

Progress Notes October 2011

A Monthly Publication of the Nassau-Suffolk Hospital Council, Inc.

Progress Notes publication is a summary of regulatory and legislative news, advocacy messages, and other relevant issues affecting the delivery of hospital and health care on Long Island.

Sen. Gillibrand Pushes for Economic Development

Says Empowering Women through Pay, Political Parity Needed



Senator Kirsten Gillibrand made a stop on Long Island Friday, October 7, 2011 to meet with about 30 women in business, medicine, and law who were invited by her to share their thoughts and concerns at a “Women’s Economic Empowerment Round Table.” The event was held at Hauppauge-based defense contractor GSE Dynamics, Inc. The senator has held similar round tables throughout the state.

The Nassau-Suffolk Hospital Council had a seat at the table and represented the interests of Long Island’s hospitals. The senator talked about public/private collaboratives that work to meet the needs of Long

Islanders. NSHC noted that hospitals, through community outreach programs that are more often than not free to the public, have for decades provided health screenings, disease management and education, and other resources to help local communities. These very same programs and services would be the most vulnerable to elimination, especially if insurance expansion and its consequent revenue stream are short-circuited by the dismantling of the Affordable Care Act (ACA). Senator Gillibrand acknowledged the merits of the ACA and the great public service hospitals provide.

However, pay and political disparity faced by women dominated the hour-long discussion. Despite still earning less than men in equal jobs, women entrepreneurs and professionals have been and continue to be an important force in the economy, said the senator. Their earning potential and contributions to local and state commerce are especially vital to the struggling recovery. – [Janine Logan](mailto:jlogan@nshc.org), jlogan@nshc.org.

Hospital CEOs Host Suffolk County Executive Forum

Both candidates for Suffolk County Executive – Steve Bellone (D) and Angie Carpenter (R) – told CEOs from hospitals in Suffolk County that they realize the county needs a better defined and clearer vision for health care delivery. The forum was sponsored by the Nassau-Suffolk Hospital Council (NSHC) and held at its Hauppauge office on October 18, 2011.

Currently, the county utilizes seven health centers, some in partnership with hospitals, to deliver health care services on a very local level. Some of these centers have suffered cuts under the current county executive and their annual funding is never assured. Both candidates agree that the health system model Suffolk County employs is a good one and brings vital health services to communities in a cost-effective way. Without such centers, residents would over-utilize local emergency rooms, driving up the cost of care for everyone.

Suffolk County residents will elect a new county executive on Tuesday, November 8, 2011. “The winner of that race has a tough job before them,” said Kevin Dahill, president/CEO of NSHC.

Suffolk County Executive Candidate Forum . . .



Democratic candidate for Suffolk County Executive Steve Bellone (third from left) is joined by (from left) Brian Currie, President/CEO of Long Island Health Network; Kevin Dahill, President/CEO of NSHC; Kevin Lawlor, President/CEO of Huntington Hospital; FJ McCarthy, Trustee at Southside Hospital, Paul O'Connor, President/CEO of Eastern Long Island Hospital.

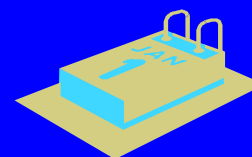


Republican candidate for Suffolk County Executive Angie Carpenter with from left: Andrew Mitchell, President/CEO of Peconic Bay Medical Center; Kevin Dahill; and Bill Cunningham, VP Government and Community Affairs, North Shore/LIJ Health System.

Around the State . . .

Health Insurance Exchange Legislation (HIE): The legislation remains stalled in the state legislature and there appears to be no urgency on the part of lawmakers to pass a bill, even though another federal funding deadline passed in September. New York has already secured \$39 million in federal funds, but it cannot apply for multi-year Level 2 grants without legislation that defines the framework of New York's state insurance exchange. States have the option of establishing their own exchange or allowing the federal government to establish one for the state. State exchanges must be fully operational by January 1, 2014. Prior to the close of the 2011 legislative session in June, the Senate and Governor Cuomo had introduced versions of an exchange bill, but no final bill was agreed upon. Albany lawmakers say they want to study the issue further and examine rules coming out the Centers for Medicaid and Medicaid Services before committing to a bill. States can apply for Level 2 grants quarterly through June 2012.

Medicaid Making Headlines: The Medicaid Global Spending Report for August 2011 from the state shows that state Medicaid spending is now at \$172.9 million, which is **2.5 percent below the 4 percent yearly cap** imposed as part of the 2011-2012 state budget and Medicaid Redesign Team (MRT) recommendations. Yet, Medicaid enrollment continues to grow and recent news reports indicate that New York's Medicaid program is on track to enroll its **five millionth beneficiary** soon. Meanwhile, a group of bi-partisan state legislators are co-sponsoring Senate legislation that would begin an eight-year phase-in of a **complete state takeover of local Medicaid costs**. In 2005, then-Governor George Pataki imposed a



Mark Your Calendar for NSHC Events in November

- Nov. 2 NYPORTS/Quality Committee meeting, 10 a.m.
- Nov. 8 Nurse Managers meeting, 12:30 p.m.
- Nov. 9 Finance Committee meeting, 8 a.m.
- Nov. 10 NSHC Board meeting, 8 a.m.
- Nov. 16 Nurse Executives meeting, 2 p.m.
- Nov. 18 Human Resources meeting, 9 a.m.

*Meetings for NSHC members only and are held at the Hospital Council office in Hauppauge unless otherwise noted. To register/info call: 631-963-4153.

three percent spending cap on the Medicaid portion counties are required to pay, shifting more of the cost burden to the state. Local counties are also facing the pressure of the two percent property tax cap the state imposed as part of the most recent state budget. New York City home care agencies recently received a Medicaid rate increase - *\$50 million to 1199 SEIU-affiliated personal care agencies and \$10 million to non-affiliated agencies* – as was legislated under the state budget. Specifically, the state is committed by law to expend \$340 million in Medicaid money for worker recruitment and retention for New York City personal care providers. These funds are used to cover health care costs of personal care workers. The \$60 million resulted when the state realized it would only expend \$280 million in this category. Since the funds were already included in the projected spending under the cap, the Global Cap is not affected. Health policy experts are concerned, however, about the non-transparent way in which this expenditure occurred.

Medicaid Redesign Team (MRT) Phase 2: Workgroup recommendations are scheduled to be voted upon at the November 1 MRT meeting in New York City and at the December 13 meeting in Albany. Those presenting November 1 are: Program Streamlining and State/Local Responsibilities; Behavioral Health; Health Disparities; Managed Long-Term Care Implementation and Waiver Redesign; Health Systems Redesign: Brooklyn. Those presenting December 13 are: Payment Reform/Quality Measurement; Affordable Housing; Basic Benefit Review; Workforce Flexibility/Change of Scope of Practice; Medical Malpractice. Many Medicaid reform recommendations from Phase 1 – including the global Medicaid cap – were included in the 2011-2012 state budget. Workgroups are tasked with creating a final action plan, with specific recommendations to be presented to the full MRT and forwarded to the Governor for his consideration for the 2012 – 2013 state budget.

2012-2013 Budget Preparations: It's never too early to plan, especially in the current fiscal climate and that is exactly what the State Division of the Budget (DOB) is now doing. DOB will soon release its Mid-year Financial Plan Update, which revises the state's fiscal projections for the current budget year and out-years. Already the governor's office has pointed to a \$2.4 billion budget hole for the next state fiscal year. The report is part of the "quick start" budget process that requires the governor, the comptroller, the Senate and the Assembly to separately prepare reports in early November that give their projections on revenues and spending. - *Janine Logan, jlogan@nshc.org*

In the Nation's Capitol . . .

"Super Committee" members continue to meet; however, no details about their deliberations have been made public. Members of the Joint Select Committee on Deficit Reduction will need to have a plan in place soon so it can be scored by the Congressional Budget Office (CBO). Once scored, the committee has until November 23 to deliver its package to the Congress. Congress has until December 23 to vote on it. Senators and Representatives have no authority to change anything in the package. If the full \$1.2 trillion in spending cuts is not found by the "super committee," then automatic, across-the-board cuts (a process known as sequestration), including up to two percent to Medicare providers, will go into effect starting in the 2012 fiscal year. New York's entire congressional delegation sent a letter to the members of the "super committee" urging them not to impose any more cuts on New York's hospitals. Check out HANYS website www.hanys.org under the Health Reform Navigator section

Member Hospitals

Brookhaven Memorial Hospital Medical Center
 Catholic Health Services of Long Island

- Good Samaritan Hospital Medical Center
- Mercy Medical Center
- St. Catherine of Siena Medical Center
- St. Charles Hospital
- St. Francis Hospital
- St. Joseph Hospital

East End Health Alliance

- Eastern Long Island Hospital
- Peconic Bay Medical Center
- Southampton Hospital

Long Beach Medical Center
 John T. Mather Memorial Hospital
 Nassau University Medical Center
 North Shore-Long Island Jewish Health System

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

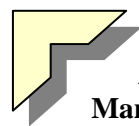
Stony Brook University Hospital
 Veterans Affairs Medical Center – Northport
 Winthrop-South Nassau University Health System

- South Nassau Communities Hospital
- Winthrop-University Hospital

for more information on the “Super Committee” and the Budget Control Act of 2011. Also visit <http://deficitreduction.senate.gov/public>.

Funding for federal government operations nears a November 18, 2011 deadline. That’s when the stopgap bill approved by Congress in September to keep the government running expires. Lawmakers may use another short-term budget extension as leverage to force more spending cuts. The Medicare and Medicaid programs remain extremely vulnerable. – *Janine Logan, jlogan@nshc.org*.

AHA Federal Advocacy Day is November 3 in Washington, DC. Plan now to visit your elected representatives and tell them your facility cannot absorb any more funding cuts. Urge them to bring that message to the “Super Committee.”



The Quality Corner

First in a series of periodical updates on quality reporting/compliance measures
Mary Jane Milano, Director of Quality and Education

Electronic Health Records Attestation . . .

November 30, 2011 is the last day for eligible hospitals and Critical Access Hospitals to register for the Electronic Health Record financial incentives in the 2011 federal fiscal year. Hospitals had to meet Stage 1 criteria for demonstrating Meaningful Use – 14 mandatory core objectives plus five to 10 objectives from a menu set, as well as 15 clinical quality measures. The clinical quality measures are also measures hospitals will be required to submit through the Hospital Inpatient Quality Reporting (IQR) program. For IQR, hospitals will be required to submit some of the Meaningful Use

clinical quality measures starting on January 1, 2012 and some starting January 1, 2013.

NYS Report on Hospital Acquired Infections

. . . On September 20, 2011 the New York State Department of Health released its 2010 report on Hospital Acquired Infections (HAI). Beginning January 1, 2012, hospitals must start reporting on abdominal hysterectomy surgical site infections.

For more details on these and all quality issues contact Mary Jane Milano at (585) 698-0344 or mmilano@seagatealliance.com.

News Briefs . . .

Informing the public of insurance options . . . is the role of the Community Health Advocates (CHA) Program. Since January 2011, the Nassau-Suffolk Hospital Council has managed a CHA program grant and successfully assisted more than 500 consumers in resolving insurance issues. CHA is administered by the Community Service Society of New York. In the organization’s October 2011 newsletter, NSHC’s CHA director, Stacy Villagran, was featured specifically for her outreach work with a local school district and its “excessed” staff who soon found themselves without health insurance. With Stacy’s help, the school staff members learned that COBRA was not their only option. For many, it was the first time they heard about insurance programs such as the NY Bridge Plan, Child Health Plus, Family Health Plus, Healthy New York, or Needy Meds. The CHA program complements the Hospital Council’s work as a Facilitated Enrollment Agency under a grant from the New York State Department of Health. For more information about insurance and assistance in filing go to www.coverage4healthcare.com.

Partnership for Patients proposal moves to the next step . . . as it was recognized by the Center for Medicare and Medicaid Services (CMS) as a highly competitive submission. The proposal is a joint one between Greater New York Hospital Association and the Healthcare Association of New York State. The two associations collaborated on the proposal and seek to serve as a Hospital Engagement Contractor (HEC).

Insurance transparency . . . is the theme of the day, as six major health insurers have now agreed to make their rate increase filings public. The insurers are Aetna Health, EmblemHealth, Empire HealthChoice, Excellus Health Plan, Health Now, and UnitedHealth Group. These six insurers have 85 percent of the market and cover 2.4 million New Yorkers. This year, insurers have to get prior approval from the Department of Financial Services for most rate hikes.

Calling interested auxiliaries/volunteers . . . to serve as members of the Committee of Healthcare Auxiliaries of the Healthcare Association of New York State. Enthusiastic auxiliaries, directors of volunteer services, and other staff who are the liaisons to the auxiliary are eligible to serve on the committee. Those on the committee help shape HANYS' auxiliary agenda. To nominate an auxiliary to serve on this committee contact Jennifer Carter, jcarter@hanys.org, 518-431-7713. Nomination forms are due December 2, 2011.

Committee News ...

Communications Committee: At its October 4, 2011 meeting, the committee agreed to pursue a public information/media campaign about the tangible aspects of the Affordable Care Act with a target launch date of January 2011. The goal is to provide consumers/media with quick and easy reference to this complex piece of legislation. The emphasis is on pinpointing relevant parts of the legislation that affect Long Island patients and hospitals and communicating this in an engaging way, such as through an animated "You Tube-like" video, among other social media/traditional communication vehicles. The meeting was followed by a "Communicating Quality" workshop, presented by Mary Therriault, senior director of research and quality initiatives at HANYS.

Corporate Compliance: The Corporate Compliance Committee met on October 25, receiving an update on several legal issues from NSHC general counsel Mark Thomas, including the survey on executive compensation by the Superintendent of Financial Services, the OMIG's model hospital compliance program, and prospects for legislation to redefine the OMIG's role. NSHC Chief Operating Officer Wendy Darwell reported on changes to the Medicare conditions of participation and the Medicaid RAC program.

Finance: The October 12 meeting of the Finance Committee included briefings from HANYS staff on the Medicaid Redesign Team efforts, several state financial audits, and the most recent report on state spending relative to the global cap on Medicaid. Tracey Roland, the Council's Medicare wage index auditor, discussed the progress of the current year's audit and the region's pending pension appeal. Wendy Darwell explained the resources available to hospitals that incurred losses due to Hurricane Irene and the proposed regulations for hospital observation units.

Revenue Cycle: At its October 28 session, the Revenue Cycle Committee discussed several claim coding issues addressed by the National Uniform Billing Committee, and Wendy Darwell briefed the group on recent changes to Medicaid billing, and provided an update on the Medicare and Medicaid RAC programs.

MARK YOUR CALENDAR . . .

Social Media: Strategies to Evolve, Engage, and Excel takes place November 16, 2011 at HANYS offices in Rensselaer. This is a full-day conference. Contact: wvanslyk@hanys.org.

Trustee Briefing, sponsored by the Suburban Hospital Alliance of New York State (a joint organization of NorMet and NSHC) takes place Monday, December 5, 2011 at the LaGuardia Marriott Hotel from 4 – 7 p.m. This year's featured speaker is John Combes, president of the Center for Healthcare Governance. A discussion of the political and legislative landscape will also be presented by HANYS President Dan Sisto.

NSHC Excellence in Patient Safety Award will be presented at the Trustee Briefing.

To register for the Trustee event contact: Sue Ellen Wagner, swagner@hanys.org.



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*The collective voice of Long Island's
not-for-profit and public hospitals.*