, Lyons
SCK Health, Arkansas City
The University of Kansas Health System Great Bend Campus, Great Bend

As of 10-1-26



Thank You Southwest Hospitals!

Hospitals at Goal!

Kearny County Hospital, Lakin
Lane County Hospital, Dighton
Stanton County Hospital, Johnson

Hospitals at STRETCH Goal!

Bob Wilson Memorial Hospital, Ulysses
Greeley County Health Services, Tribune
Meade District Hospital/Artesian Vally Health System, Meade
Minneola Healthcare, Minneola
Morton County Health System, Elkhart
Southwest Medical Center, Liberal
St. Catherine Hospital Dodge City, Dodge City
St. Catherine Hospital Garden City, Garden City



Thank You Northwest Hospitals!

Hospitals at Goal!

Citizens Health, Colby

HaysMed, Hays

Rooks County Health Center, Plainville

Hospitals at STRETCH Goal!

Cheyenne County Hospital, Saint Francis

Decatur Health, Oberlin

Grisell Memorial Hospital District #1, Ransom

Logan County Health Services, Oakley

Trego County-Lemke Memorial Hospital, WaKeeney



Thank You Northeast Hospitals!

Hospitals at Goal!

Ascension Via Christi Manhattan, Manhattan
Nemaha Valley Community Hospital, Seneca
The University of Kansas Health System, Kansas City
The University of Kansas Health System Olathe Camps, Olathe
The University of Kansas Health System, Paola Campus, Paola
The University of Kansas Health System St. Francis Campus, Topeka

Hospitals at STRETCH Goal!

AdventHealth Lenexa City Center, Lenexa
AdventHealth Ottawa, Ottawa
AdventHealth Shawnee Mission, Shawnee Mission
AdventHealth South Overland Park, Overland Park
Coffey County Hospital, Burlington
Holton Community Hospital, Holton
Morris County Hospital, Council Grove
Providence Medical Center, Kansas City
Stormont Vail Health, Topeka

As of 10-1-26



Thank You North Central Hospitals!

Hospitals at Goal!

North Central Kansas Medical Center, Concordia

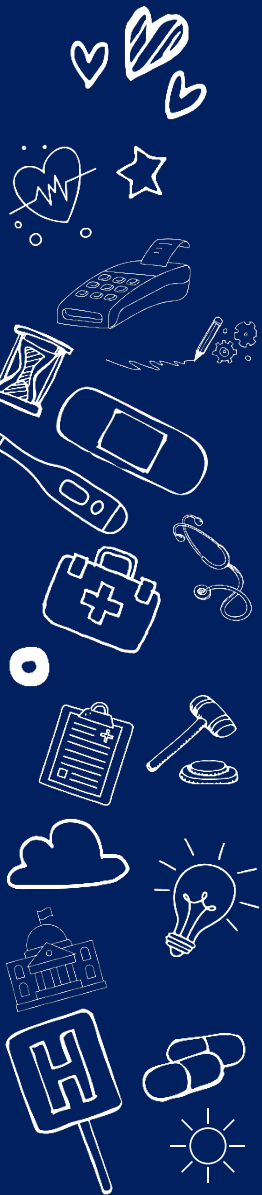
Hospitals at STRETCH Goal!

Ellsworth County Medical Center, Ellsworth

Jewell County Hospital, Mankato

Mitchell County Hospital Health Systems, Beloit

Salina Regional Health Center, Salina



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As of 10-1-26

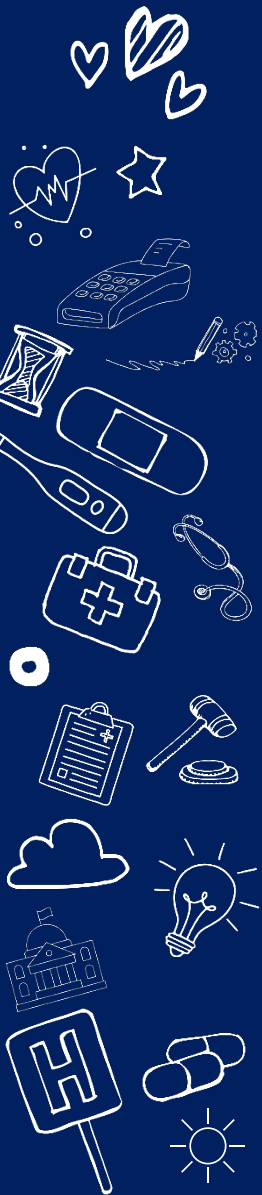
Thank You Southeast Hospitals!

Hospitals at Goal!

Wilson Medical Center, Neodesha

Hospitals at STRETCH Goal!

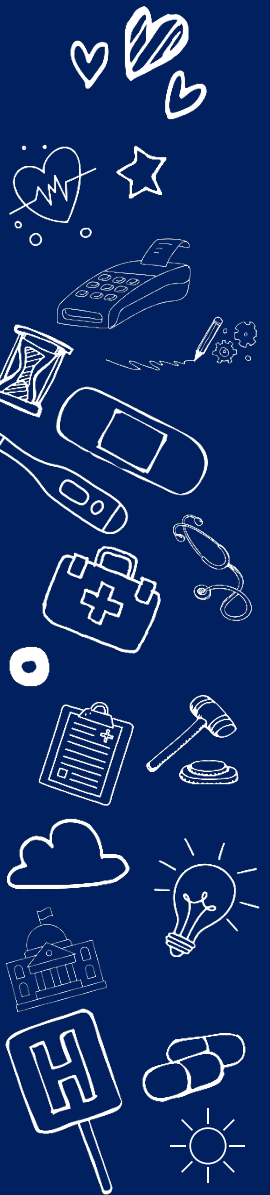
Greenwood County Hospital, Eureka
Labette Health, Parsons



Kansas Hospital
ASSOCIATION

As of 10-1-26

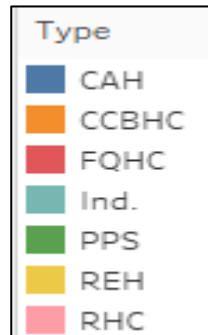
Quality and Safety



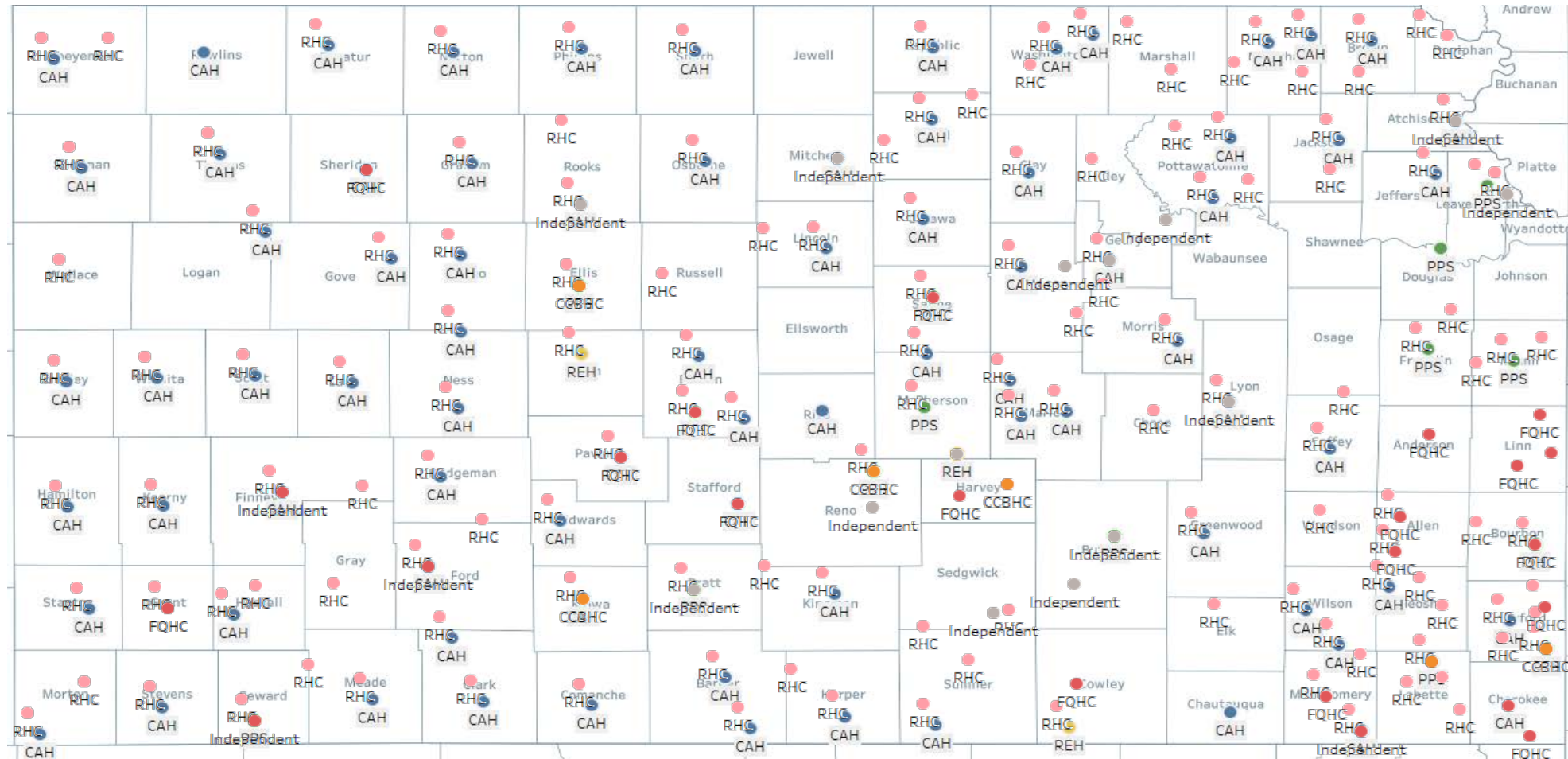
Kansas Hospital
ASSOCIATION

QHi Kansas RHTP-EBPP Participants

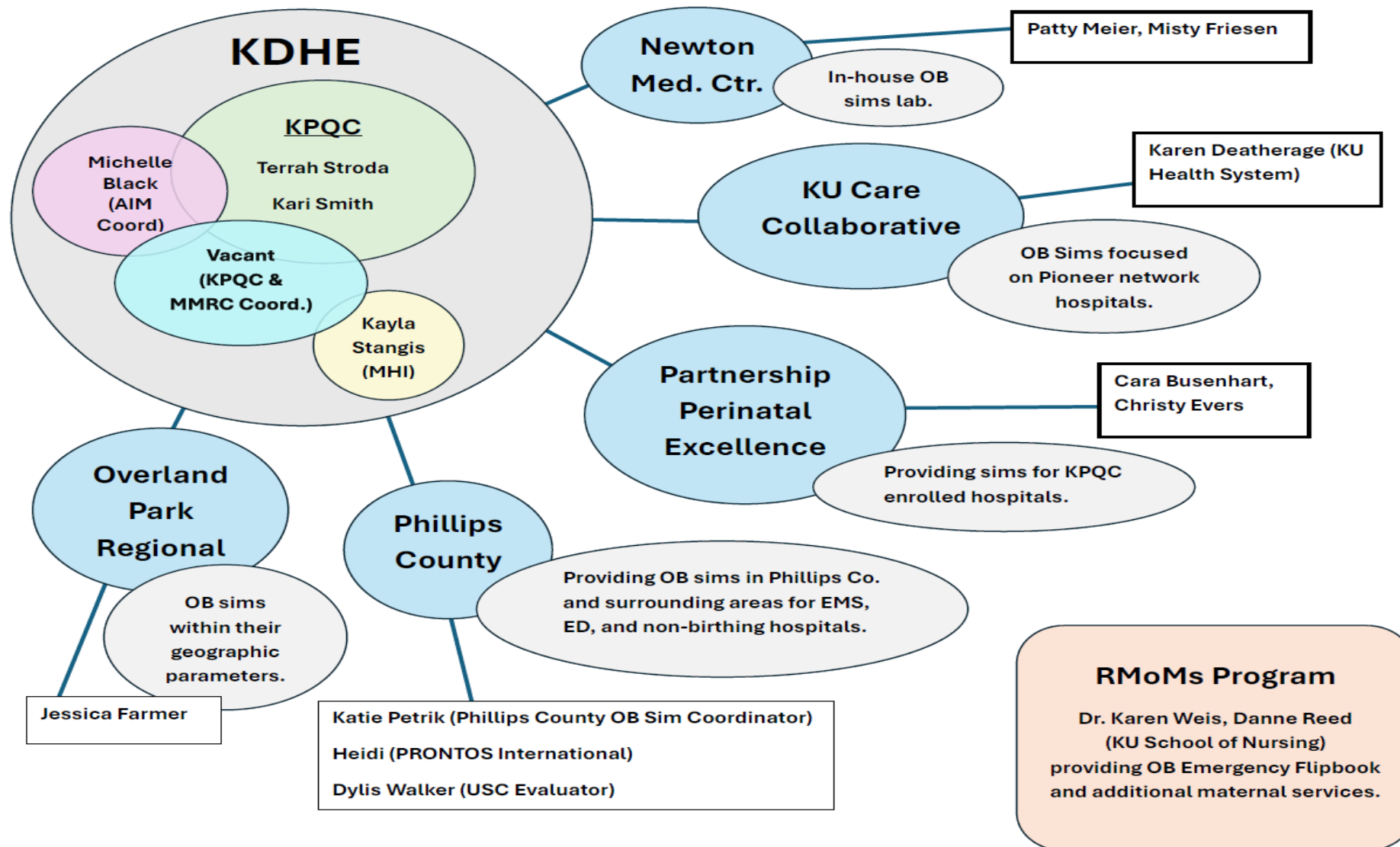
As of 10-05-26



Type	Count
CAH	81
CCBHC	6
FQHC	37
Ind.	20
PPS	15
REH	3
RHC	159
Total	321



OB Simulation Resources



TMaH Summary

Five Core Goals

-  Reduce rates of low-risk c-sections
-  Reduce the incidence of severe maternal morbidity
-  Reduce rates of low-birthweight infants
-  Improve the experience of perinatal care for beneficiaries
-  Lower Medicaid and CHIP expenditures

Three Core Pillars



Access, Infrastructure, and Workforce

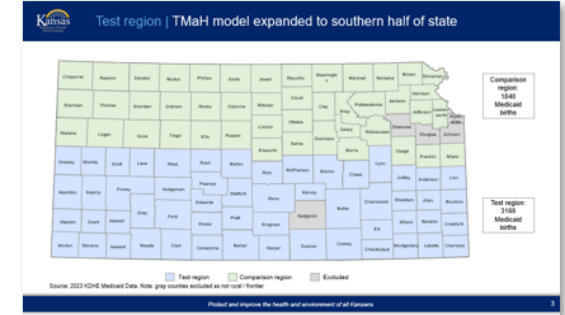


Quality Improvement and Safety



Whole-Person Care Delivery

One Implementation Region



Test region focuses on southern half of Kansas, excluding Sedgewick County

Pre-implementation Period
January 2025 - December 2027

Implementation Period
January 2028 - December 2034

We are here

To protect and improve the health and environment of all Kansans.

<https://www.kancare.ks.gov/data-policy/grant-programs/tmah>

Strengthening Nurse License Monitoring Through Nursys e-Notify

Nursys e-Notify Hospital Toolkit |
Powered by Box

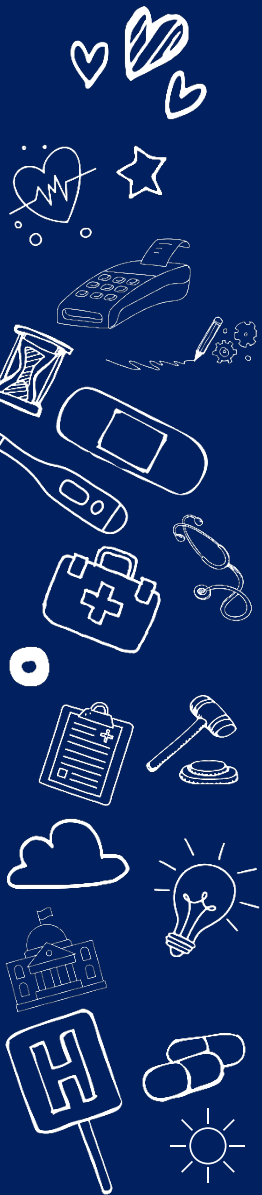


Networking Lunch



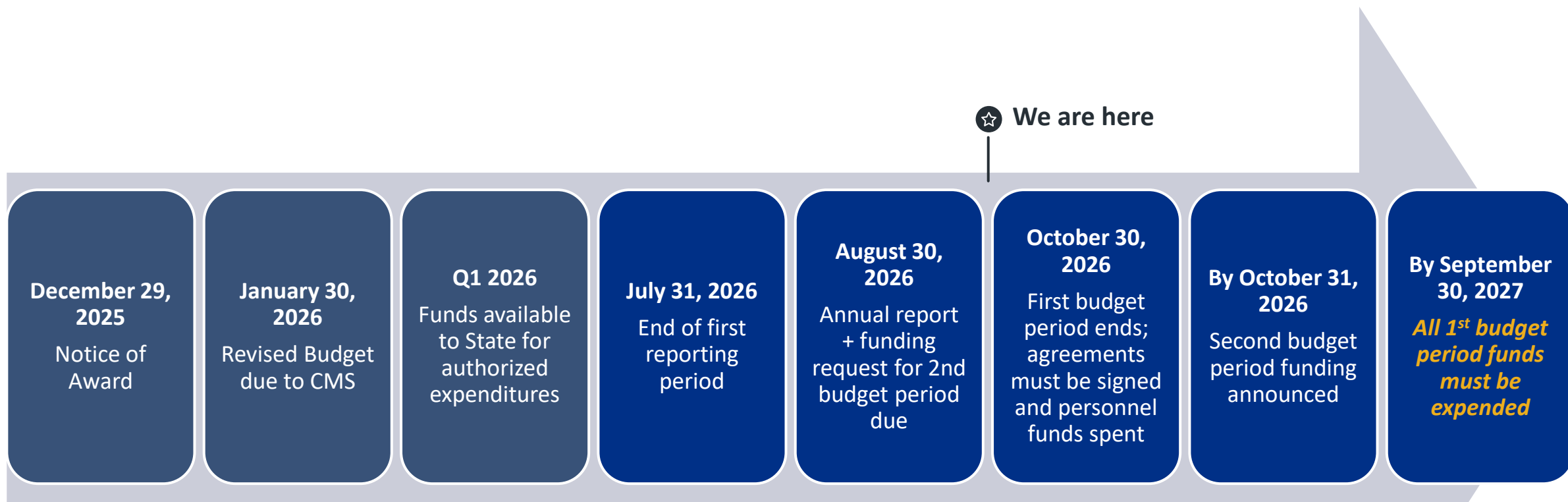
Qualivis

Rural Health Transformation Program



Kansas Hospital
ASSOCIATION

Kansas RHTP is well into implementation phase.



Initiatives

Expand Primary
and Secondary
Prevention
Programs

Secure Local
Access to Primary
Care

Building a
Sustainable
Workforce

Enable Value Based
Care

Harness Data and
Technology

24 total programs across the five initiatives



Year 1 Grant Programs

- Five Programs Announced
 - REH/CAP
 - Regional Partnerships
 - CHW+FIM
 - Emerging Technology
 - Interfacility Transport
- Facts at Glance
 - 61 total awards
 - \$96,718,807 total awards
 - 41 awards to hospitals
 - 35 unique organizations
 - 24 CAHs/REHs
 - \$68,730,259 Awarded to Hospitals (71%)

Note: regional partnerships include more than the hospital awarded.



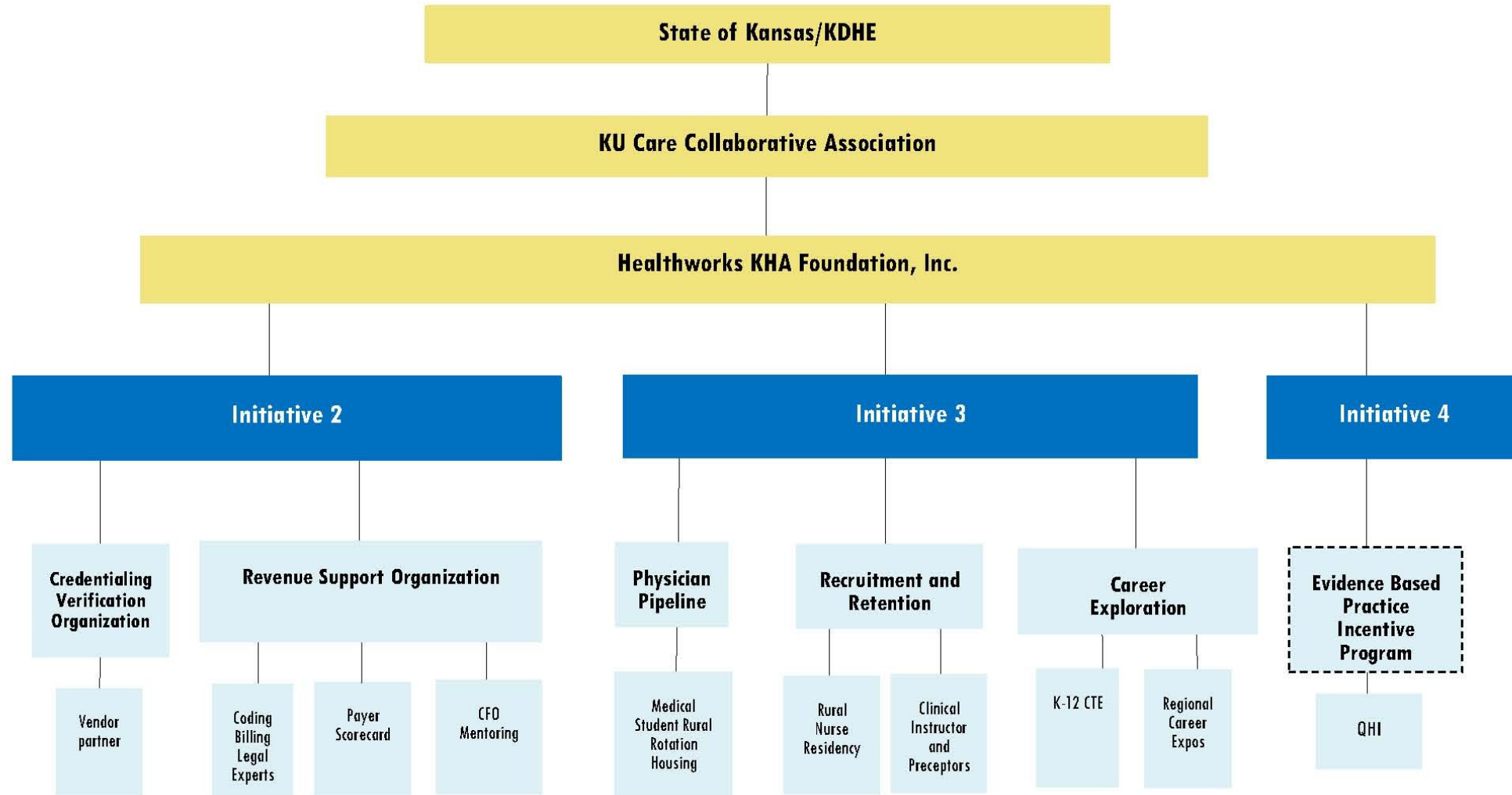


Healthworks Project Updates

HEALTHWORKS
KANSAS HOSPITAL ASSOCIATION



Healthworks Role in RHTP



Kansas Centralized Credentialing Verification

Advisory Committee Working Session



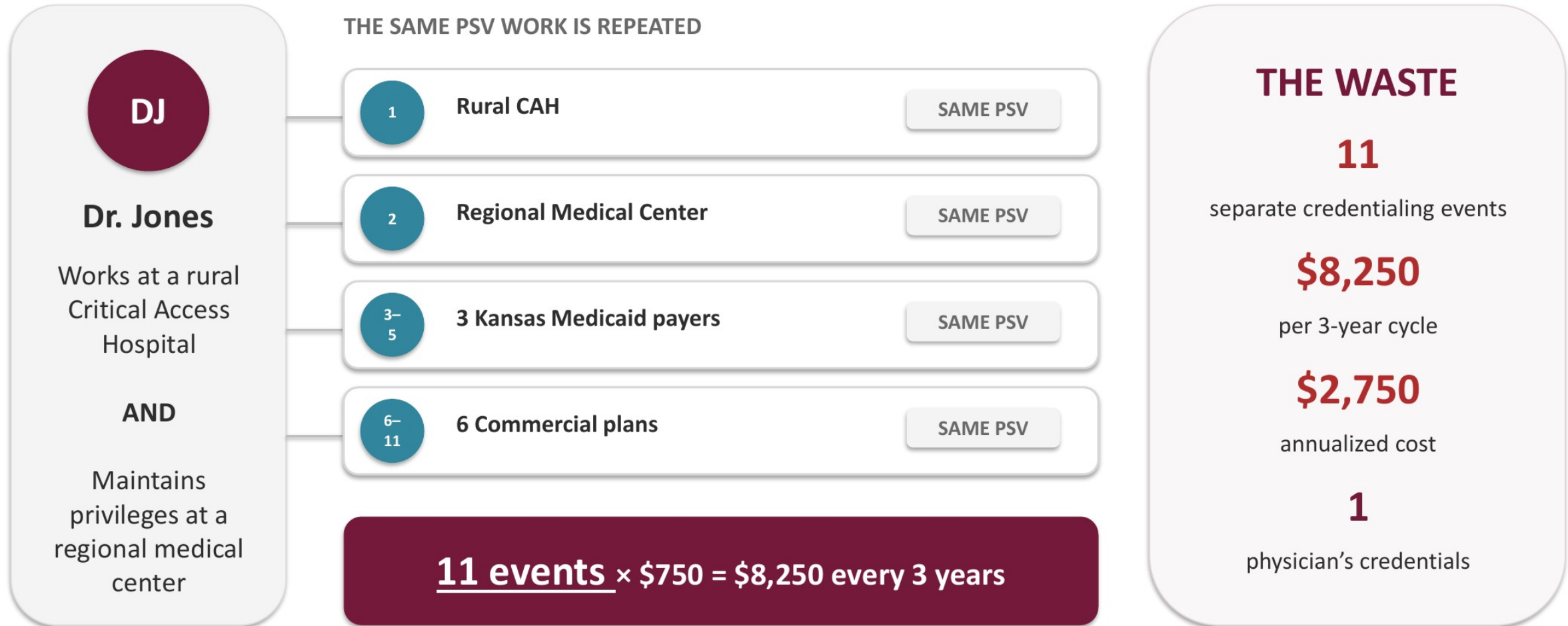
Moving from the vision to the questions we need Kansas to answer.

September 25, 2026 • Working discussion



Reinforcing What We Are Trying to Solve

Before designing the solution, let's make sure we're aligned on the problem.



The physician changes. The employer may change. The payer may change. The underlying PSV evidence often does not.

The CCV Opportunity

A working concept—not a finished design.

**Verify once where possible.
Reuse many times.**



FOR PROVIDERS & HOSPITALS

- Less repetitive paperwork
- Less re-entering the same information
- A clearer path through credentialing

FOR ORGANIZATIONS

- Less redundant verification
- More consistent information
- Potentially faster credentialing cycles

FOR KANSAS

- A reusable credentialing resource
- Better use of scarce administrative capacity
- A foundation for future integration

What Would Success Look Like?

Summary from last Advisory Committee:

“When we come back a year from now and say CCV was successful, what changed?”

Provider experience

- Less repetitive paperwork • clearer credentialing process

Hospital experience

- Less administrative rework • more reusable PSV information

Payer experience

- More consistent information • less duplicate verification

Operations

- Improved turnaround • better use of credentialing capacity

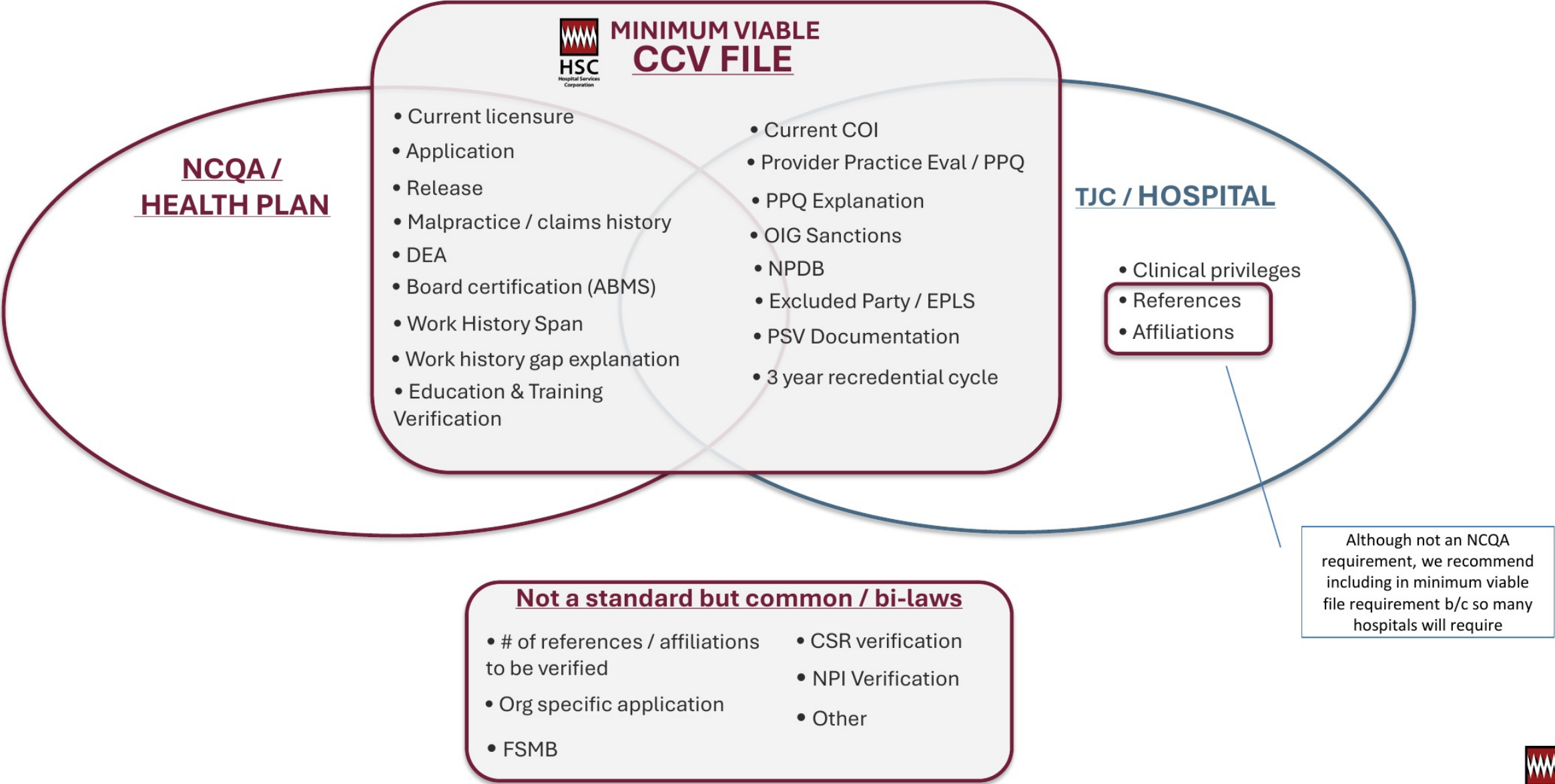
Data quality

- More current, standardized, and trusted information

System-level impact

- A reusable foundation that can support future integration

High Level Venn-Diagram of NCQA / TJC Standards Overlap



One verification. Multiple uses. Less unnecessary work.

The opportunity is to build a common foundation while respecting the requirements that make each organization different.

Kansas Centralized Credentialing Verification | Advisory Committee

CFO Mentoring and Revenue Support

Rural Health Transformation Program - Finance Projects

CFO Mentoring | Elgin Glanzer

- Individual mentoring plans and confidential consultation for rural hospital financial leaders.
- Practical help with reimbursement, payer trends, financial operations and leadership decisions.
- Virtual and in-person support, peer learning, and succession and retention support.

Revenue Support | Marting Law / RevSUPPORT

- Centralized assistance with denials, appeals, underpayments and delayed payment.
- Coding, billing and reimbursement expertise, with payer issue tracking and escalation.
- Recovery reports, tools and education that hospitals can use in their own revenue cycle.

Kansas All-Payers Scorecard

Hyve Health | Payer Performance and Hospital Revenue

What Participating Hospitals Receive

- Secure claims and remittance aggregation with hospital-level dashboards and payer benchmarks.
- Measures of first-pass yield, denial reasons, payment timeliness and reimbursement patterns.
- Quarterly analysis to identify recoverable revenue and distinguish local from broader payer issues.

How KHA Will Use the Evidence

- Statewide trends and an annual accountability report to support payer discussions and advocacy.
- Connect scorecard findings with RevSUPPORT follow-up on appeals and payment problems.
- Track participation, claims coverage, payer trends and actions taken over time.

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 student rural rotations.
- No funds directly to individuals. Funds can be used to create a housing space in the hospital or make upgrades to another existing space. Funds available: \$15,000 per hospital. Proof of expenses will be required.
- 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.
- RHTP funds provide the program to your hospital at no charge.
- Year 1 Goal: 50 nurses in 5-20 hospitals participating.

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.

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 infrastructure payment to rural health care employers to provide qualified nurses to serve as adjunct clinical instructors for area nursing programs. \$10,000 per instructor/\$4,000 per preceptor
- 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: Spring Semester 10 hospitals/10 instructors.

Clinical Instructor Incentives

Infrastructure Payment

- Can be used as the facility determines most appropriate:
 - Offsetting costs of the eligible RN supervising students rather than being at the bedside.
 - Purchasing educational materials, mannequins or other equipment associated with the training of students.
 - Administrative support: scheduling, student onboarding, compliance requirements
- For your facility to be eligible for the infrastructure payment:
 - ✓ Your eligible RN must 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.
 - ✓ In future years, your facility/RN must serve for 2 clinical experiences for any Kansas schools of nursing.
 - ✓ Preceptors must attend the KHA Health Care Preceptor Academy

New Team Member



Patty McGuffin, RN, MSN

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 (e.g., patient care technician, phlebotomy, CNA, EMT).
- Provide an infrastructure payment to rural school districts to expand health science pathways. \$25,000 per district. Funds can be used as the facility determines most appropriate:
 - Purchase necessary equipment for courses to train students.
 - Train teachers or to support hospital/facility or community college/technical school to teach respective courses.
 - Bus students to alternative learning sites
- Y1 and 2 Goal: 5-10 schools committed to expanding opportunities.

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 of \$10,000 to existing and new events in rural areas.
- Y1 Goal: Support 3-4 events.
- Note: funds can't be used for food or gift cards.



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



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, CONTACT: JOE COLES

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

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

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

UPDATED MAY 20, 2025

Year 2 State Application

- Budget period 2: October 31, 2026 – October 30, 2027.
- KDHE posted budget narrative/work plan submitted on RHTP Page.
- CMS issue awards to each state.
- Negotiations on final budget.



Year 2 Grant Programs

- Regional Partnership Grant Program - \$44M
- REH Conversion/Transformative Capital Investment - \$11.3M

Informational Webinar 10 a.m. on Oct. 9

Due Noon on Nov. 13

- Emerging Technologies (Ambient Listening) - \$10M

Informational Webinar 12:15 p.m. Oct. 13

Due Oct. 30

- Accountable Food is Medicine + CHW Deployment - \$1.5M
- Non-Emergency Transportation - \$3M



Feedback for Year 2

- Suggestions to be elevated.
- Funding priorities for Year 2.
- Additional resources needed?



Year 2 budget is spread across 5 initiatives & 24 programs, as in Y1

Initiative	Program	Y2 budget ²
1. Expand Primary and Secondary Prevention Programs	1.1 Accountable Food is Medicine + CHW ¹ Deployment Program	\$6.1 M
	1.2 Consumer-Facing Technologies Program ☆	\$7.1 M
	1.3 Behavioral Health Services Program	\$9.7 M
	1.4 Integrated Care for Dual Eligible Beneficiaries Program	\$7.5 M
	1.5 Mobile Cancer Screenings Program	\$0.1 M
	1.6 Tribal Health Program	\$2.0 M
2. Secure Local Access to Primary Care	2.1 Regional Partnerships Grant Program	\$44.0 M
	2.2 REH Conversion / Transformative Capital Investment Grant Program	\$11.3 M
	2.3 Revenue Improvement Program	\$1.6 M
	2.4 Anchor Hospital Advancement Program	\$18.4 M
	2.5 Mobile Integrated Health Pilot Program	\$0.7 M
	2.6 Rural Primary Care – Public Health Integration Program	\$0.6 M
3. Build a Sustainable Rural Health Workforce	3.1 Physician Pipeline Program	\$6.0 M
	3.2 Education and Training Program	\$6.8 M
	3.3 Recruitment and Retention Program	\$0.4 M
	3.4 Career Exploration Program	\$0.7 M
4. Enable Value-Based Care	4.1 Evidence-Based Practices Program	\$42.2 M
	4.2 ACO ³ Readiness Program	\$2.9 M
	4.3 Transportation Program ☆	\$15.0 M
	4.4 Medicaid Provider Incentive Payment Program	\$1.2 M
5. Harness Data and Technology	5.1 Remote Patient Monitoring Program	\$6.8 M
	5.2 Telehealth Navigator Program	\$0.4 M
	5.3 Data Infrastructure Program ☆	\$3.5 M
	5.4 Emerging Technology Program	\$15.8 M

1. Community Health Worker. 2. Not inclusive of ~\$11M admin. 3. Accountable Care Organization. 4. \$222M Matches Year 1 award

☆ Includes expanded scope in Y2

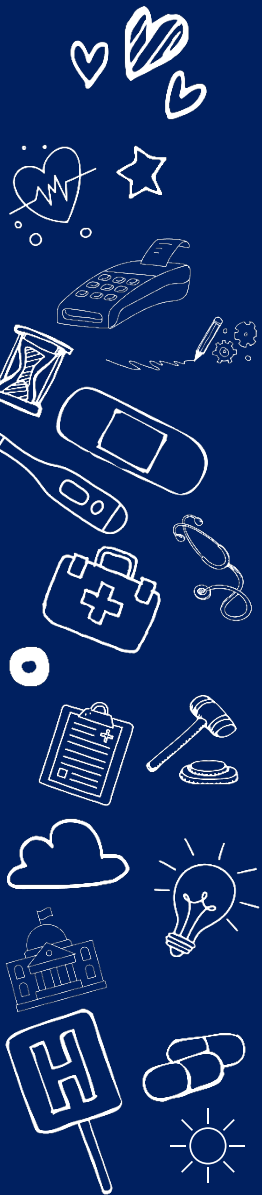


Next Steps

- Next KHA Member Huddle – Oct. 27, 2026.
- End of year 1 budget period – Oct. 30, 2026.
- Second Budget Period Funding Announced - By Oct. 31, 2026.
- All 1st period funds must be expended By Sept. 30, 2027.



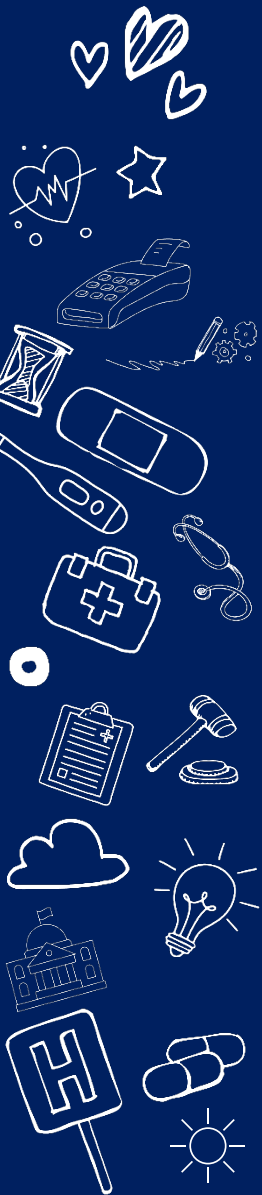
Finance and Reimbursement



Kansas Hospital Finance: 2027 Outlook

Price Transparency, Provider Assessment and Payer Performance

- January 2027: hospitals continue under the 2026 transparency requirements.
- Kansas assessment expansion is in place; federal payment and tax proposals create uncertainty.
- The September scorecard identifies denial and payment problems for targeted follow-up.



Where Price Transparency May Go Next

HOSPITAL DATA: REQUEST FOR INFORMATION

- CMS sought input on contract terms such as outliers, stop-loss, tiers and carve-outs.
- CMS asked whether to change price estimator rules, shoppable services and bundled-price detail.

PAYER DATA: PROPOSED, NOT FINAL

- Proposals would make payer rate files easier to locate and compare, with network-level reporting and more context.
- Proposed updates to payer cost-sharing tools would apply for plan years beginning on or after Jan. 1, 2027, if finalized.

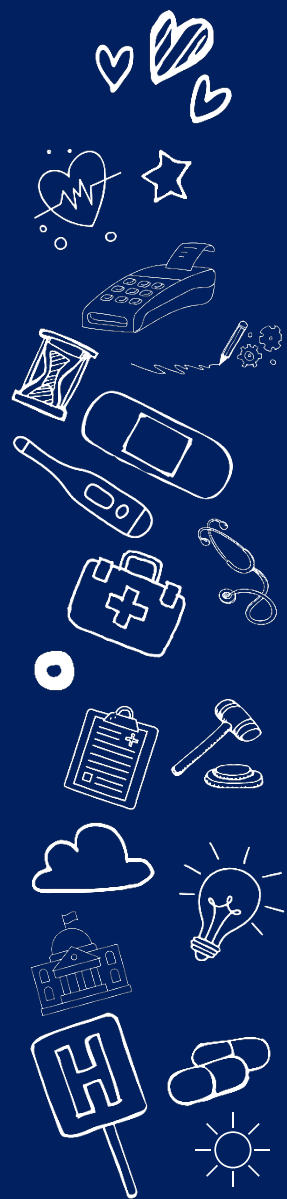
Sources: CMS CY 2027 OPPS/ASC proposed rule (July 2, 2026); Transparency in Coverage proposed rule (Dec. 19, 2025)



Price Transparency

PROPOSED BILLS

Provision	Lower Costs, More Transparency Act (H.R. 9393)	Health Care Price Certainty for All Americans Act (H.R. 9645)	Patients Deserve Price Tags Act (S. 2355/H.R. 5582)
Entities	Hospitals, clinical labs, Imaging, ASCs, health plans and insurers	Hospitals, clinical labs, Imaging, ASCs, health plans and insurers	Hospitals, clinical labs, Imaging, ASCs, health plans and insurers
Effective date	Jan. 1., 2028	Hospitals: Jan. 1 2027 Labs, Imaging, ASCs: Jan. 1 2028 Health plans & insurers: Jan. 1 2029	Jan 1. of the year beginning on or after one year following enactment
Hospital reporting requirements	Publicly disclose & update annually: standard charges for all items and services, consumer-friendly pricing for 300 shoppable services, charity care and financial assistance	Publicly disclose & update annually: standard charges for all items and services, consumer-friendly pricing for 300 shoppable services, charity care and financial assistance	Publicly disclose & update quarterly: ownership & control, standard charges, initially 300 then all shoppable services
Health Plan and insurer reporting requirements	Offer self-service tool that provides personalized cost-sharing information, including estimated out-of-pocket costs, coverage limitations, prior authorization requirements, and other coverage information	Offer self-service tool that provides personalized cost-sharing information, including estimated out-of-pocket costs, coverage limitations, prior authorization requirements, and other coverage information	
Post discounted cash prices inside facilities	—	Yes	—
Partisan support	Bipartisan	Republican only	Bipartisan



**Kansas Hospital
ASSOCIATION**

Green Button Initiative: One Route to Financial Answers

A standard icon on the hospital homepage links patients to a common financial information page.

Billing Questions

Why did I receive a bill?

Pay My Bill

How do I pay or speak to someone?

Financial Assistance

What help or payment plans are available?

Price Estimate

What might my care cost?

The initiative standardizes navigation. Hospitals retain their own financial policies and assistance programs.



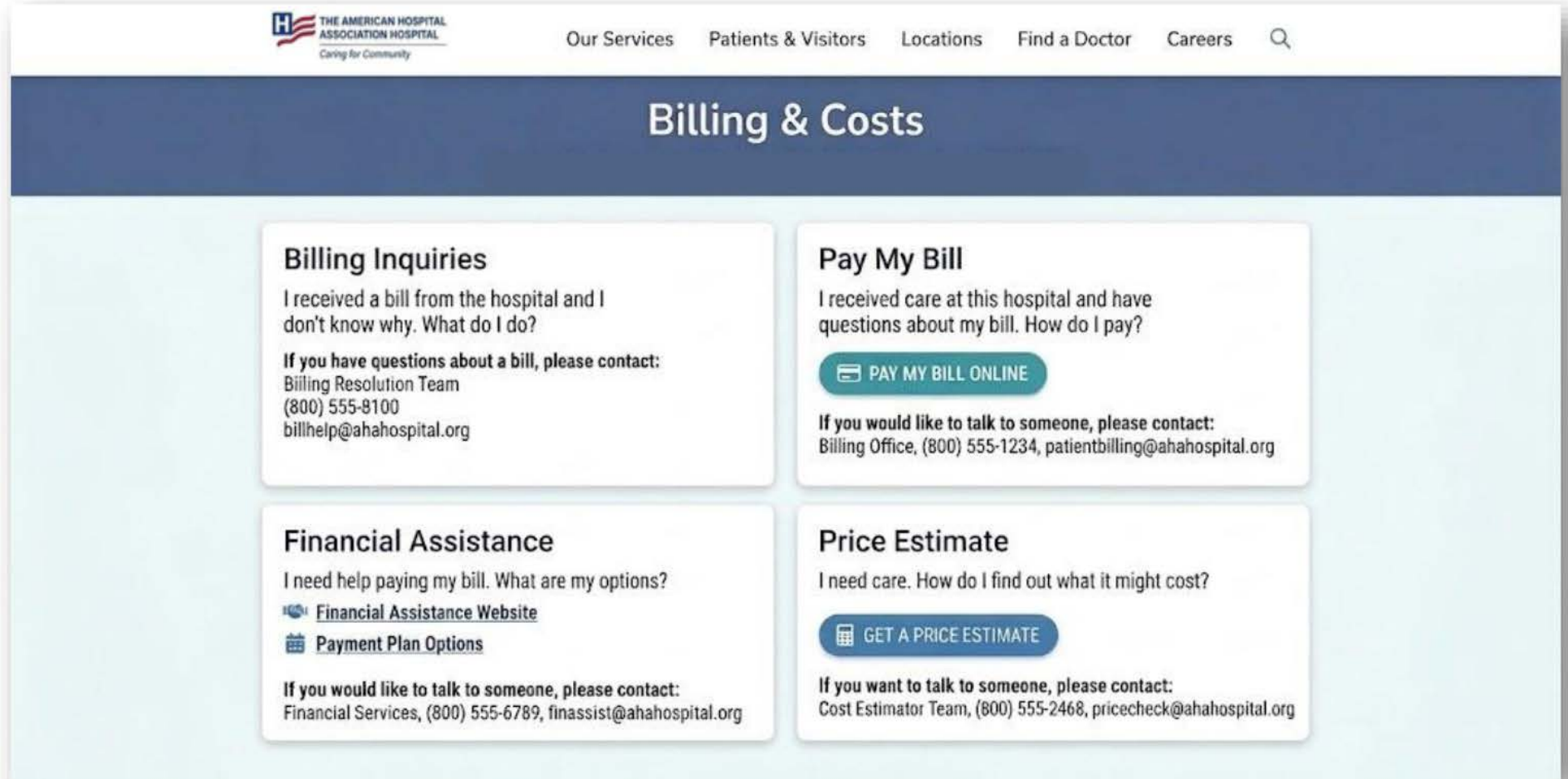
Green Button Icon

The standardized Green Button icon on hospitals' homepages will help patients know where to go to learn more about the financial aspects of care.



Sample “Green Button” Landing Page

Four standard questions in a common format will ease patient navigation when looking for financial information.



THE AMERICAN HOSPITAL ASSOCIATION HOSPITAL
Caring for Community

[Our Services](#) [Patients & Visitors](#) [Locations](#) [Find a Doctor](#) [Careers](#) [Search](#)

Billing & Costs

Billing Inquiries

I received a bill from the hospital and I don't know why. What do I do?

If you have questions about a bill, please contact:
Billing Resolution Team
(800) 555-8100
billhelp@ahahospital.org

Pay My Bill

I received care at this hospital and have questions about my bill. How do I pay?

[PAY MY BILL ONLINE](#)

If you would like to talk to someone, please contact:
Billing Office, (800) 555-1234, patientbilling@ahahospital.org

Financial Assistance

I need help paying my bill. What are my options?

[Financial Assistance Website](#)
[Payment Plan Options](#)

If you would like to talk to someone, please contact:
Financial Services, (800) 555-6789, finassist@ahahospital.org

Price Estimate

I need care. How do I find out what it might cost?

[GET A PRICE ESTIMATE](#)

If you want to talk to someone, please contact:
Cost Estimator Team, (800) 555-2468, pricecheck@ahahospital.org



Provider Assessment: Hospital Funding

KHA Helped Secure

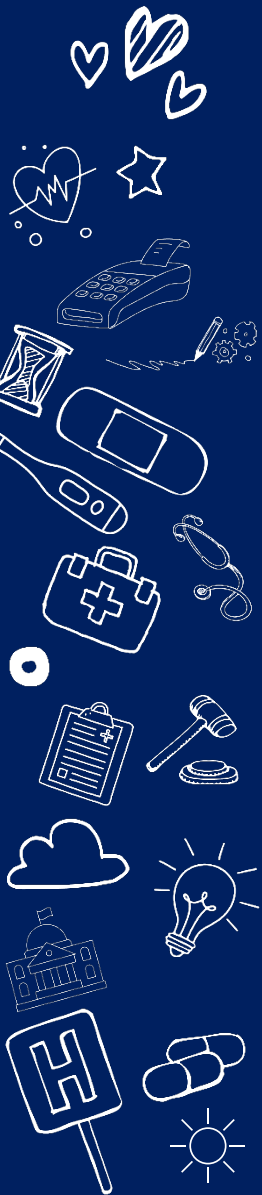
\$997 million

additional reimbursement to Kansas hospitals in 2025 and 2026.

~\$180 million

projected added 2026 support from CAH and REH expansion.

KHA worked with KDHE, the Health Care Access Improvement Panel, Kansas hospitals and the congressional delegation to advance the PPS increase and rural expansion.



Kansas Hospital
ASSOCIATION

Sources: KHA provider assessment talking points (July 2026); KHA board program update (Sept. 2026)

Provider Assessment: Federal Outlook

- Federal law restricts new or increased provider taxes based on the July 4, 2025, baseline. CMS has proposed rules on the tax threshold, calculations and reporting.
- CMS proposes a 110% of Medicare limit for relevant state directed payments in non-expansion states such as Kansas, with temporary grandfathering.
- CMS proposes a 10-percentage point annual reduction for grandfathered payments beginning with the first rating period on or after Jan. 1, 2028.
- KHA is advocating to preserve approved Kansas arrangements and reduce the proposed administrative burden.

Sources: CMS proposed rules CMS-2452-P (July 21, 2026) and CMS-2449-P (May 20, 2026); KHA talking points



Federal Timeline: Provider Taxes and Directed Payments

Delay, delay, delay ... overturn, overturn, overturn!!!

Kansas is a non-expansion state. Dates and thresholds below distinguish law from proposed implementation.

Provision	Timing	What it means for Kansas
Provider tax baseline	July 4, 2025	Federal law limits new or increased provider taxes based on the enacted and imposed tax structure. CMS has proposed definitions and reporting rules.
Lower tax threshold	FY 2028 onward	The phased reduction shown in the source table applies to Medicaid expansion states. Kansas remains at the 6% indirect hold harmless threshold, subject to federal rules.
State directed payments	First rating period on or after Jan. 1, 2028	Eligible grandfathered payments begin a proposed 10 percentage point annual phase-down toward the applicable limit.
Payment rate limit	After grandfathering	For Kansas, the proposed limit is 110% of the total published Medicare payment rate for covered services.

Kansas Payer Scorecard: September 2026

89.3% first pass yield **56.4 days slow pay** **4.8% full denial value**

Payer category	First pass yield	Slow pay	Full denial value
Commercial	93.9%	55.1 days	5.3%
Managed Medicaid	68.3%	64.8 days	8.0%
Medicare Advantage	87.8%	51.5 days	9.0%
Medicare FFS	90.0%	61.5 days	1.4%

Percentages and days are scorecard measures for participating claims, not statewide payer compliance rates.

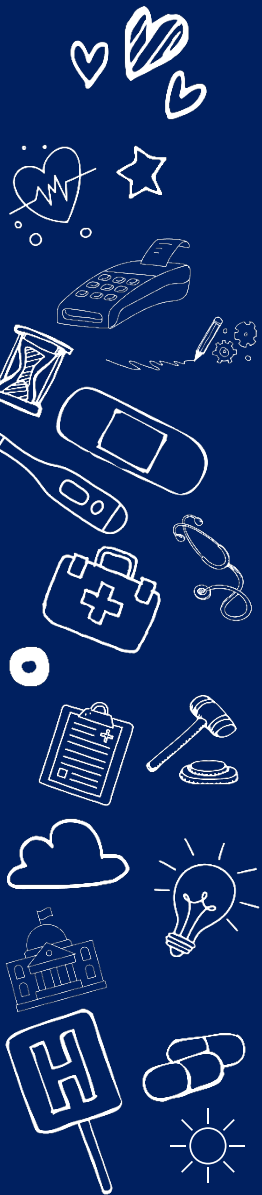


Kansas Hospital
ASSOCIATION

Source: Payer Scorecard Monthly Report Sept 2026, institutional claims, June 2025–May 2026

Payer Issues to Pursue with Kansas Hospitals

- UnitedHealthcare managed Medicaid: 53.4% first pass yield and \$1.17 million in charges tied to slow-paid claims.
- UnitedHealthcare Medicare Advantage: 12.3% full denial value and \$5.13 million in slow-paid claim charges.
- Medicare Advantage and managed Medicaid warrant focused review of authorization, denials and delayed payment.
- Use hospital-level drill-down to distinguish coding and workflow issues from payer patterns; document denials and escalation outcomes.



How KHA Is Helping Hospitals with Payer Problems

Payer Scorecard

Combines de-identified hospital remits to benchmark first pass payment, slow pay and denials. Rural Health Transformation Program funding covers hospital participation for five years.

Revenue Support

Healthworks selected RevSUPPORT to help rural hospitals analyze denials, pursue appeals, resolve payer disputes and recover underpayments.

CFO Mentoring

Elgin Glanzer Consulting will support rural finance leaders with hands-on mentoring and reimbursement expertise.

Escalation and Advocacy KHA uses hospital examples and scorecard patterns to raise systemic payer problems with plans, regulators and policymakers.

Sources: KHA Payer Scorecard webinar (Aug. 2026); Healthworks RHTP program and vendor selection (Sept. 2026)



**Kansas Hospital
ASSOCIATION**[Critical Issues](#)[Advocacy](#)[Education](#)[Communications](#)[Data](#)

Financial Stability

[Finance Basics](#)[Medicare](#)[KanCare \(Medicaid\)](#)[Financial Awareness](#)[Hospital Provider Assessment](#)[Hospital Pricing Transparency](#)[Payer Pulse](#)[501\(r\) Compliance](#)[No Surprise Billing Act](#)[Quality Payment Program](#)[Reimbursement Resources](#)[Kansas Payer Scorecard](#)

Kansas Payer Scorecard

May 2026 Kansas Payer Scorecard Summary

State of KS | KS

Payer Scorecard | Monthly Performance Report

Filters: Claim Type: Institutional



June 2025 to May 2026

10% Slow Pay Recovery ▶

\$314,605

10% Full Denials Recovery ▶

\$12,507,039

First Pass Yield

Claims sent to the Payer where a Remit was received without any denials.

Overall 88.7%

First Pass Yield by Payer Type

Commercial	93.0%
Managed Medicaid	66.9%
Medicaid FFS	63.6%
Medicare Advantage	86.2%
Medicare FFS	90.6%

Slow Pay (>30 Days)

Average Days it takes Payers to issue a positive payment without any denials for Clean Claims paid > 30 days after submission.

Overall 56.8 days

Slow Pay by Payer Type

	Days > 30	Paid > 30d
Commercial	54.9d	\$27,230,411
Managed Medicaid	67.3d	\$1,314,597
Medicaid FFS	65.8d	\$28,999
Medicare Advantage	54.5d	\$3,988,364
Medicare FFS	59.4d	\$7,745,624

Full Denial Value

Percent of Remit Charges the Payer has declined to provide any reimbursement or coverage for the services requested.

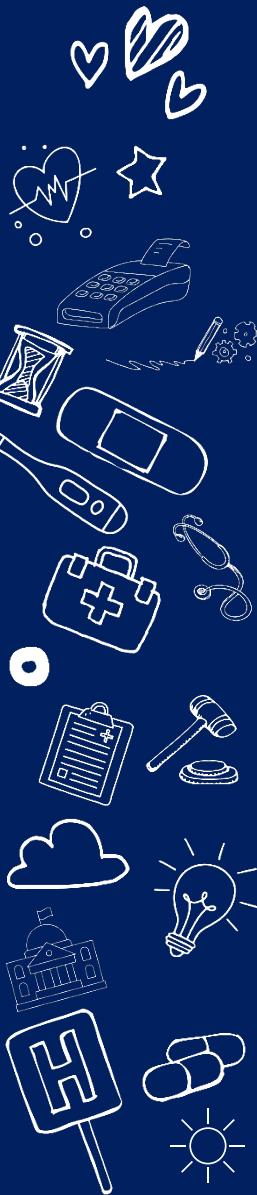
Overall 6.1%

Full Denial Value by Payer Type

Commercial	6.7%
Managed Medicaid	9.9%
Medicaid FFS	48.7%
Medicare Advantage	13.0%
Medicare FFS	1.4%

Commercial

First Pass Yield	Slow Pay (>30 Days)	Full Denial Value
Aetna 91.2%	Aetna 62.5d \$2,300,505	Aetna 6.8%
Blue Cross/Blue Shield 95.1%	Blue Cross/Blue Shield 54.4d \$17,709,202	Blue Cross/Blue Shield 4.7%
Cigna 83.6%	Cigna 62.8d \$335,927	Cigna 10.5%

**Kansas Hospital
ASSOCIATION**

KHA Advocacy: Transparency and Payer Accountability

Price Transparency

KHA opposed duplicating federal hospital requirements in Kansas and supports usable patient estimates and accountability across hospitals and health plans.

Medicare Advantage

KHA supports prior authorization reform, clearer coverage criteria and timely plan decisions. It is tracking federal legislation and plan changes.

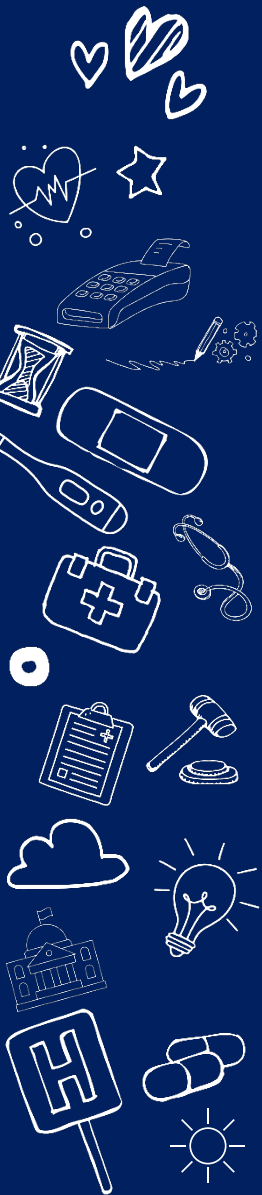
Medicaid

KHA works with KDHE and hospitals on assessment approvals, payment accuracy, MCO denials and credentialing or payment delays.



Discussion: What Is Straining Hospital Finances?

- Which payer practices are consuming the most staff time or delaying cash?
- What changes to Medicaid financing would most affect services in your community?
- What additional data or support would help you make the case for a solution?







<https://lnkd.in/p/g8YxjVk>



We aim to partner with healthcare facilities to enhance patient and staff experience by providing a reliable charging solution that keeps everyone connected during critical moments. With our kiosks strategically placed within hospitals, patients can stay in touch with loved ones, access important information, and relieve stress during long waits.

Contact Richard Berryman (916) 602-4333

- Richard@batteryxchange.com



Workers' Compensation Insurance Pool

- KHSC provides Administration and Safety Consulting/Loss Control
- Owned by the policyholders
 - Over 70 member hospitals
- Dividends each of past ten years
 - \$3,844,000 total

Staff: Ronni Anderson and Chris Saiya





The KAMMCO 2027 Policy Renewal Process Has Begun.

**The earlier you pay your provider premiums,
the earlier credentialing can take place.**

Tips to Expedite Your Renewal

1

Return your renewal paperwork promptly.

Send your completed renewal materials to your agent as soon as possible.

2

Pay your invoice promptly.

Once you receive your invoice, submit payment to avoid delays in completing your renewal.

3

Choose ACH for faster, easier payment.

Use the electronic ACH payment option for a quick and convenient way to pay your premium.

Contact Us

We're here to help. Call us at **1-800-232-2259** or email at **underwriting@kammco.com**.

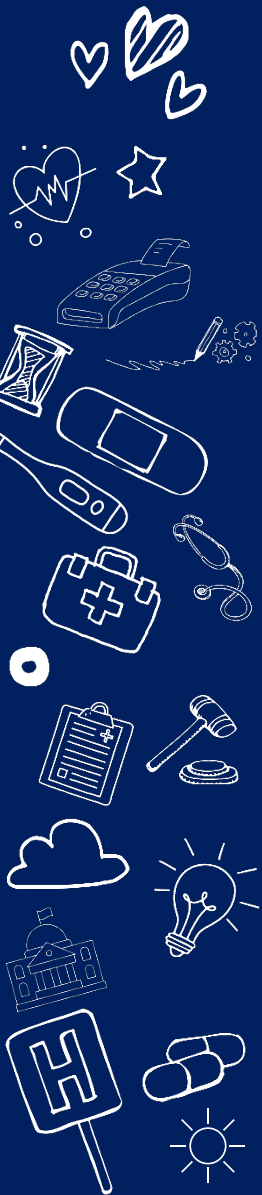




Enhanced benefits starting in 2027, including adult parent transportation

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





Critical Marketing

- Tailored program for CAHs to maximize impact of hospital marketing dollars.
- Work with internal teams with improved results.
- Digital, print and social media options

➤ Andy Ruback (402) 817-0665
Aruback@criticalmarketing.com



Contact us at (785) 233-7436

Visit our website: www.khsc.org

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csaiya@khsc.org





KHA Fall District 2026



AI-Driven Solution Boosts Patient Collections, Reduces Managed Care Underpayments, & Patient Estimates

Boosting Patient Collections

Key features of Clear Health's Patient Payment Automation Platform include:

- Automated eligibility checks across payers Automated, HIPAA-compliant text-based patient engagement.
- Frictionless intake, pre-registration and checkout
- >95% accuracy for procedure-level estimates that incorporate facility, surgeon, anesthesiologist and ancillary charges, as well as patient-specific copays and deductibles.
- Fully compliant with the Phase 2 and 3 Good Faith Estimate requirements of the No Surprises Act Secure, 24/7 payment processing (card, ACH, digital) supported by AI chatbot.
- Digital payment workflows provide self-service custom and discounted payment options fully aligned with hospital payment policies.
- Payment programs: Multi-provider payout automation and real-time reconciliation and reporting.

Ensuring Contract Compliance Using the Managed Care Toolkit

- Contracts stored and managed from a secure digital platform
- Automated root-cause analysis
- AI-driven underpayment detection through comparisons between 835 files and payer contract terms
- Identification of payer behavior in real time to capture revenue quickly and decisively
- Automated appeals submission, tracking and management
- Retrospective contract performance analysis
- Clear, actionable negotiation insights
- Pre-signing modeling of proposed contract terms
- Financial impact simulations by payer, case rates and service lines



AI Solutions

Designed to Help:

- Boost ED Throughput
- Catch Critical Patients Earlier
- Maximize Financial Performance
- Deliver True Health Equity
- Safeguard Every Mother
- Turn Data Into Action
- Stop Sepsis at Your Front Door

Keep Your Best Nurses

Empower Your Team With:

- KATE Triage – KATE Sepsis
- Clinical Data Engine

KATE Saves Lives, Improves Thru Put, Quality, and Workforce Retention and Satisfaction

Bio-Electronics: Medical Equipment Service



-  **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



BioWound Offers:

- Partnering to Keep Care Where it Belongs
- Simple to Implement
- Designed for Small Teams
- Reimbursement- Ready
- Keeps Care & Revenue Local
- Community- Centered

Providing Advanced Wound Care Locally Helps:

- Improve patient compliance
- Enable earlier intervention
- Reduce avoidable complications
- Support better long-term outcomes

Complements your current program – No Long-Term contract - Cost of Supplies – GPO Compliant

Pression Wave PRO™



Wave PRO™ Therapy - An Innovative Approach to Chronic Stable Angina

Wave PRO™ is an FDA-cleared, next-generation system designed to deliver external counterpulsation (ECP) therapy for patients with Chronic Stable Angina (CSA) — scalable, portable, and reimbursable, designed for safe outpatient integration with minimal capital investment.

Pression Wave PRO™ Offers: TM

- Service Line Opportunity
- Evidence-Backed Performance
- Widely Reimbursable
- Low-Burden Clinical Integration
- Minimal Staff Training Required
- Operationally Efficient



The ASK: I would like 5 organizations to volunteer for a Pilot if after a conservation to try the program.

APS is here to Serve you!



Share—Solve—Save

Contact:

Traci Parsons, Director, Regional Services

Erin Sherman, Director, Client Services

Abbie Stone, Director, Client Services

Pat Tabor Director, Client Services

Dennis George, CEO

Blanka Bellinger, Executive Assistant and Marketing

Call us at 888-941-2771

Or visit us at

www.apskc.org

www.APSStaffing.org

www.Vizientinc.com



Kansas Hospital
ASSOCIATION

Member Updates and District Discussion

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.
- Submit nomination by Oct. 23.



Medicare vs. Medicare Advantage Toolkit

Know Your Facts

Know Your Facts Part 1

Original Medicare vs. Medicare Advantage

In this issue ...

Differences between Original Medicare coverage and Medicare Advantage coverage.

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

How Medicare Advantage coverage may affect rural residents.

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

Medicare open enrollment is scheduled to run Oct. 15 to Dec. 7. That's when seniors can switch coverage between Original Medicare and Medicare Advantage, or change a prescription drug plan.

At first glance, it may be easy to see the appealing parts of Medicare Advantage. Original Medicare includes Part A, for in-patient hospital and skilled nursing care, and Part B, for doctor services. These plans typically cost about \$175 a month (with the cost deducted from your social security check). Many people pay extra for Medigap, to cover copays and other out-of-pocket costs, as well as a Part D plan for drugs.



It's imperative senior citizens do their due diligence when selecting a health insurance plan. Your local health care providers can help.

Know Your Facts Part 2

Understanding Medicare Advantage

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



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

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

When you agree to a Medicare Advantage (Medicare Part C) plan, you lose your Original Medicare Part A and B coverage.

Know Your Facts Part 3

Steps Before Signing Up for a Medicare Advantage Plan



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

1

Ask yourself the following questions.

- Do I qualify for any kind of payment assistance or have access to other coverage such as Medicare Savings Programs, Part D Low Income Subsidy or Medigap plans?
- Am I comfortable with my care choices being directed by my insurance payer over the advice of my physician?
- Do I travel outside my general home area?
- What medications do I take?

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

2

Assess your current coverage.

If you're already enrolled in Medicare, you received an annual notice of change letter, which details any changes in your plan's benefits.

ORIGINAL MEDICARE VS. MEDICARE ADVANTAGE



KNOW YOUR FACTS

Open Enrollment Is Oct. 15 - Dec. 7

Navigating Medicare choices together is the ultimate act of love.

Help your parents have more time for family and less worries about their health care coverage.



CAUTION: Medicare Advantage members may end up spending more than those on Original Medicare with hidden costs and denied coverages.

KHA Kansas Hospital Association



bitly



KHA

Kansas Hospital
ASSOCIATION

Hospital Board Leaders' Program

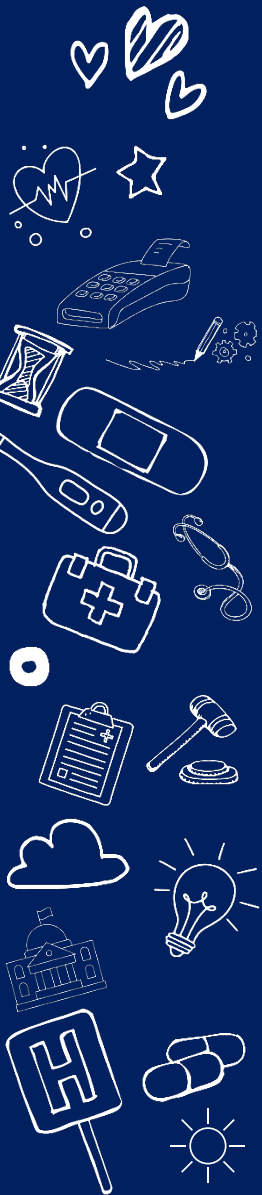
Oct. 29, Nov. 5 and Nov. 12 | 4:00–5:30 p.m. | Virtual

Program Highlights

- Board chair leadership and effective meeting facilitation.
- Building purposeful agendas and managing executive sessions.
- Kansas Open Meetings and Open Records requirements.
- Quality oversight and strategic planning responsibilities.
- Board conduct, succession planning and committee leadership.
- Strengthening the board chair–CEO relationship.
- Peer discussion with rural and urban hospital trustees.
- Optional individual coaching session.

Limited to 50 trustees

Three 90-minute sessions and optional individual coaching.



Kansas Hospital
ASSOCIATION

UPCOMING EVENTS

- Advocacy All-Stars – Oct. 19-21
- Rural Health Symposium, Hays – Nov. 19
- Legislative Dinners –Nov. and Dec.
- Advocacy Day – January 21, 2027
- Critical Issues Summit – March 4-5, 2027





Kansas Virtual Health Care Career Day

Feb. 17, 2027 • 9:00 a.m. to 12:30 p.m.

AGENDA

9:00 a.m. – Opening Remarks



9:10 a.m. – Speech Language Pathologist

Speech-language pathologists help people find their voice. They work with children and adults who have challenges with speaking, language, fluency, voice or communication. Using creative activities, digital tools and even virtual therapy, they help patients communicate with greater confidence.

9:30 a.m. – Medical Billing and Coding

Medical coders and billers are the code-breakers of health care. They translate diagnoses, treatments and procedures into standardized codes, prepare insurance claims and help make sure providers are paid correctly.

9:50 a.m. – Diagnostic Medical Sonographer

Sonographers use high-tech imaging equipment to help doctors see what's happening inside the body—without surgery. You may perform echocardiograms, abdominal scans and prenatal sonograms, while also assisting with procedures like biopsies.

10:10 a.m. – Psychiatrist

Psychiatrists are detectives for the mind. They talk with patients, uncover clues about their thoughts, feelings and behaviors, and help diagnose mental health conditions. They also can prescribe medication and create treatment plans that help people feel better and thrive.



PSYCHIATRIST
AVERAGE SALARY: \$229,940
EDUCATION: Doctorate
PROJECTED 2028 EMPLOYMENT: 171
AVERAGE ANNUAL JOB OPENINGS: 6



STERILE PROCESSING TECHNICIAN
AVERAGE SALARY: \$39,420 (ANNUAL)
EDUCATION: LESS THAN A YEAR
PROJECTED 2028 EMPLOYMENT: 464
AVERAGE ANNUAL JOB OPENINGS: 57



DIAGNOSTIC MEDICAL SONOGRAPHER
AVERAGE SALARY: \$82,920
EDUCATION: ASSOCIATE'S DEGREE
PROJECTED 2028 EMPLOYMENT: 815
PROJECTED 2028 EMPLOYMENT: 64

Visit: HappyInHealthCare.org. or scan the QR code below.



10:40 a.m. – Surgical Technicians and Sterile Processing Technicians

Sterile processing technicians are the behind-the-scenes cleanliness experts of health care. They clean, inspect, sterilize and organize medical instruments so doctors and nurses have safe equipment ready when they need it.

11:00 a.m. – Health Care Administration

Health care administrators are the behind-the-scenes problem-solvers who help hospitals and clinics stay on track. They manage people, budgets, schedules and programs while finding smarter ways to support patients and staff.

11:20 a.m. – Home Health

Want a career where you can make someone's day better by helping them in the comfort of their home, place of employment or in a community setting? Home health workers help older adults and people with disabilities with a range of activities beyond their general health care.

11:40 a.m. – Emergency Medicine

Careers in emergency medicine are fast-paced, hands-on and never boring. Emergency doctors, nurses, paramedics and other team members work together to treat injuries, sudden illnesses and life-threatening conditions.

12:00 p.m. – Taking Your Next Steps in Health Care

Kansas State Department of Education, Kansas Board of Regents and host partners

Need a scholarship? Want to learn more about important courses and opportunities to shadow careers? We want to help you on your journey.

The 2027 Virtual Health Care Career Day is presented by the Kansas Hospital Association, Kansas Board of Regents and the Kansas Department of Education. Visit HappyInHealthCare.org to discover schools, careers and scholarships dedicated to building a robust and thriving health care workforce!



OPPORTUNITY CALLING!

The Kansas Virtual Health Care Career Day continues to grow.

In 2026, over 5,000 attendees from over 200 schools and hundreds of rural and urban KANSAS communities logged in to listen to real-life professionals present on their respective careers.

Some local hospitals even hosted watch parties with their local schools and followed the career day virtual presentation with lunch and hands-on experience at their facility.



SPONSORS NEEDED!

Want to sponsor the 2027 Kansas Virtual Health Care Career Day? There are several options available at the Platinum, Gold and Silver levels. Confirming your sponsorship within the first phase (due October 16) will confirm your business logo is on ALL communications to schools, employers, and social media in the initial RSVP on October 22.

Contact at Steve Poage spoage@kha-net.org for sponsorship information.





Kansas Virtual *Health Care* Career Day

February 17, 2027 • 9:00 a.m. to 12:30 p.m.



★ TOP HEALTH CARE CAREERS IN KANSAS

DISCOVER HEALTH CARE CAREERS BY:

- ✿ EDUCATION REQUIREMENTS
- ✿ AVERAGE SALARY
- ✿ JOB OPENINGS
- ✿ DEMAND

Happy in
HEALTH CARE



I WANT A CAREER THAT:

- has great benefits.
- I can be a leader in.
- is inspiring.
- I feel accomplished in.
- is fulfilling.
- connects with people.
- is stable.
- is flexible.
- has a work-life balance.



PHARMACY TECHNICIAN

Average Salary:
\$21.08 (hourly) \$43,850 (annual)

Education:
Less than 1 year

Projected 2034 Employment:
4,477

Average Annual Job Openings:
420

Common Job Titles: Accredited Pharmacy Technician; Certified Pharmacy Technician (CPhT); Compounding Technician; Lead Pharmacy Tech, Certified Pharmacy Technician (Lead Pharmacy Tech, (CPhT)); Lead Pharmacy Technician (Lead Pharmacy Tech); Pharmacy Technician (Pharmacy Tech); Senior Pharmacy Technician; Technician, Inventory Specialist

Pharmacy technicians work under the direct supervision of a Pharmacist. They receive written prescriptions or requests for prescription refills, verify accuracy and completeness of the prescription information, perform some medication dosage calculations, pour liquid dosages or calculate the number of tablets required for a prescribed dose and prepare prescription labels. Pharmacy technicians also may transport medications, order and maintain medication inventories, perform clerical duties, obtain prescriptions from physician offices, complete claim and billing forms for insurance companies and perform other tasks in a pharmacy as directed by the pharmacist.



SURGICAL TECHNOLOGIST

Average Salary:
\$28.79 (hourly) \$59,880 (annual)

Education:
Less than 1 year

Projected 2034 Employment:
1,364

Average Annual Job Openings:
79

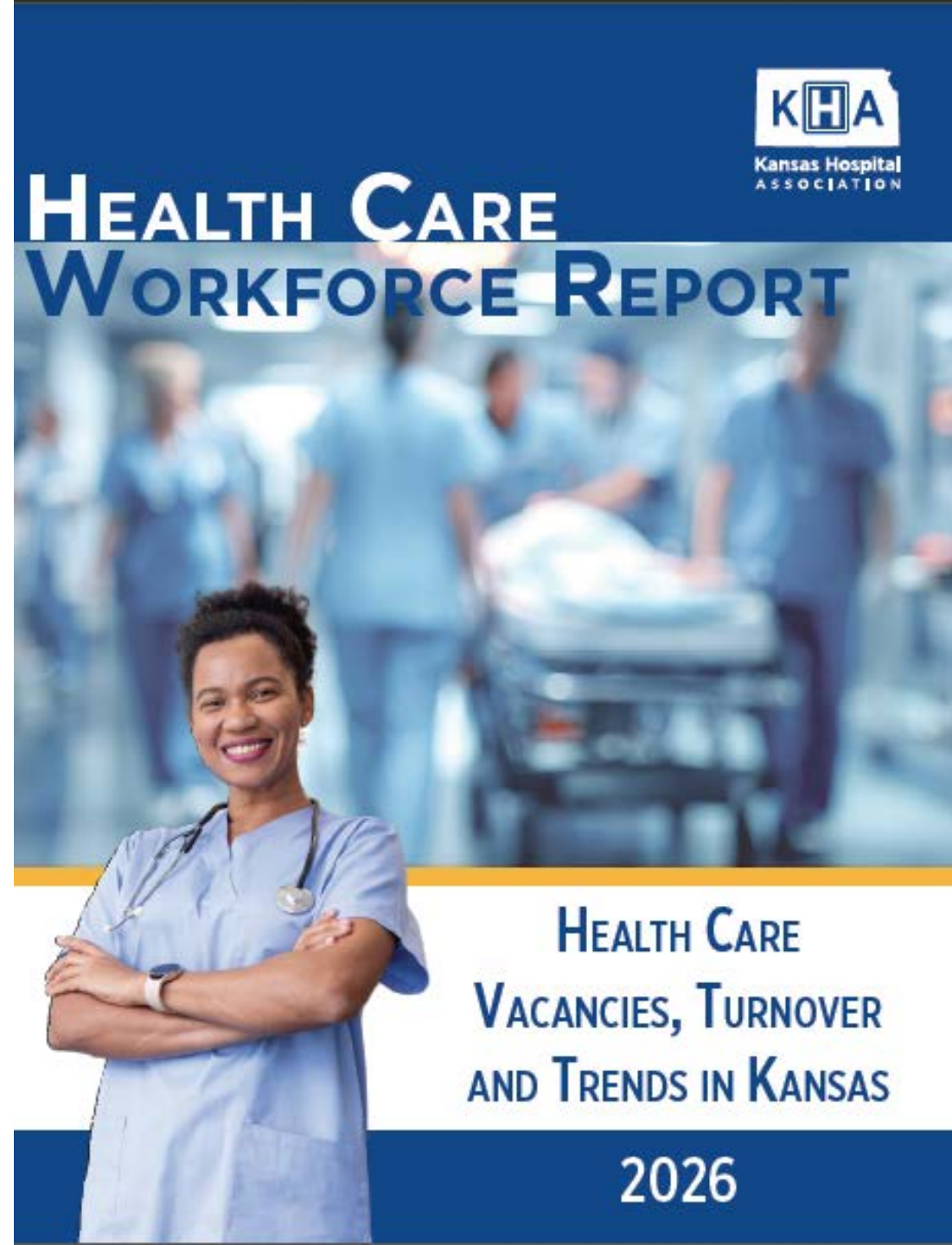
Common Job Titles: Certified Surgical Tech/First Assistant, Certified Surgical Technician, Certified Surgical Technologist (CST), Operating Room Surgical Technician (OR St), Operating Room Technician (OR Tech), Operating Room Technologist (OR Tech), Surgical Scrub Technician, Surgical Scrub Technologist (Surgical Scrub Tech), Surgical Technician, Surgical Technologist (Surgical Tech)

Surgical technologists are health professionals who are an integral part of the team of medical practitioners providing surgical care to patients. In order that surgery may proceed smoothly, surgical technologists anticipate the needs of surgeons, passing instruments and providing sterile items in an efficient manner. Surgical technologists also have primary responsibilities for maintaining the sterile field, being vigilant that all members of the team adhere to aseptic techniques and are responsible for the proper set-up of the required surgical instruments.

Workforce and Data Resource

KHA Workforce Survey

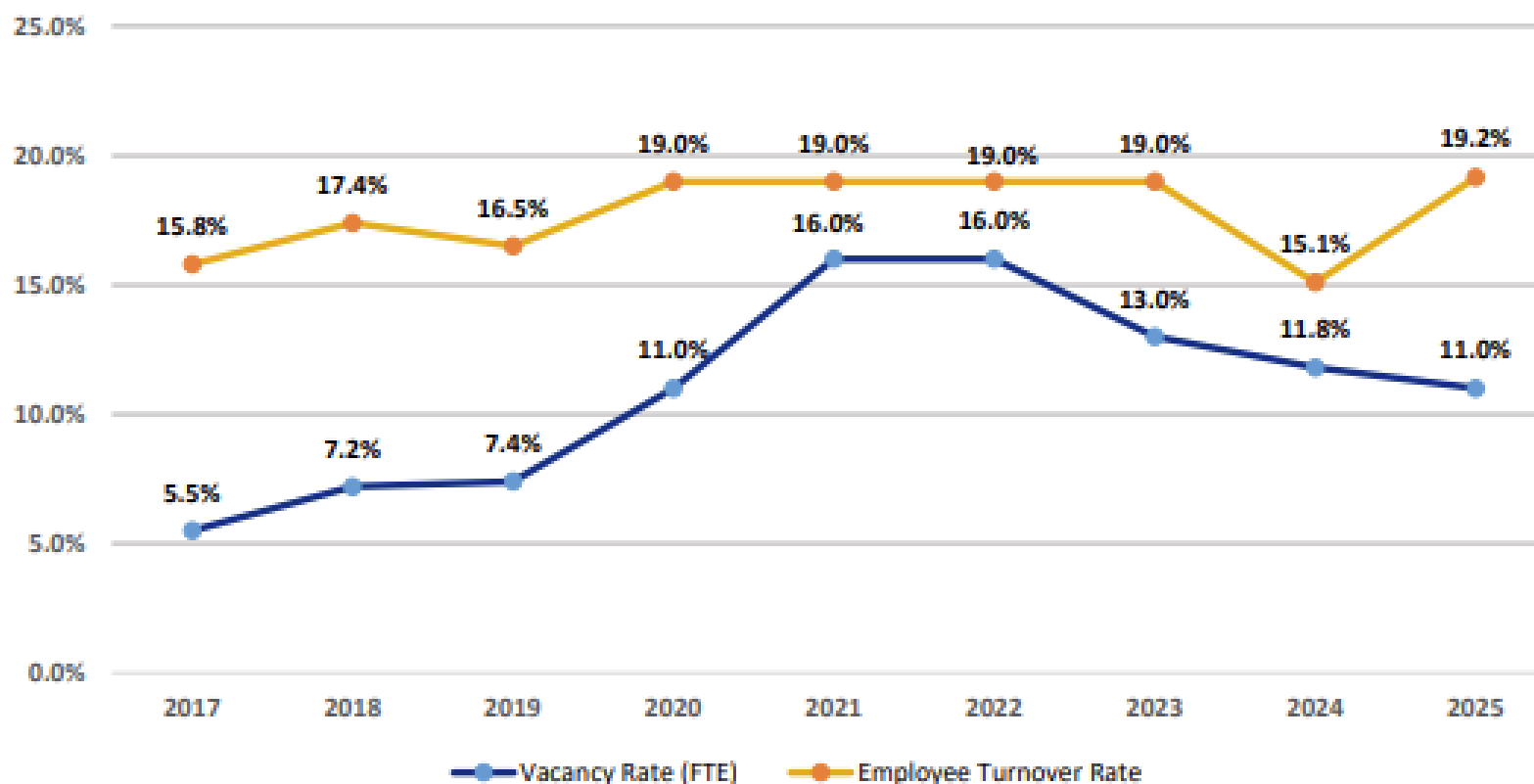
- Workforce survey measuring vacancy and turnover rates (data on www.KHASTAT.org)
 - ✓ 107 hospitals participated
- New Report Also Features:
 - Enrollment data, attrition rates, regional breakouts and solutions and opportunities



Kansas Statewide Vacancy and Turnover Trends (2017-2025)

Turnover across all hospital jobs in Kansas surveyed increased to 19.2 percent in 2025 after declining the year prior, and the vacancy rate continued to decline to 11.0 percent. While turnover has returned to the levels seen around the pandemic, it is positive to see the vacancy rate trending back toward pre-2020 averages.

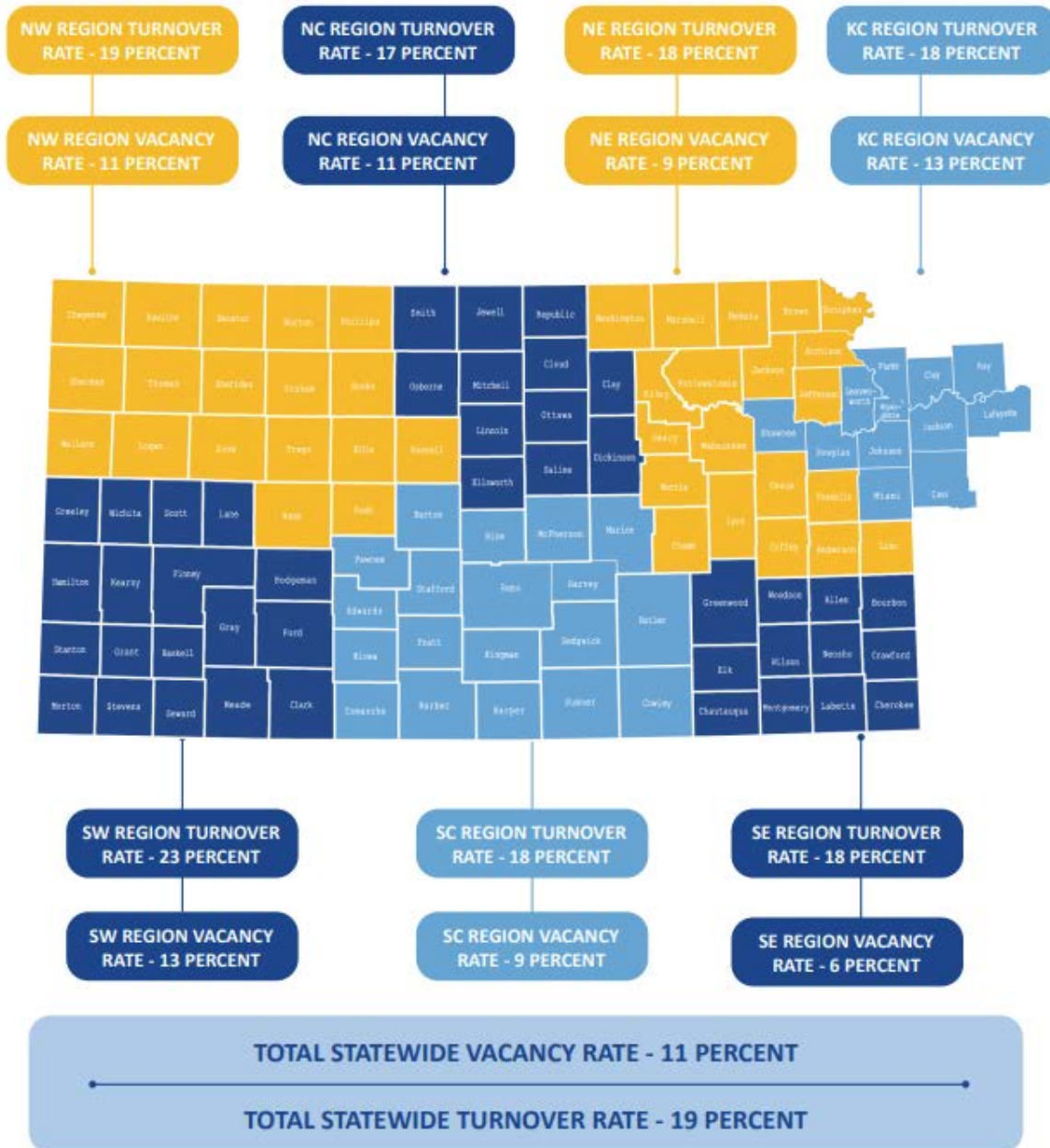
Statewide Vacancy and Turnover



Source: Kansas Hospital Association Annual Workforce Survey, collected January 2026.

Top Vacancies and Turnover by Region (2025)

Each region of Kansas has varying aggregate vacancy and turnover rates for the total 35 jobs surveyed in this annual survey.



NORTHEAST REGION

HIGHLIGHTS FROM THE 2026 HEALTH CARE WORKFORCE REPORT

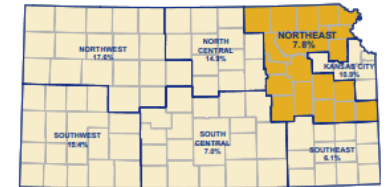
Twenty-one hospitals operate across the Northeast region. The northeast region stretches from Atchison to Emporia. A total of 17 hospitals submitted data for the 2025 calendar year as part of KHA's workforce survey, providing valuable insights into workforce support across the region.



Vacancy and Turnover Rate - Northeast Region

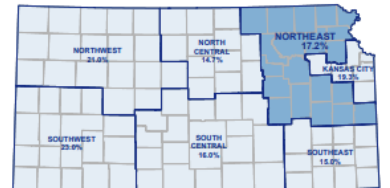
Northeast Region Top 10 Professions With the Highest Vacancy Rate in 2025	
Occupational Therapy Assistant - Certified	15%
Surgical Technician	15%
Respiratory Therapist - Registered	13%
Registered Dietitian	13%
Radiology Technologist - Certified	11%
Occupational Therapist	11%
Nurse Practitioner	11%
Employed Physicians	10%
Registered Nurse - Clinic	10%
Respiratory Therapist - Certified	10%

RN VACANCY Kansas Total 10.8 %



Northeast Region Top 10 Professions With the Highest Turnover Rate in 2025	
Environmental Services	54%
Sterile Processing Technician	40%
Nurse Assistant	31%
Licensed Practical Nurse	28%
Surgical Technician	27%
Pharmacy Technician	26%
Licensed Practical Nurse - Clinic	24%
Phlebotomist	23%
Food Service Worker/Dietary Aide	20%
Registered Nurse	17%

RN TURNOVER Kansas Total 18.6 %



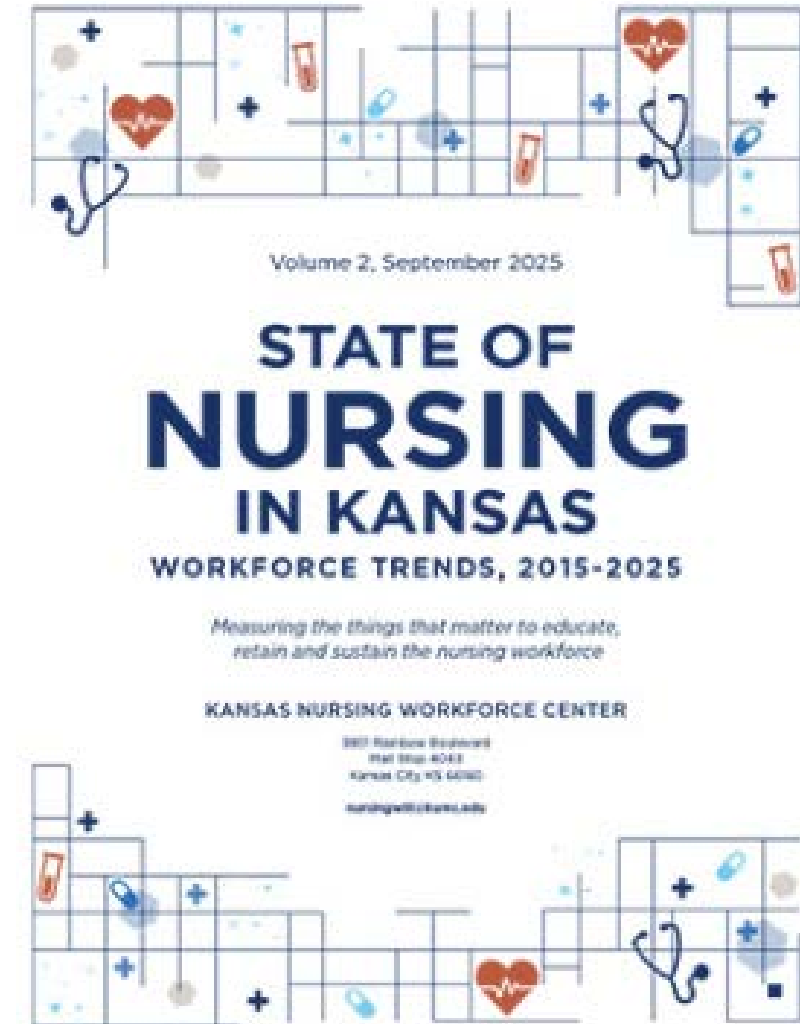
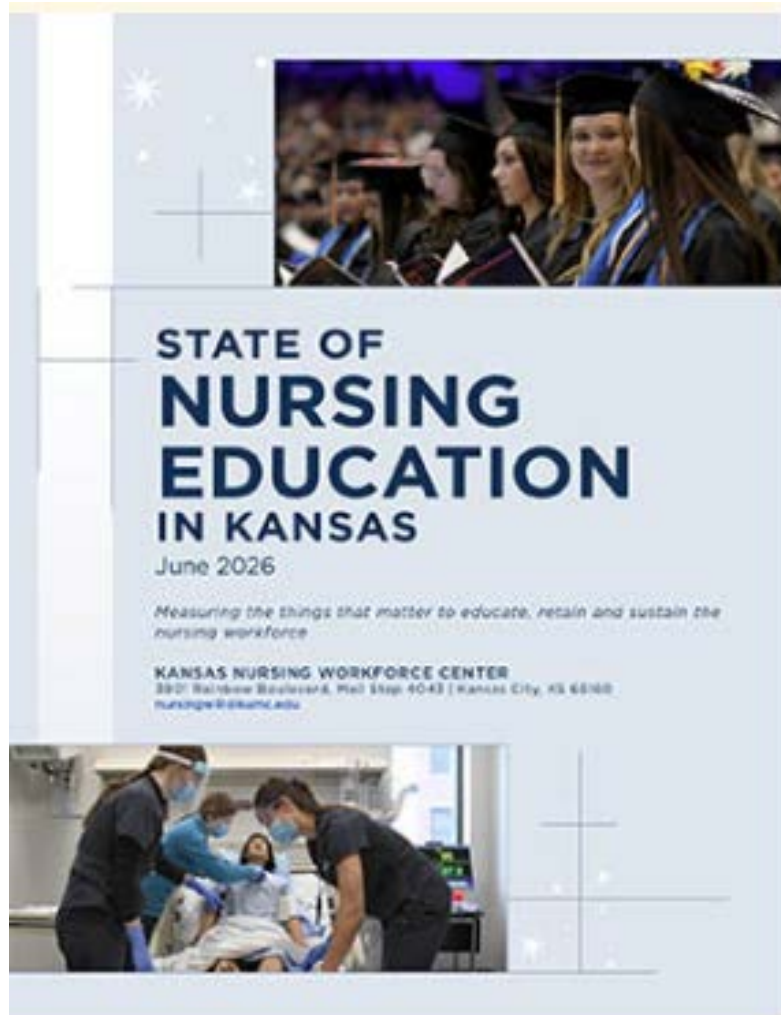
Regional Breakouts available at
<https://www.kha-net.org/criticalissues/healthcareworkforce/workforcedata/>

Don't Forget About QHI



Kansas Hospital
ASSOCIATION

Workforce Data and Resources



<https://www.kumc.edu/school-of-nursing/outreach/kansas-nursing-workforce-center.html>



Workforce Data and Resources

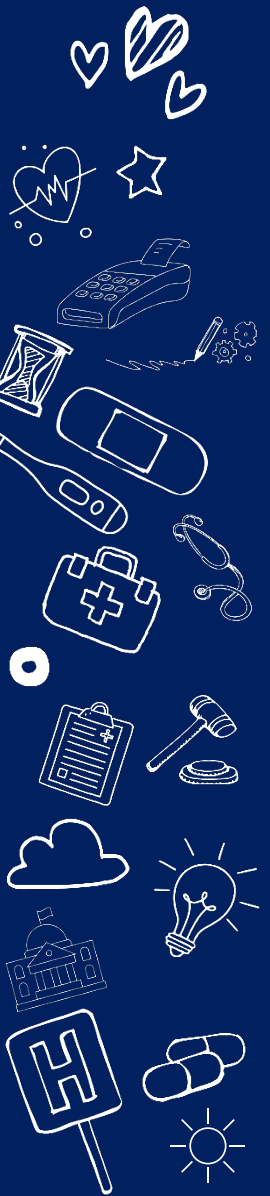


Upcoming Surveys:

- Workforce Data survey – January submission
- Salary/Benefit survey – February submission

Greater participation = better data

Encourage your team to participate



Kansas Hospital
ASSOCIATION

Health Care Apprenticeship *Grow Your Own*

- Over 50 hospitals have launched with apprentices
- Financial support is available to assist with growing your own via registered apprenticeships

\$1,950-\$3,950 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 Susan Holmes for details
 - sholmes@kha-net.org

Please Give Us Your Feedback

KHA 2026 Fall District Meetings



Questions?

Thank You to Our Sponsors



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