

# GOPHER TRACKS

## SPECIAL UPDATE

### KRISTINA GURKSY

AAHAM GOVERNMENT RELATIONS CHAIR

VICE PRESIDENT OF HEALTHCARE STRATEGY & CONTINUOUS IMPROVEMENT AT IC SYSTEM

Special Greetings from your AAHAM National Government Relations Chair and Gopher Chapter Treasurer! In this edition of Gopher Tracks, we wanted to share some special updates with you. First, AAHAM's National Office has been undergoing some major changes recently. I'm excited to announce a new partnership with Miller Wenhold Capitol Strategies. After an intense amount of evaluation and discussion, it was determined the arrangement with our Association Headquarters wasn't ideal for AAHAM's visions and needs. Miller Wenhold presented the National Board with some amazing new opportunities to add even more value to AAHAM and our members, and we've recently signed a new contract with their organization to be our association management company.

Why does this excite me, and why should it excite you? Miller Wenhold has a long standing history of great work with AAHAM – Paul Miller, who is with Miller Wenhold, has been AAHAM's Legislative Advocacy Partner for at least the last twenty years! His enthusiasm, commitment, and strive for excellence will bring great even greater value to AAHAM as Paul and his company expand their role with us. Be sure to stay in touch with all things AAHAM related for exciting updates in the near future!

Within this publication, you're going to find some great information on upcoming AAHAM events. Locally, we have our ever popular payer panel happening in October. There's some great speakers lined up, including Joe Schindler from the Minnesota Hospital Association, Deyon Suchla with Eide Bailly, and much more! This is sure to be an informative event. Then, a little later in October is AAHAM's ANI in Baltimore. That's another incredible opportunity to connect with peers from around the country, and hear updates on a national level. Finally, in November, Government Relations is hosting an End-of-the-Year Pulse Check for Government Updates and Trends to end 2025, and what to expect in 2026. My committee at National is working really hard to stay updated on ever-changing rules, and we're excited to bring you these updates. Finally, the call for nominations is out! Being a part of the Gopher Chapter of AAHAM's leadership team is an incredible opportunity to give back to the organization, and be a change maker. Open positions include President, Second Vice President and two Board Members. Reach out to me at [kgursky@icsystem.com](mailto:kgursky@icsystem.com) if you're interested!

Thank you all for your continued membership with AAHAM. As mentioned before, stay tuned for some really exciting updates coming from our national office soon. AAHAM's future has never looked brighter!

Respectfully,

Kristina Gursky

# AAHAM 2025 ANI

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## AGENDA HIGHLIGHTS

### MON. OCTOBER 20

How to Effectively Fight  
Payer DG Downgrades &  
Keep the Money Earned by  
Your Caregivers

Mastering Lean Business  
Excellence in the Revenue  
Cycle: Tools and Strategies  
for Success

5 Crucial Claim Management  
Processes to Boost  
Productivity

When Domestic Violence  
Comes to Work

Holding Payers Accountable  
with Data

Cocktail Hour & Awards  
Ceremony

### TUES. OCTOBER 21

Best Practices for Middle and  
Back-End Revenue Cycle  
Improvements

Healthcare in the United  
States

Patient Journey Mapping-  
Accelerating Change

Building Your Bench: Future-  
Proofing Your Team

Capturing Leaking Revenue  
at the Point-of-Care with  
Coding-aware Ambient AI

Sea of Change: 2025  
Healthcare Policy Outlook  
with New Administration at  
the Helm

Revenue Cycle Express  
Match-Ups

### WED. OCTOBER 22

Maximizing Revenue  
Integrity Effectiveness:  
Boosting Return on  
Investment and Enhancing  
Margins

From Burnout to Buy-In:  
Using Emotional Intelligence  
to Keep Your Team  
Energized and Committed

How to Increase QA  
Accuracy

The Future of Healthcare

## QUESTIONS ABOUT ANI?

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## IS SOMETHING MISSING?

We want to hear your suggestions for our next  
newsletter!

CONTACT AMBER KETCHMARK AT  
[AKETCHMARK@NEMADJI.ORG](mailto:AKETCHMARK@NEMADJI.ORG)

# APPLICATIONS FOR 'BIG BEAUTIFUL' RURAL HEALTH FUND OPEN FOR STATES

**NATHANIEL WEIXEL**

THE HILL

States can begin applying Monday September 22 for their share of a \$50 billion fund for rural health providers under the GOP's tax and spending law, but they need to move quickly.

The Trump administration has officially launched the window for states to submit a detailed application for the first tranche of the five-year fund created to help rural providers offset the cuts to Medicaid and other health programs contained in the tax cut law.

States only have a few weeks to apply. The application period will close Nov. 5, with award decisions being made by Dec. 31.

During a call with reporters, Centers for Medicare and Medicaid Services (CMS) Administrator Mehmet Oz described the program as a way for rural providers to "catalyze innovation."

"We believe we can use this as an opportunity to pivot from the crisis that we are currently living in to the comeback that America expects from us," Oz told reporters. "If we're going to be able to invest these monies wisely, we won't just have health care systems barely hanging on in rural America — they'll start to thrive."

Under the program, \$25 billion will be allocated to all states equally, meaning each state with an approved application would receive the same amount regardless of the size of its rural population.

The other \$25 billion will be awarded based on the discretion of Oz. The law gives Oz broad discretion on what he can approve, and there is no specific requirement for states to direct funds to rural hospitals or the CMS to approve only funding for rural districts.



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# APPLICATIONS FOR 'BIG BEAUTIFUL' RURAL (cont.)

The CMS said it will consider individual state metrics as well as “applications that reflect the greatest potential for and scale of impact on the health of rural communities.”

Application denials can't be appealed, nor can any administration decision to withhold funds over compliance concerns.

Program funds received for a fiscal year will be available to spend until the end of the following fiscal year. But the CMS can take back money before the program ends.

“If states don't perform, we have the ability to claw back some of that money and reallocate the states that are performing,” Oz said. “This is not punitive. This is a very clever decision by the crafters of the law” to motivate governors not to regress on performance metrics.

The agency outlined several approved uses for the funds, which include prevention and chronic disease management; payments to health care providers; hiring new workers with commitments to serve rural communities for a minimum of five years; and more.

“It's not designed to pay back old bills or pay operating expenses,” Oz said. “It's designed very specifically to transform the health care system.”

The program ends after just five years, which Oz said was a deliberately short period of time. It's meant to jump-start rural health, and then let states do the rest.

“Part of the purpose of this being big but limited is, we don't want to create a new pathway for people to get money sent into systems that are not viable as they are,” Oz said.

The law cuts about \$1 trillion from Medicaid, primarily through stringent work requirements as well as reductions to how states can fund their Medicaid programs through provider taxes and state-directed payments.

Rural hospitals rely heavily on Medicaid funding because many of the patients they care for are low income. But the Trump administration has noted that rural hospitals only account for 7 percent of overall Medicaid spending.

According to a KFF analysis, federal Medicaid spending in rural areas is estimated to decline by \$155 billion over a decade because of the law.



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**Deyon Suchla**, Healthcare Consulting Senior Manager-Revenue Cycle Management and Training at **Eide Bailly**

### Medica Updates

**Katie Foster**, Account Manager at **Medica**

### HealthPartners Updates

**Rachel Caulfield**, Provider Relations Network Management Contract Consultant at **HealthPartners**

**Nick Michelson**, Provider Relations Network Management Consultant at **HealthPartners**

### MN Hospital Association Updates

**Joe Schindler**, Vice President, Finance Policy & Analytics at **Minnesota Hospital Association**

### VA Payer Expectations, Updates & Appeals

**Jason Smartt Esq.**, Associate General Counsel, SVP Complex Claims at **EnableComp**

### Medicare Advantage Risk Adjustments

**Bryan Beaudoin**, Associate Director and HIM Solutions Lead at **Protiviti**

### Medicare Payer Updates

**Brenda McIlveen**, Provider Experience Manager at **UCare**

### Medicaid Payer Updates

**Cher Vang**, State of Minnesota

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To accommodate a transition period in association management resources, registration for certification exams will be temporarily paused.

This blackout period will run from September 1, 2025 through October 31, 2025. During this time, only exams scheduled prior to September 1, 2025 will be administered.



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# PRIOR AUTH CATCHES CONGRESSIONAL HEAT

**KELLY HOOPER AND SOPHIE GARDNER**  
POLITICO

Some congressional Republicans agree with Democrats that the Trump administration's plan to require prior approvals for some treatments in traditional Medicare would create barriers to care for older Americans.

Early Wednesday morning, House appropriators tacked on an amendment to the HHS funding bill that would block funding for CMS's new pilot program requiring prior authorization for procedures under traditional Medicare plans. The process — widely used by private health insurers but sparingly used in traditional Medicare — requires preapproval for certain treatments before doctors provide care. Lawmakers have complained that the process creates administrative burdens for doctors and restricts access to care for patients.

During the House Appropriations Committee markup of the HHS budget bill, the amendment from Rep. Lois Frankel (D-Fla.) was adopted in a voice vote with some Republican support, including Rep. Robert Aderholt (R-Ala.), who said he appreciated the amendment.

"This is my lucky day," Frankel said.

**Background:** The pilot program, set to start in January, would allow CMS to work with private artificial intelligence companies to improve and expedite prior authorization in Arizona, New Jersey, Ohio, Oklahoma, Texas and Washington for services that have been "vulnerable" to fraud, waste and abuse in the past. Procedures subject to prior approval under the program include skin and tissue substitutions, electrical nerve stimulator implants and knee arthroscopy for osteoarthritis.

Democrats, patients and doctors have been raising alarms about the program, called the Wasteful and Inappropriate Service Reduction (WISeR) Model, arguing it would restrict necessary care for older adults.

**Key context:** Private insurers have come under legal and congressional scrutiny over how they use prior authorization to limit care and cut costs. A scathing report from Senate Democrats in December found the largest Medicare Advantage insurers deny prior authorization requests for care following hospital stays at far higher rates than other types of care. Members of both parties have repeatedly tried to pass legislation that would streamline the prior authorization process, but efforts have stalled.

Lawsuits are pending against both Cigna and UnitedHealthcare amid allegations the companies have used artificial intelligence or simple algorithms to deny patients care.

The Trump administration has also sought to reform the process, with HHS in June securing commitments from major health insurers, including Aetna and UnitedHealthcare, to take a series of steps to speed up and streamline the prior authorization for patients enrolled in commercial coverage, Medicare Advantage and Medicaid managed care.

**What's next:** The HHS funding bill now awaits a House floor vote.





End-of-the-Year

# Pulse Check:

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 NOVEMBER 13, 2025


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- Reconciliation Bill: What's Changed and What's Next?
- Administration Priorities in Healthcare Policies
- CFPB & Credit Reporting Updates
- Prior Auth Reform: Real Progress or PR Play?
- Healthcare Tariffs: Impacts on Prescriptions & Supplies
- AI in the Revenue Cycle: Any Legislative Movement?
- IRS Data Sharing for Financial Assistance: How AAHAM is Advocating for Change

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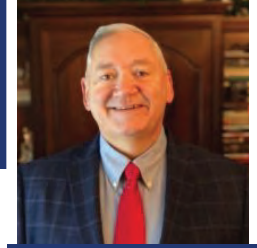
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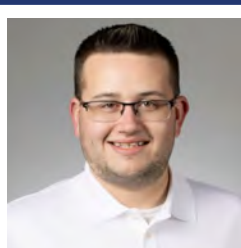
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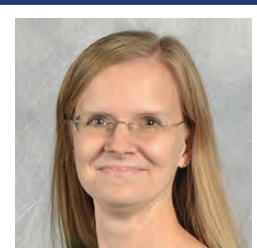
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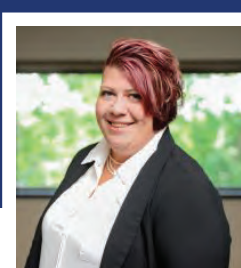
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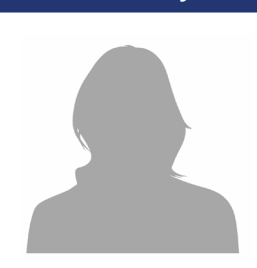
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