

# Progress Notes . . . April 2013

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.

## Hospital Advocates Tackle Unresolved Issues

With less than two months until the official end of the state legislative session – June 20, 2013 – hospital leaders in the region are keeping a watchful eye on a handful of proposed bills and regulatory actions that could have a significant impact on hospitals. These include nurse staffing ratios and safe patient handling mandates, sepsis protocols, and issues related to physician practice oversight and management. Most pressing for hospitals is the push for mandated nurse staffing ratios, estimated to cost hospitals in New York State about \$1.5 billion and the entire health care sector about \$3 billion.

- **Nurse Staffing Ratio Legislation** was the focus of a lobby day held April 15, 2013 in Albany by the Healthcare Association of New York State (HANY) with participation from NSHC. The region's hospital leaders met with key legislative staff members and their health policy aides, emphasizing that mandated nurse staffing ratios are not proven to enhance care, and in fact, could impede safe care in times of surge capacity. The varied mix of patient acuity that changes constantly is another reason hospitals must have a flexible workforce pool available at all times. Further, mandated ratios also ignore both the migration of services to an outpatient setting and the influx of patients soon to arrive as a result of health care reform and insurance expansion. Mandated staffing ratio legislation has advanced in prior years, but has never made it into law. During this legislative session, NSHC's leadership is committed to ensuring it is once again held in abeyance, as it would be the single largest unfunded mandate in the history of New York health care.
- **Safe Patient Handling Legislation** is also making its way through the legislature. This proposal affects a broader scope of health care workers and seeks protections for health care workers, such as the purchase of specific equipment and allowing a health care worker to refuse to move patients. The equipment-to-patient ratios mandate is prescriptive and costly. Health care workers' safety and the assurance of a safe working environment are not in dispute and the hospital industry is committed to working with front line health care workers to find more workable solutions.

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## Deficit Reduction Influences Budgets

The negative effect of the sequestration cuts are beginning to be felt by the hospital industry, as well as defense and other government sectors. Even so, Congress and the White House continue to push for fiscal year 2014 spending plans that further gut entitlement programs and reduce Medicare/Medicaid payments to providers. Here is a quick look at the different proposals:

- **House Ryan budget** seeks millions in cuts and suggests that Medicare become a premium support program, Medicaid be block-granted to the states, the Affordable Care Act (ACA) repealed, but the ACA cuts to providers maintained.
- **Senate Murray budget** seeks \$275 billion in unspecified health care reductions, aimed at further re-aligning incentives and cutting waste and fraud. It would replace sequester cuts with \$1.85 trillion in savings over 10 years through tax increases and spending cuts. Some cuts would come from the health care sector.
- **White House budget** seeks \$374 billion in reductions, mostly from the Medicare program. Although the proposal would cancel the sequestration cuts, the cuts recommended by the White House budget would be worse. – Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org).

- **Revised Sepsis Protocols** adopted by the Codes, Rules, and Regulations Committee of the Public Health and Health Planning Council (PHHPC) on April 11, 2013 are intended to enhance the identification and treatment of severe sepsis and septic shock. NSHC continues to be concerned about this unprecedented state involvement in the way hospital medical staffs set treatment protocols. Our advocacy to date helped modify the initial proposal, resulting in revised guidelines that would implement the protocols on a more reasonable timeline and ensure that the quality reporting requirements are more compatible with existing reporting mechanisms. NSHC and HANYS offered comments to the state about the proposed regulations in an effort to ensure that the final regulations and resulting implementation plan and schedule allow for adequate staff training, nationally-aligned data collection and reporting guidelines, and hospitals' continued flexibility to develop evidence-based protocols that best meet the needs of each hospital's patient population. Further, the comments recommended that the Department of Health utilize a phased-in approach for full-hospital implementation with emergency departments first, since most patients with severe sepsis and septic shock present in the emergency room. The state has yet to issue pediatric-specific protocols. NSHC continues to work with the Department of Health through the Sepsis Advisory Work Group to develop more formal guidance for hospitals.
- **Large Physician Practices** have caught the attention of state regulators who are considering imposing oversight upon these groups that are, for the most part, not subject to regulation, yet perform many office-based procedures and tests also performed by hospitals that are subject to intense regulation. The hospital industry seeks to level the regulatory playing field and contends that these practices be subject to the same regulations or that the pertinent regulations currently governing the hospital industry be lightened. – Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org).



## Mark Your Calendar for NSHC May Events

- May 2 NSHC Board Meeting, 8 a.m.
- May 8 Finance Committee Meeting, 8 a.m.
- May 8 Open Enrollment FE Program, Noon - 4 p.m.
- May 14 Nurse Managers Meeting, 12:30 p.m.
- May 15 Quality Committee Meeting, 10 a.m.
- May 21 Corporate Compliance Meeting, 9:30 a.m.
- May 21 Social Media Workshop and Luncheon  
Communications Committee  
Melville Marriott, 1 to 3 p.m.
- May 22 Nurse Excellence Ceremony  
Woodbury County Club,  
3 – 5 p.m.
- May 23 Open Enrollment FE Program  
Noon – 4 p.m.
- May 31 LI Healthcare Life Safety Meeting, 7 a.m.

For more information please call: 631-963-4153.

## Proposed Legislation Improves Audit Process

A proposal in the House to improve the Recovery Audit Contractor (RAC) program is currently under consideration. The proliferation and intensity of RAC audits in recent years has placed an undue financial and administrative burden on hospitals in the NorMet region. Additionally, CMS extended the RAC program under the Affordable Care Act (ACA). The House proposal would ensure more widespread and common sense improvements to RAC and other audit programs by limiting medical records requests, seeking more auditor transparency, and requiring physician review of denied claims, among other provisions.

In a related issue, the CMS recently issued guidance on Part B inpatient billing in hospitals. The interim and proposed rules provide some relief by allowing hospitals that bill Medicare at the wrong level of service to bill those services as Part B (outpatient) services and be paid at that level. The proposed rule, however, places a time limit on the re-billing of claims as Part B and requires that the re-billing must be filed within one year of the date of service. RAC audits have typically occurred more than one year after the date of service. This would preclude a hospital that wishes to re-bill as a result of RAC audit findings from doing so. NorMet, together with HANYS, will comment on this aspect of the proposed ruling and submit comments by May 17.

As a result of this CMS activity, HANYS has put its RAC lawsuit on hold. Fifteen hospitals in the NSHC region are co-plaintiffs. In addition, CMS has suspended its Part A to B re-billing demonstration project. HANYS plans a two-day RAC conference May 8-9. For details and to register go to [www.hanys.org](http://www.hanys.org). - Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org).

## Region's Disaster Response Intrigues Chicago Health Care Leaders

Long Beach Medical Center CEO Doug Melzer and NSHC president/CEO Kevin Dahill traveled to Chicago April 10, 2013 to present at the *Hurricane Sandy Lessons Learned Conference* sponsored by the Metropolitan Chicago Healthcare Council. Melzer and Dahill spoke to a large, attentive audience of health care professionals who were eager to learn how the region's hospitals weathered one of the worst storms in nearly seven decades. On October 29, 2013, superstorm Sandy hit the New York metropolitan area with a fierce force. Evacuations took place at four Long Island hospitals. Long Beach Medical Center remains closed today, as it undergoes renovations and repair.

Melzer recounted the hospital's emergency response efforts and delicate operation of evacuating all patients and all nursing home residents from the hospital's adjacent nursing home. Severe flooding compromised electrical systems, the laboratory, and other critical support departments and functions. In addition to the physical plant damage, the hospital had to cope with loss of revenue and a displaced work force. Many hospital and nursing home employees also lost homes and other property.

Dahill focused on the policy components of the disaster and the response of federal, state, and local authorities. The storm exacted a human and financial toll, with 13 lives lost on Long Island and damage to Long Island's 24 hospitals in the millions. The state quickly secured a waiver from CMS to relax many documentation, recordkeeping rules, and administrative and billing requirements for affected hospitals. Federal assistance continues to be distributed through a variety of grants and other funding mechanisms. Dahill and Melzer will next speak to members of Maine Task Force in August. Dahill will present to members of the South Florida Hospital Association in June. – Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org).



**NSHC President/CEO Kevin Dahill presents at the Hurricane Sandy Lessons Learned Conference in Chicago.**

## Health Care Reform and Coverage Expansion . . .

This was the focus of a presentation offered by Congressman Tim Bishop and NSHC President/CEO Kevin Dahill at a forum for Southampton Hospital's provider community on April 8, 2013 held at the hospital's Parrish Hall. Attendees obtained an update on the progress of the state's Health Insurance Exchange and the consumer and insurance protections now in place as a result of the Affordable Care Act. With its emphasis on value over volume, Dahill recounted the law's



**From left: Southampton Hospital CEO Robert Chaloner, Congressman Tim Bishop, NSHC President/CEO Kevin Dahill**

new payment and delivery approaches and how each health care provider throughout the care continuum plays a key role in delivering better coordinated care that improve outcomes, while saving costs.

The state Health Insurance Exchange, or insurance marketplace, is a vital component to the ACA. When it opens in January 2014, it will offer individuals and small businesses affordable insurance options. Caveat for hospital providers is whether plans on the exchange will offer insurance products that lead to underinsurance and/or reimbursement rates that do not cover the cost of care provided.

Dahill offered similar comments to members of the Long Island Association's (LIA) Health, Education, and Not-for-Profit Committee on April 22, 2013 at LIA headquarters in Melville, New York. – Janine Logan, [jlogan@nshc.org](mailto:jlogan@nshc.org).

## News Briefs . . .

**Historic National Cancer Prevention Study . . .** involves twelve hospitals on Long Island. The American Cancer Society's Epidemiology Research Program enrolled participants for its newest research study, the Cancer Prevention Study-3 (CPS-3) and many of Long Island's hospitals served as registration sites. The study will follow participants for 20 years in an effort to figure out who gets cancer and why. Weight and physical activity will be a major focus of the

study, but other behaviors, including the use of medications, will be examined as well. Long Island hospitals participating in the study are **Glen Cove Hospital, St. Charles Hospital, St. Joseph Hospital, Mercy Medical Center, St. Francis Hospital, Huntington Hospital, Good Samaritan Hospital Medical Center, Southside Hospital, Peconic Bay Medical Center, Southampton Hospital, St. Catherine of Siena Medical Center, and Stony Brook Medicine**. For more information go to: <http://www.cancer.org/Research/ResearchProgramsFunding/Epidemiology-CancerPreventionStudies/CancerPreventionStudy-3/cps3-locations#ny>.

**New Database** . . . known as [hospitalinspections.org](http://hospitalinspections.org) draws from data available to the public upon request from the Centers for Medicare and Medicaid Services. The hospital inspection reports in [hospitalinspections.org](http://hospitalinspections.org) are the work of the Association of HealthCare Journalists. The database is designed to help journalists and the public more easily access, search, and analyze reports known as CMS-2567. The reports include details about deficiencies cited during complaint inspections at acute-care and critical access hospitals throughout the United State since 2011. The database is searchable by state or key word. The database does not include the hospital plan of correction. The database is based on CMS information, but is completely independent of CMS.

**Auxilians Day** . . . occurs May 8, 2013 by proclamation of Governor Andrew Cuomo. Health Care Auxilian Day in New York State recognizes the vital role that Auxilians serve as community wellness ambassadors and acknowledges the valuable contributions that Auxilians make to advance the overall quality of public health in New York State.

**Health Law and Policy** . . . will meet at the Gitenstein Institute for Health Law and Policy, a new partnership between Hofstra Law School and Nassau University Medical Center (NUMC). The hands-on experiential learning initiative will allow Hofstra law students to work in tandem with NUMC’s physicians and medical students, helping to broaden access to quality care for everyone.

**Trustee Recognition** . . . goes to **Eastern Long Island Hospital** trustee Thomas E. Murray Jr., chairman of the hospital’s boards of trustees, who will receive the United Hospital Fund’s Distinguished Trustee Award. The award recognizes extraordinary service, leadership, and a deep commitment to not-for-profit hospitals in the New York region.

**Commitment to Older Americans** . . . has earned **Eastern Long Island Hospital** and NSHC board chairman Paul J. Connor, III, the distinction as this year’s honoree at the 8<sup>th</sup> Annual Peconic Landing May Mile and 5K Race/Walk happening May 11. Proceeds from the event benefit the Greenport Fire Department.

**Center of Excellence** . . . designation was achieved by **John T. Mather Memorial Hospital’s** Center of Excellence in Metabolic and Bariatric Surgery. The distinction comes from the Surgical Review Corporation. Mather is the only hospital in the state to achieve this designation from the Surgical Review Corporation

**Cardiac Care Excellence** . . . was achieved by the Cardiothoracic Intensive Care Unit at the **Stony Brook University Hospital Heart Institute**. It earned the silver-level Beacon Award for Excellence from the American Association of

**Critical Care Nurses** . . . Stony Brook is one of only eight hospitals in New York State that have units with Beacon designation.

## NSHC Welcomes . . .



**Ramona Bielawski**

**Ramona Bielawski and Rebecca Dilan** to its staff. Ramona Bielawski is the new executive assistant to the CEO and Rebecca Dilan is an administrative assistant in the Facilitated Enrollment Program. Ramona most recently served as executive assistant to the chairman and board of trustees of the East End Health Alliance. Prior to that, she served in similar executive support positions at the North Shore/LIJ Health System and Brookhaven Memorial Hospital Medical Center. She holds a bachelor of fine arts from C.W. Post College. Rebecca comes to NSHC from World Trading Center, Inc, in Hauppauge – a wholesale distributor for DVDs and CDs.

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**Rebecca Dilan**

## Committee and Meeting News ...

**Population Health Workgroup:** The Hospital Council is coordinating a bi-county effort to assist member hospitals in conducting a Community Health Needs Assessment (CHNA) to meet the reporting requirements of the state's 2013 – 2017 Prevention Agenda and the IRS' Form 990 charitable reporting mandate. At the Suffolk County Workgroup's April 11, 2013 meeting, members reviewed results of the survey it sent to community based organizations in March. Dr. Jane Corrarino from the Suffolk County Health Department also presented an in-depth analysis of health outcome data from the New York Department of Health's website. The Suffolk group plans to select their priorities from the state's Prevention Agenda in early May. The Nassau group has also met and plans to select their priorities sometime in May, as well. The state is asking hospitals and local health departments, as well as other community organizations and partners, to work collaboratively to determine health needs of local communities. These groups are asked to select two priorities from among the five priority areas outlined in the Prevention Agenda and to work together to develop programs and services that meet those identified needs – a Community Service Plan (CSP) for hospitals and a Community Health Improvement Plan (CHIP) for counties. Both are due to the state on November 15, 2013. The IRS Form 990 requires hospitals to complete a (CHNA) as part of the hospital's charitable filing requirements. NSHC is a regional partner with HANYS in this community assessment effort and will be helping HANYS implement its recently-awarded Community Health State Grant. NSHC is the grant's designated Long Island regional collaborative under the HANYS grant.

**Finance:** The March 13 meeting of the Finance Committee included a discussion on for-profit investment in hospitals and other provisions contained in the state budget. Ms. Darwell briefed the committee on the federal budget sequestration process and how it will affect Medicare claims and EHR incentive payments. The April meeting focused on the implementation of the health insurance exchange and the revised CMS regulations on re-billing claims denied by the RAC.

**Human Resources:** At its March 19 meeting, the Human Resources Committee was briefed about workforce-related proposals on the legislative agenda in Albany, litigation affecting the activities of the National Labor Relations Board, and the state rules on executive compensation scheduled to take effect in April.

**Nurse Executives:** The committee discussed best practices for implementing new whooping cough vaccination rules and the mandate that patient staff care who have not received the flu vaccine wear masks at all times. Ms. Darwell briefed the group on state regulations for pediatric and sepsis care, as well as legislative developments on nursing workforce legislation.

**Revenue Cycle:** Ms. Darwell updated patient accounting directors on the implementation of the health insurance exchange, upcoming changes to the Medicaid program as a result of the exchange, and implementation of observation care. HANYS staff provided a briefing on the interim and proposed CMS rules on Medicare Part B re-billing of inpatient stays rejected by the RAC and other auditing bodies.

**ABC's of  
Health Care Reform  
and You**

For news and updates about the Affordable Care Act go to [www.nshc.org](http://www.nshc.org)  
Find out about **A**ccess, **B**enefits, **C**osts as they apply to you and your hospital now and in the future. . .

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**NASSAU-SUFFOLK HOSPITAL COUNCIL**  
1383 Veterans Memorial Highway, Suite 26  
Hauppauge, NY 11788 • (631) 435-3000  
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