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**Catholic Health Services
of Long Island**

- **Good Samaritan
Hospital Medical Center**
West Islip
- **St. Catherine of Siena
Medical Center**
Smithtown
- **St. Charles Hospital**
Port Jefferson
- **St. Francis Hospital**
Roslyn
- **St. Joseph Hospital**
Bethpage
- **Mercy Medical Center**
Rockville Centre

East End Health Alliance

- **Eastern Long Island
Hospital**
Greenport
- **Peconic Bay
Medical Center**
Riverhead
- **Southampton Hospital**
Southampton

Long Beach Medical Center
Long Beach

**John T. Mather
Memorial Hospital**
Port Jefferson

**Nassau University
Medical Center**
East Meadow

**North Shore-Long Island
Jewish Health System**

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

**Stony Brook
University Hospital**
Stony Brook

**Veterans Affairs
Medical Center**
Northport

**Winthrop South Nassau
University Health System**

- **South Nassau
Communities Hospital**
Oceanside
- **Winthrop-University
Hospital**
Mineola

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Nassau-Suffolk
Hospital Council, Inc.

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Medicaid Contingency Plan Still a Threat to LI Hospitals

The hospital and health system community, in alliance with the skilled nursing and home care providers, continue to challenge the state's implementation of its Federal Medical Assistance Percentage (FMAP) Contingency Plan law on the basis of its legality and necessity.

Enacted in August as part of the state budget, the contingency plan was designed as a stopgap measure to close the budget hole left by Congress' inability, at the time, to pass an extension of FMAP legislation. The state's contingency plan provided the legal mechanism for the state to enact across-the-board Medicaid cuts of 1.1 percent, beginning September 16, 2010, in the event Congress did not pass FMAP legislation. Shortly after the state legislature settled its budget, Congress passed FMAP legislation at a percentage less than expected but still robust enough to cover holes in the state budget.

With its purpose now moot, the state's FMAP Contingency Plan rests on an unstable legal and logical foundation, say hospital leaders. Regardless, New York State has gone ahead and filed the required State Plan Amendment with the Centers for Medicare and Medicaid Services (CMS), even though the amount of federal aid that the state received was more than

expected at the time the contingency plan was enacted. Further, the state plans to implement the Medicaid payment reductions without receiving prior approval from CMS – a move that is potentially unlawful. Earlier attempts to forward repeal legislation at the state level were unsuccessful.

Medicaid payment reductions taken from September 16, 2010 through March 31, 2011, when the state fiscal year ends, would be diverted to a Contingency Fund. This is the very same fund that would have been tapped to close the state's budget hole, if Congress had not enacted FMAP extension legislation.

"Clearly, this is just another cut to hospitals," said Kevin Dahill, president/CEO of the Nassau-Suffolk Hospital Association (NSHC), the association that represents Long Island's hospitals. "There have been seven separate state budget actions since April 2008 amounting to Medicaid cuts in excess of \$166 million to Long Island's hospitals. This latest maneuver is unnecessary."

Health Reform Hits Legal Hurdle

The individual insurance mandate, the centerpiece of the Patient Protection and Affordable Care Act that will expand coverage, continues to face legal challenges from 16 state attorney generals and the National Federation of Independent Business. The question that is testing the legislation's legal strength is whether the individual mandate to buy health insurance exceeds the authority of Congress under the commerce clause of the United State Constitution and whether the law unconstitutionally coerces states to expand Medicaid coverage. New York expanded its Medicaid eligibility to the new federal law's mandated level several years ago.

Decisions by several court judges in states throughout the country have been mixed so far. One Detroit judge determined that Congress does have the authority to regulate an economic decision such as purchasing health insurance because to do otherwise drives up costs for providers, consumers, insurers, and others. As we near the election and await outcomes of party majorities on state and federal levels, the legality of the Affordable Care Act will continue to face challenges, agree health policy experts and health providers.

Toward Patient Safety . . .

Suffolk County Heroin / Opiate Advisory Panel

Public Hearing, Wednesday, October 27, 2010
5 to 7 p.m. Riverhead Legislative Auditorium
Details: 516-747-2606

Family Centered Patient Advocacy Training

Offered by PULSE of New York
Monday, November 1, 2010
7:30 a.m. to 5 p.m. Center for Learning
and Innovation, Lake Success
Details: 516-579-4711