

Progress Notes . . . September 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.

Congress Maintains Gridlock

Congress continues its gridlock in Washington over funding for the upcoming federal fiscal year, which begins October 1, 2013, and raising the debt ceiling limit. The debt ceiling limit needs to be raised around mid-October to allow the country to pay its bills and avoid a default. The threat of a government shutdown at midnight September 30, 2013 is nearing and Congress remains divided on the budget. At issue is the demand of some House Republicans to defund the Affordable Care Act in exchange for a workable 2014 budget. A government shutdown is sure to wreak havoc on the nation's fragile recovery, agree economists.

Meanwhile, automatic sequestration cuts remain in place; there have been no overtures by either party to develop a plan to replace the sequester cuts. Medicare payments to hospitals were cut two percent for Medicare services provided on and after April 1, 2013. If left in place, Medicare sequestration cuts to hospitals in the Suburban Hospital Alliance regions (Long Island and the Hudson Valley) will total \$629 million (2013 – 2021).

Compounding the situation is the Medicare physician payment cut of 24.4 percent that will occur January 1,

2014, if Congress does not act to stop it. Every year since 2002, Congress has stepped in with a "doc fix" to avert such a draconian cut to the nation's physicians. Just this past January, hospitals absorbed about \$30 billion in additional Medicare cuts to offset the physician reimbursement fix. Without a reasonable solution to the flawed sustainable growth rate (SGR) formula – the 1997 Balanced Budget Act inflation-based provision that guides and restricts physician reimbursement – hospitals once again remain vulnerable to more cuts. Hospitals remain at risk for further Medicare and Medicaid cuts, especially as Congress negotiates spending bills, the debt ceiling increase, and the "doc fix."

The Washington, DC office of the Healthcare Association of New York State (HANYS) will assist Hospital Council members in scheduling meetings with Congressional representatives at the American Hospital Association advocacy day scheduled for October 29th. Contact Elyse Oveson, HANYS director of federal relations, at eveson@hanys.org – 202-488-1275 – to schedule your meetings. - Janine Logan, jlogan@nshc.org.

Health Insurance Marketplace Opens Tuesday, October 1st

The New York State of Health marketplace opens on Tuesday, October 1, 2013 for individuals and small businesses seeking affordable health insurance. The Nassau-Suffolk Hospital Council is a state-appointed Navigator Agency for the state's marketplace and will offer in-person assistance to individuals and small businesses throughout Nassau and Suffolk counties. All NSHC navigators were trained by the state regarding the specifics of the new health insurance marketplace. NSHC's enrollers, who have assisted individuals for the past 13 years as facilitated enrollers under a Department of Health-sponsored grant, will transition their skills and knowledge to serve as in-person navigators. Enrollment sites are scheduled monthly in locations throughout Long Island – libraries, civic centers, hospitals – and are open non-traditional hours for the convenience of clients. The state also opened a customer service line – 1-855-355-5777 - to assist with enrollment and answering questions. Individuals and businesses can also shop the marketplace online by going to www.nystateofhealth.ny.us. – Janine Logan, jlogan@nshc.org.

NSHC Office Site for Long Island Kick-Off Event

On Tuesday (10/1), the Nassau-Suffolk Hospital Council Navigator Office will serve as one of the state's kick-off sites for the official opening of the New York State of Health marketplace. An open enrollment session will be held 11:30 a.m. to 12:30 p.m. that day at NSHC's Hauppauge office and the public and press are invited. It is meant to show "enrollment in action." A representative from the governor's office will be present, as will a representative from the state Navigator Outreach Office.

State Update: Legislation Continues Advancing

A variety of health care-related bills were recently signed by the governor with a generous amount still awaiting delivery and/or action by the governor. Some of these include:

Clinical Laboratory Limited License extension. The governor signed this legislation before the first extension period expired September 1, 2013. The new legislation extends the limited licensure measure until 2016. Clinical laboratory technologists can continue to work under a limited license pursuant to an agreement reached several years ago when the Clinical Laboratory Practice Act, which took effect in 2006, required new licensure and education requirements for clinical lab technologists and certification for clinical laboratory technicians.

Smoking on Health Care Facility Grounds. This legislation prohibits smoking on the grounds of hospitals and nursing homes, with an exception for nursing home residents/visitors. This law takes effect October 29, 2013. In 2009, all hospitals on Long Island voluntarily agreed as a region to become tobacco-free campuses – one of the few regions in the state to take this step.

Pulse Oximetry Screening for Newborns. Effective January 27, 2014, hospitals and birthing centers are required to perform a pulse oximetry test on each newborn to screen for critical congenital heart defects. The test is now part of the list of newborn screening requirements.

Pharmacist Administer Meningococcal Vaccine. This legislation authorizes pharmacists to administer this vaccine when presented with an order from a physician or certified nurse practitioner.

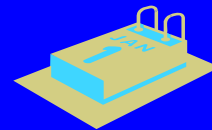
Other significant health-care related bills passed by the legislature and awaiting delivery to or action by the governor include:

Observation Services Notification. This legislation requires hospitals to provide patients who are placed in observation care with oral and written notification within 24 hours of such placement that the patient is in observation status and not admitted to the hospital as an inpatient. The Department of Health will develop guidance for hospitals for the written notice, which must include a statement that observation status may impact a patient's coverage and the patient should contact their insurer for more information. The original version of this bill placed more requirements on hospitals that would have made the bill nearly impossible to implement. The Suburban Hospital Alliance, working with its state partner the Healthcare Association of New York State, was able to achieve this revision to the bill.

Managed Care Reform. Legislation that would require utilization review agents to substantiate pre-authorizations electronically, with some exceptions, and that would extend providers' timeframe to file external appeals from 45 days to 60 days is awaiting delivery to the governor. The Suburban Hospital Alliance aggressively pushed for this legislation. – Janine Logan, jlogan@nshc.org.

Clarity Still Lacking with the “Two-Midnight” Rule Effective 10/1

The Centers for Medicare and Medicaid Services (CMS) is moving forward with its “two-midnight” rule related to hospital-based observation care and says the rule becomes effective October 1, 2013. CMS announced the new rule this past summer in response to calls from the hospital field for clarification about observation care and inpatient vs. outpatient status and subsequent billing. However, concerns and confusion remain. As a result, in late September, CMS said Recovery Audit Contractors (RAC) will delay scrutiny of medically-necessary short inpatient stays for the next 90 days, as hospitals implement the new rule and become familiar with it. The “two-midnight” rule says that hospital stays that last two days – defined as a stay that spans at least two midnights – are considered inpatient stays and not subject to RAC auditing. However, Medicare administrative contractors (MAC) would still be able to look at a sample of 25 claims per hospital. MACs process Medicare claims on behalf of CMS and make the initial decision to pay the claims. The Hospital Council will provide members with more guidance and clarity as it develops. – Janine Logan, jlogan@nshc.org.



Mark Your Calendar for NSHC October Events

- Oct. 1 Marketplace Opening Enrollment Session
11:30 a.m. to 12:30 a.m.
- Oct. 4 Revenue Cycle Meeting,
12:30 p.m.
- Oct. 8 Nurse Managers Meeting,
12:30 p.m.
- Oct. 9 Finance Committee Meeting,
8 a.m.
- Oct. 16 Nurse Executives Committee,
8:30 a.m.
- Oct. 29 Communications Committee Meeting, 1 p.m.
- Oct. 29 LI Health Collaborative, 2 p.m.
- Oct. 30 PFP Nursing Centered Initiative Conference 9 a.m.
- Oct. 30 Open Enrollment Insurance, Noon – 4 p.m.

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

News Briefs . . .

Providing Education about the New Health Insurance Marketplace . . . is one of the objectives of the Nassau-Suffolk Hospital Council. In addition to its role as the state-appointed Navigator Agency for Long Island, the Hospital Council is



addressing a variety of professional and public audiences about the mechanics of purchasing insurance from the marketplace, as well as the Affordable Care Act that is driving insurance exchanges and other reforms.

Pictured at left (seated) is Stacy Villagran, NSHC Navigator Program Director speaking to Yvette Stone, Health Chair, NAACP-Huntington Branch at the conclusion of a Long Island Regional Outreach and

Navigator Summit held Monday, September 23, 2013 at the offices of the 1199 Health Education Project in Hicksville. The Summit drew nearly 100 attendees from among community-based organizations, health plans, hospitals, legislative staff, health advocates, and small businesses. The event was held in conjunction with the state and a coalition of local health advocate organizations.

Workforce Report . . . compiled by the Healthcare Association of New York State, the Hospital Council, and other regional hospital associations shows that the aging health care workforce and population, combined with health care reform, will increase demand for many health care professionals and expand the roles and necessary skill sets for existing professionals. *The 2013 Nursing and Allied HealthCare Professionals Workforce Survey Report* identifies areas where members are most challenged with recruitment and retention of nurses and allied health care professionals, including physicians, medical assistants, nurse practitioners, and physician assistants.

Medicaid Global Spending Cap . . . remained within limits for the for first four months of the new fiscal year, according to the New York State Department of Health's most recent report. The state's spending on Medicaid was \$17 million, or 0.3 percent, below projections. Medicaid enrollment reached 5,333,238 enrollees at the end of July 2013, representing an increase of about 86,200 enrollees (1.6 percent) since March 2013.

HANYS Annual Institute for Health Care Auxiliaries and Volunteer Leaders

. . . occurs October 21 – 22 at the Holiday Inn in Saratoga Springs. The Institute will provide a variety of educational sessions on such topics as leadership, challenges facing health care facilities, impact of hospital mergers and acquisitions on auxiliaries and volunteers, changing role of auxiliaries and volunteers in their communities, and maximizing the potential of board members. For questions and registration, contact Christopher Guyon, Registration Coordinator (518) 431-7834 or at cguyon@hanys.org. Registration must be completed online with credit card payment. **New York State Office of Alcoholism and Substance Abuse Services (OASAS)** . . . recognized Eastern Long Island Hospital employee Janet Jackowski as Social Worker of the Year for 2013.

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

Committee Meetings and Updates . . .

Communications Committee: Members met on September 18, 2013 and discussed their continuing efforts with state Community Service Plans and federal Community Health Needs Assessment implementation plans. HANYS counsel

Mark Thomas briefed members about the September 23, 2013 effective date of some revisions to the HIPAA law related to privacy and security. HIPAA regulations affect committee members' work in their marketing and fund raising efforts. Members also heard from Dr. Greg Gavrillides from Metasoft Systems Inc. about a web-based grant research and assistance tool.

Finance Committee: At its September 11 meeting, the committee focused on a Medicare wage index transaction to maximize Medicare reimbursement to the region. Consultant Dale Baker addressed the committee.

Human Resources: The group discussed implementation of the state's flu vaccine/mask mandate, new security requirements for hiring employees who will work OASAS and OMH-certified programs, and implications of the Affordable Care Act for hospitals as employers in 2014.

Population Health Workgroup: This diverse group of stakeholders met on September 18, 2013 to continue its community health planning work. Members from both the Nassau and Suffolk components of this initiative – known as the Long Island Health Collaborative - agreed to add walking and organization-sponsored walking programs and interventions to its healthy living arsenal. This initiative will be enhanced by an island-wide public awareness campaign about the Prevention Agenda priorities the collaborative will address: 1) reduce obesity in children and adults 2) increase access to quality preventive chronic disease management programs in community and clinical settings. An effort to better prevent and treat mental health/substance abuse overlays these two priorities.

ABC's of
Health Care Reform
and You

Brought to you by the hospitals on Long Island

For news and updates about the
Affordable Care Act go to 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. . .



A public information campaign sponsored by the NSHC Communications Committee