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Kansas Long Term Care Leaders Praise U.S. House Delegation for Signing Key Letter to CMS

- Bipartisan letter calls for the rejection of proposed Medicare cuts that threaten jobs, access to skilled nursing care -

TOPEKA, KS – The Kansas Health Care Association today praised members of the state’s House delegation, U.S. Representatives Tim Huelskamp, Lynn Jenkins, Mike Pompeo and Kevin Yoder, for their support of the bipartisan letter to the Centers for Medicare and Medicaid Services (CMS), as the federal health agency considers a proposal that would cut Medicare reimbursement to skilled nursing facilities immediately by 12.8 percent for Fiscal Year 2012. The Kansas Representatives were four of the 152 Representatives to sign onto the letter to CMS, which urges the agency to consider all of the appropriate data before adopting deep Medicare payment cuts to skilled nursing facilities.

“We thank these Members of Congress for carrying our voice in Washington and for their continued efforts to ensure the growing needs of our nation’s most vulnerable frail, elderly and disabled are protected,” said Cindy Luxem, President & CEO of the Kansas Health Care Association (KHCA). “Their recognition of the potential devastation this proposal could inflict on Kansas’ nursing facilities, the quality of care they provide, and the number of jobs they contribute could make the difference in finding a more measured approach to their Medicare payment system.”

In an unprecedented move in late April, CMS proposed a drastic, immediate cut to the nation’s skilled nursing facilities by more than \$4 billion. The agency’s proposal is based on less than one year of data when, historically, CMS bases decisions on a full year of data. If the proposal were adopted, nursing facilities would be forced to make significant operational changes, putting more than 100,000 jobs in multiple professions at risk.

KHCA and its national organization, the American Health Care Association (AHCA), are advocating that CMS slow down the process and follow its traditional practices of examining the entire data before implementing a reduction to nursing facilities. The associations aim to help CMS reach its goal of budget neutrality within the Medicare payment system, but through a more measured, targeted approach by dispersing the reduction over multiple years.

The bipartisan [letter](#) sent to CMS Administrator Donald Berwick and co-signed by the entire Kansas House delegation, states:

“Financial stability is critical to ensuring sustainable, quality long-term care for Medicare beneficiaries in nursing facilities. The men and women who work in these facilities, approximately 3.1 million Americans, are responsible for serving some of the

frailest members of our society. We must ensure that the services they provide to Medicare beneficiaries are preserved.

“On behalf of our constituents who receive care in SNFs, we request the agency take a more measured approach and delay any proposed cuts pending a review of data from a full year. If, after reviewing additional data, CMS ultimately determines that comprehensive information supports the need to adjust payments to SNFs, then it should follow its common practice of implementing the reduction over a period of two or three years in order to reduce the potential impact on nursing facility services.”