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Critical Access still an advantage

By Tom Betz

The Goodland Star-News
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Critical Access Hospital designation continues to be a financial advantage to most rural hospitals, and a major factor in keeping some small community hospitals open in northwest Kansas.

All hospitals in our corner of the state are Critical Access Hospitals, and most administrators agree the federal cost reimbursement – set at 101 percent – is vital to the hospitals.

“It would be difficult for rural hospitals to survive without the Critical Access Hospital financial assistance,” said Rich Miller, administrator of the Norton County Hospital. “It would take a large financial commitment from the local community without the Critical Access Hospital cost reimbursement. Having the hospital helps keep other health services available.”

The Critical Access program began in 1997, and each hospital had to apply and meet certain requirements to get the designation. The major requirements were to cut each hospital to 25 beds or fewer and have the small hospitals network with a larger support hospital.

Most of the rural hospitals in Kansas (83) have the Critical Access Hospital designation, including all the ones in northwest Kansas. Citizens Medical Center in Colby, Logan County Hospital, Norton County Hospital, Cheyenne County Hospital, Rawlins County Health Center and Sheridan County Health Complex have Hays Medical Center as the supporting hospital. Decatur County Hospital of Oberlin works with St. Catherine Hospital in Garden City and Goodland Regional Medical Center works with St. Anthony Hospital in Denver. The Greeley County Hospital also works with St. Catherine.

The Decatur County Hospital originally networked with the North Platte, Neb., hospital, but Administrator Lynn Doeden said they switched to Garden City in 2005.

Doeden said she feels the program is important for the financial benefits, and it helps their team to network with Garden City. She said a lot of the support from St. Catherine’s is through phone conversations. She said the Garden City hospital provides peer reviews and consultations through Interactive Television connections.

“St. Catherine’s helps Oberlin review policies, and are a very good support system,” Doeden said.

Patients in Oberlin do not automatically transfer to Garden City, she said. They have a choice and many go to hospitals in Kearney, Neb., Denver or Hays.

One of the big pushes recently have been electronic medical records, and Doeden said the Oberlin hospital has a system in place al-

ready.

As to the future, she said she thinks many things will depend on what the federal government does, but she is concerned about the potential 2 percent cut for all federal programs scheduled to go into effect in January as part of the debt reduction effort from Washington.

“It is important to keep our rural hospitals open,” she said.

Kevan Trenkle, administrator at Citizens Medical Center in Colby, said cost reimbursement was a major reason his hospital became a critical care facility in 2003. He said the hospital was on a cost reimbursement basis from 1966 until the Medicare rules changed in 1984, making all hospitals “prospective pay” facilities using a diagnosis related groups classification system that identified the “products” a patient received and make it easier to pay the same fee from hospital to hospital across the country.

He said the imbalance in payments became too expensive and Medicare went back to the cost reimbursement with the critical access arrangement beginning in 1997.

“It has saved the small hospitals,” Trenkle said. “Without it, we could not survive.”

He said today with the 25-bed maximum, Citizens Medical Center, averages about four patients on the acute care side and five in swing beds. He said in the past, before the 25 bed limit, the total would have been about 31.

One of the requirements under the critical access program is to limit patient stays to an average of 96 hours. Trenkle said in the past few years that has been modified to make it an average of 96 hours per stay over a year, giving the hospital some flexibility to handle patients who need more inpatient time.

He said Citizens is fortunate it does not have typical Medicare utilization. Only about 52 percent of its patients are Medicare or Medicaid. He said many other small hospitals will have Medicare and Medicaid rates as high as 80 to 88 percent.

“The (2 percent) cut will hurt us some,” he said, “but it will hurt others more as we will be able to maintain a net bottom line.”

Citizens works with Hays Medical Center as a support hospital, and Trenkle said they assist in policy review and have contracted with an individual who does that at no cost to the hospitals. Otherwise, he said, Hays has not helped Citizens a lot.

“We are fortunate we did not need their assistance,” he said, “but Hays has helped some other small hospitals. They helped keep the Larned hospital open, and it was a good deal for both the Hays hospital and the people in Larned. They could not have done it without Hays’ assistance.”

With the possible federal cuts, Trenkle said, he feels more changes are coming, and may

Colby clinic one of many affected by health care reform

By Christina Beringer

Colby Free Press
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The effects of the Affordable Care Act, signed into law almost two years ago by President Obama, are finally being seen at the Family Center for Health Care in Colby.

Clinic manager Scott Focke noted that for many reasons, they are seeing an increase in the number of patients because of the comprehensive health insurance reform signed March 23, 2010.

"We have seen a small increase in specific populations who now have access to health insurance," he said, "including students who can now stay on their parent's plans longer and children with preexisting conditions who now can change plans without having exclusions for certain conditions."

The website HealthCare.gov explains that under the act, children up to the age of 26 can stay on their parent's insurance if it covers children, even if the child is married, not living at home, attending school, not financially dependent or eligible to enroll in their employer's plan.

"There is one temporary exception," the site says. "Until 2014, 'grandfathered' group plans do not have to offer dependent coverage up to age 26 if a young adult is eligible for group coverage outside their parent's plan."

There are other details and information listed concerning exclusions and requirements.

Another feature of the act will prohibit all discriminations against preexisting conditions by 2014, and to bridge the program over, states have been given the option to initiate this portion now. A plan has been established by the Department of Health and Human Services for the states who have not yet taken advantage of the option, the site says.

"Due to the act," Focke said, "we are expecting even more patients to be able to afford health insurance, which we expect will increase the demand for health-care services over the next three years."

"Insurance plans are now required to pay for preventative services at 100 percent. We are seeing a pick up in patients who are now coming to the clinic for annual exams and other preventative services. In the hospital setting, we are seeing an increase in the number of screening colonoscopies, screening mammograms and other screening services."

This portion of the act came into effect in September 2010, requiring plans to cover only certain preventative services without charging a deductible, co-pay or coinsurance.

"For example, depending on your age, you may have access – at no cost – to preventative services such as blood pressure, diabetes and cholesterol tests; many cancer screening, including mammograms and colonoscopies; counseling on such topics as quitting smoking, losing weight, eating healthfully,



Family Center for Health Care in Colby is one of many health care institutions around the region that is having to cope with the many changes that come out of the Affordable Care Act.

treating depression and reducing alcohol use; routine vaccinations against diseases such as measles, polio or meningitis; flu and pneumonia shots; counseling, screening and vaccines to ensure healthy pregnancies; and regular well-baby and well-child visits, from birth to age 21," says HealthCare.gov.

Additional preventative services for women are available as well.

Focke said the positive effects of the act are coupled with some pitfalls.

"With these two new requirements, we as an employer

have seen an increase in our overall health insurance costs," he said, "which means overall higher premiums to insure our employees."

"The act has also begun requiring health care organizations to collect and report a lot more data back to the government, which definitely increases the administration cost of delivering care."

Many more provisions and changes in health care are explained online at www.HealthCare.gov.

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