

Progress Notes March 2012

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.

State Lawmakers, Governor Strike Budget Deal

The governor's office and legislative leaders agreed on a \$132.6 billion spending plan on Tuesday, March 27, 2012, clearing the way for approval of an on-time budget. The budget continues the Medicaid global spending cap provisions and two percent across-the-board Medicaid reductions and trend factor elimination that were originally authorized in last year's two-year budget deal. The health commissioner's "super powers" associated with a breach in the yearly four percent Medicaid global spending cap were extended for an additional year. However, the governor's language regarding health care governance, temporary operators, and executive compensation were not part of the agreement.

The budget does not include language to establish New York's health insurance exchange. The Affordable Care Act (ACA) requires that the state be able to demonstrate in January 2013 that its exchange will be ready to enroll patients on January 1, 2013. Failure to act jeopardizes federal funding. The governor has indicated he may establish an exchange via executive order.

Legislative Issues Remain on Watch List

With the budget agreement behind them, legislators and the governor's office left some legislative loose ends for which hospital advocates need to be mindful. These include:

Executive Compensation and Limits on Administrative Costs. The governor had previously issued an executive order that closely resembles his original budget approval. The order could still be implemented.

Disproportionate/Indigent Care. The administration did not advance legislation to conform New York's indigent care funding programs with the requirement of the federal Affordable Care Act. It is highly likely that this issue will be addressed before the close of the legislative session. New York must be brought into compliance with changing disproportionate share (DSH) funding rules that are occurring as a result of the ACA, in order to ensure that the state optimizes federal funding. The issue of charity care and financial assistance has been a contentious one for some time in New York and even more so in recent weeks, as consumer groups have raised awareness about inconsistent compliance with the state's Hospital Financial Assistance Law. - [Janine Logan, jlogan@nshc.org](mailto:jlogan@nshc.org)

Continue contacting your state legislators about these important legislative priorities and thank them for their work on the FY 2012 – 2013 budget.

House GOP Releases Budget Blueprint

The plan released Tuesday, March 20, 2012 by U.S. House Budget Committee Chairman Paul Ryan and recently approved by the House would transition Medicare into a premium support program, fund Medicaid through capped, block grants to states, and continue the automatic sequestration cuts to Medicare that were triggered last fall by the Super Committee's failure to reach a deficit reduction agreement. Overall, the Ryan plan calls for a cut of more than \$5.3 trillion in government spending over the next 10 years, with about half of that coming from health care.

The proposal did, however, include language to repeal the Medicare Independent Payment Advisory Board (IPAB). This panel of experts was created by the Affordable Care Act (ACA) to make Medicare policy and savings recommendations to Congress on an annual basis, beginning in 2014. There is concern that such a panel would hold sway over Congress and harm the deliberative process that Congress now engages in when setting Medicare policy, rates, and targeted savings. This process ensures fair representation for constituents in varied regions throughout the United States.

The Senate will not take up the proposal, according to Majority Leader Harry Reid. - [Janine Logan, jlogan@nshc.org](mailto:jlogan@nshc.org).

Supreme Court Challenges ACA

The Affordable Care Act (ACA), the Obama administration's landmark health care reform legislation, celebrates its second anniversary this month with a trip to the Supreme Court. Justices heard arguments from the Obama administration's lawyers and those representing 26 states, the National Federation of Independent Business, and a few individuals who are challenging the law's constitutionality. The individual insurance mandate provision and the directive that states must expand their Medicaid programs to help close the gap of the nation's uninsured remain sticking points for those who oppose the law on constitutional grounds.



The Supreme Court will also consider whether other parts of the law are voided, if the mandate is struck down, and whether a decision can even be made at this point about the constitutionality of non-compliance, before anyone even pays a penalty.

The individual insurance mandate takes effect in 2014.

A decision is expected in the summer – the midst of the 2012 election. - *Janine Logan, jlogan@nshc.org.*

The Quality Corner

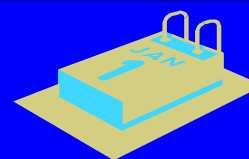
An update on quality reporting measures

Mary Jane Milano, Director

Proposed Electronic Health Record Incentives and Clinical Quality

Measures: On March 7, 2012 the Centers for Medicare and Medicaid Services (CMS) released a proposed rule on the Medicare and Medicaid EHR Incentive Program. The rule outlined the proposed Stage 2 objectives for meaningful use. Concerning Clinical Quality Measures (CQM), beginning with FFY 2014, CMS proposed that CQMs no longer be tied to a specific stage of meaningful use. Hospitals would need to submit a total of 24 Clinical Quality Measures from a menu of 49 measures. Of these 49 measures, 34 are new and 15 are carried over from Stage 1. Most of the 34 new measures are currently The Joint Commission (TJC) or Medicare inpatient quality reporting measures. The new measures that are not TJC or inpatient quality reporting measures pertain predominately to pediatric care, e.g. care to infants, those in a Neonatal Intensive Care Unit, and those in a Pediatric Intensive Care Unit. The proposed rule outlines a process by which eligible hospitals beyond their first year of Stage 1 participation would submit CQM data electronically.

Payment adjustments are required by statute to take effect in FY 2015 for hospitals and eligible providers that do not meet meaningful use criteria, which includes reporting on the CQMs. CMS is proposing that any Medicare eligible professional or hospital that demonstrates meaningful use in 2013 would avoid a payment adjustment in 2015. To avoid the payment penalty, the latest that **hospitals** could wait to begin using EHR would be for a continuous 90 day reporting period beginning no later than April 3, 2014 and successfully attesting by July 1, 2014. The payment update in FFY 2015 for hospitals that do not do this would be reduced by 25 percent. To avoid the payment penalty, the latest that **eligible professionals** could establish meaningful use for the first time is with a 90-day continuous reporting period beginning no later than July 3, 2014 and successfully attesting by October 1, 2014. The payment update for eligible professionals not meeting this requirement would be reduced by one percent. CMS also proposed three categories for payment exceptions.



Mark Your Calendar for NSHC Events in April

- Apr. 10 Nurse Managers Committee, 12:30 p.m.
- Apr. 13 Revenue Cycle Committee, 12:30 p.m.
- Apr. 18 Joint Meeting with Nurse Executives/Human Resources Committees, 9 a.m.
- Apr. 24 Corporate Compliance Committee, 9:30 a.m.
- Apr. 25 Finance Committee, 8 a.m.

Federal Advocacy Day – May 8

HANYS Federal Briefing, Suburban Hospital Alliance Meetings, and Congressional Reception

Register via www.HANYS.org.

*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.

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

NYPORTS: On March 6, 2012 the Healthcare Association of New York State (HANYS) hosted a call with the Department of Health officials for the NYPORTS Statewide Council. During this webinar, Linda Delaney and Colleen Kewley reviewed the NYPORTS Root Cause Analysis Evaluation Protocol and provided examples on how to integrate the current NYPORTS codes into it. They also answered numerous questions about specific events from the participants. For a copy of the handouts and a recording of the webinar visit the HANYS website at www.hanys.org.

DNV: On March 8, 2012, Det Norske Veritas Health (DNV), the newest organization to gain CMS-approved status to accredit hospitals, participated in an educational webinar sponsored by Nassau Suffolk Hospital Council, Northern Metropolitan Hospital Association, and the Rochester Regional Healthcare Association. During this webinar, the National Integrated Accreditation for Healthcare Organization requirements along with the ISO 9001:2008 requirements, both of which are used by DNV for accreditation, were reviewed. The Joint Commission has been accrediting organizations since 1966. For a copy of the handouts and a recording of the webinar, contact Mary Jane Milano at mmilano@seagatealliance.com.

State Medicaid Demonstration: On March 13, 2012, the Department of Health outlined components of a proposal to integrate care for individuals who are dually eligible for Medicare and Medicaid. The department currently is seeking comments on the proposal. The following eight counties comprise the proposed service area for the demonstration: Bronx, Kings, *Nassau*, New York, Queens, Richmond, *Suffolk*, and Westchester. The proposed target population includes dual eligibles aged 21 and over who are not receiving services through the Office for People with Development Disabilities or, the Office of Mental Health Facilities, or who are participating in the Bronx Health Access Network Pioneer ACO. The project will be phased in, with the first phase starting in January 2014 for all dual-eligibles who are enrolled in managed long-term care programs and are receiving community-based long-term care supports and services. The second phase begins January 2015 for all remaining dual eligibles in the service area. The project, labeled a “fully-integrated dual advantage program,” is a capitated managed care program that provides enrollees with a comprehensive array of Medicare, Medicaid and supplemental services including all physical health care, all long-term care services and support currently available through the Medicare Advantage Plus

program, additional services currently only available through the home and community-based waiver program, additional supplemental services not currently required in the state’s managed care plan, and all behavioral health care services.

Campaign Keeps Tabs on Health Reform Implementation; Supreme Court Proceedings

The Hospital Council’s public information campaign *ABCs of Health Care Reform and You* is an excellent resource to all issues pertaining to the Affordable Care Act, especially as it is being debated by the Supreme Court during the upcoming months. The campaign is sponsored by the Hospital Council’s Communications Committee. Find updates about the law via NSHC’s twitter page @hospitalcouncil, on Facebook.com/Nassau-Suffolk Hospital Council, and at www.nshc.org. Please re-tweet the updates to keep the public and media informed of latest developments related to **A**ccess, **B**enefits, and **C**ost of the Affordable Care Act. The campaign is also a useful advocacy tool. Legislators are using the campaign’s design and information for constituent messaging and education.

ABC's of
Health Care Reform
and You

Brought to you by the hospitals on Long Island

The web-based campaign seeks to distill the complexity of health care reform in a simple way and position Long Island's hospitals as the "go to" resource for practical information about the law and its affect on patients and their families.

Go to www.nshc.org and click on the *ABCs of Health Care Reform and You* icon to access information. Links to animated videos, research reports, and other helpful materials can be accessed from the site.

Member hospitals are encouraged to post and link the *ABCs* icon on their websites so that visitors can click through to access the information on the Hospital Council's website.

News Briefs . . .

\$2000 Scholarship . . . is available to college juniors/seniors or post-graduate students who are studying journalism, communication arts, or health care administration. The Ann Marie Brown Memorial Scholarship honors the late Ann Marie Brown, who served as vice president for government and public relations for the Hospital Council from 1983 to 1993. The scholarship is administered by the Hospital Council's Communications Committee and is for non-clinical study. Filing deadline is May 18, 2012. For more information and an application, go to www.nshc.org and click on programs or call 631-963-4156.

American Heart Association's Get with the Guidelines Stroke Gold Plus Performance Achievement Award . . . was earned by **Stony Brook University Medical Center** for the second consecutive year.

Noted for Exceptional Risk Management and Patient Safety . . . are **St. Francis Hospital and Mercy Medical Center**, both member hospitals of Catholic Health Services of Long Island. Physicians' Reciprocal Insurers (PRI), the second largest medical malpractice insurer in the state, gave these two hospitals honorable mention status in PRI's *2012 Best Practices in Risk Management and Patient Safety Awards*. St. Francis Hospital and Mercy Medical Center were honored for an electronic reporting system they developed to identify serious patient and visitor incidents.

Committee News ...

Communications Committee: At the March 9, 2012 conference call meeting, committee members evaluated the effectiveness of the public information campaign, the *ABCs of Health Care Reform and You*, and discussed next steps for the project. Topics for upcoming educational events were discussed. These include a social media workshop, content marketing, and writing skills to meet multi-cultural/multi-educational audiences.

Finance Committee: At its March 28, 2012 meeting, the Finance Committee was briefed on the outcome of the state budget and activity that is anticipated in the remainder of the legislative session, focusing particularly on the distribution of the indigent care pool, compliance with the state's charity care law, and establishment of the health insurance exchange. The group also discussed state and federal audit activity.

