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MEMBER HOSPITALS

**Brookhaven Memorial
Hospital Medical Center**
East Patchogue

**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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State Budget Process unlike Any Other *Compressed timeframe affects advocacy window*

With less than two weeks to go before the Medicaid Redesign Team (MRT) presents its recommendations to the governor and the New York State Department of Health, Long Island's hospital leaders are waiting, like their counterparts throughout the state, to see how the recommendations and the subsequent state budget will affect hospitals individually. The MRT report is due March 1. A state budget, based on the value of the selected recommendations, is due April 1.

The team is charged with finding Medicaid program savings of \$2.85 billion for the upcoming fiscal year. The governor's target doubles when the federal share of Medicaid spending is considered.

This year's budget process is also different in that the commissioner of health is empowered to change, add, or even disregard recommendations in order to meet the targeted savings. It is also likely that the governor will unveil a revised budget at the 30-day amendment mark.

"We are telling our member hospitals to prepare for some level of Medicaid cuts," said Kevin Dahill, president/CEO of the Nassau-Suffolk Hospital Council, the association that represents Long Island hospitals. "These cuts could be as steep as \$750 million across all providers, if we consider that Long Island's share of state Medicaid spending is about 10 percent."

The hospital industry offered the MRT a variety of solutions to improve Medicaid efficiencies and savings. Better coordinated care for high-needs patients and dual eligibles, state/federal aligned payment incentives and regulations, and medical malpractice reform are just a few of the industry's recommendations.

Obama 2012 Budget Pegs Doc Pay Fix *Reduced Medicare/Medicaid Spending Identified*

President Obama's fiscal year 2012 budget released on Monday, February 14, 2011 would provide a two-year reprieve for physicians from scheduled Medicare cuts due to begin January 1, 2012. The cost for the temporary fix is \$62 billion. Without this fix, physicians are looking at a pay cut of about 30 percent. Funding for the measure would come from a reduction in Medicaid spending through a reduced provider tax cap and reductions in disproportionate share payments – both of which disproportionately impact New York hospitals – as well as collection of erroneous payments to Medicare Advantage plans, among other actions.

A previous temporary physician pay fix also was paid for by Medicare cuts to hospital

FACT: Long Island's hospitals absorbed \$166 million in state Medicaid cuts and taxes since April 2008. By 2019, when federal health care reform is fully implemented, these same hospitals will have contributed \$1.8 billion in Medicare payment reductions to fund reform.