

Progress Notes

February 2015



Published monthly by the **Suburban Hospital Alliance of New York State LLC** . . . a consortium of 52 not-for-profit and public hospitals advocating for better health care policy for all those living and working in the nine counties north and east of New York City.

Governor’s Budget Amendments Signal Difficulty Ahead

On Friday, February 20, 2015, Governor Cuomo released his 30-day budget amendments to the initial \$141.6 billion budget he unveiled late last month. In short, the governor seeks to secure his proposals outlined in his budget through amendment language that would limit the power of the legislature to make changes to the budget. The amendment language links the ability of the state to spend certain funding, including Medicaid, to the legislative enactment of many of the provisions of the governor’s budget exactly as proposed.

While the constitutionality of such language is questionable, this is a bold move signaling a difficult budget process ahead. In addition, the governor has made it very clear that he wants to achieve significant ethics reform this spring and that he is willing to sacrifice an on-time budget to achieve that. The budget deadline is April 1, 2015.

The amendments also modify the allocation structure of the proposed \$1.4 billion capital investment provision. However, the total amount of funding remains the same. Given the debilitated condition of

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**Take Your Voice to Albany -
Suburban Hospital Alliance/
HANYS Advocacy Days**

March 3 and 4 – meet with key committee chairs and Senate/Assembly leadership
Contact Ramona Bielawski at rbielaws@nshc.org for more information.

many physical hospital buildings in New York and the investment hospitals must make to re-configure the delivery of healthcare to align with the state’s reform objectives, the \$1.4 billion proposed is a minimum investment. Hospital leaders agree that even more will be needed.

The governor’s proposed budget also calls for bridge funding for financially-struggling hospitals and elimination and/or reduction of some medical payment penalties and taxes on inpatient revenues. The Suburban Hospital Alliance of New York State, LLC, will be lobbying to get the regions’ fair share of the new funding sources. – Janine Logan, jlogan@nshc.org; jlogan@normet.org.

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Proposed Cuts Could Sway “Doc Fix”

With President Obama’s 2016 fiscal year budget now on the table, Congress begins the long process of considering the president’s spending plan in light of immediate funding and policy pressures bearing down upon the nation’s capital. The president’s budget calls for \$400 billion in healthcare cuts, including Medicare and Medicaid reductions to hospitals, cuts to health plans, pharmaceuticals, and increased cost-sharing for some Medicare beneficiaries.

The president’s budget outlines significant reductions to graduate medical education (GME), the funding mechanism through which academic medical institutions receive compensation to train new doctors, and cuts to Medicare Hospital Outpatient Department (HOPD) clinic services. Care provided in hospital-based clinics is generally more expensive due to hospitals’ high labor costs and operational overhead. Proposed “site neutral” cuts would discount these higher costs.

Immediate Concern

Most worrisome for hospitals is the fear that these recommended cuts could be leveraged during upcoming negotiations to halt a scheduled 20 percent Medicare

payment cut to the nation’s physicians on March 31, 2015, when the current temporary “doc fix” expires. The “doc fix” refers to the situation Congress and the nation’s physicians find themselves in when Medicare physician reimbursement is set to readjust based on the sustainable growth rate (SGR) formula. Enacted in 1997, the SGR formula directs Medicare physician reimbursement. It is tied to an inflationary factor economists agree is no longer feasible. Congress has passed a reprieve 17 times since 2003. And at least three times, in as many years, the hospital industry has been tapped as a funding source for temporary “doc fixes.”

Other Advocacy Items

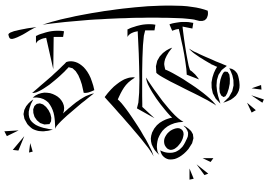
Hospital industry advocates are also working to ensure that improvements in other policy areas become a reality. The Suburban Hospital Alliance is especially fighting for relief from the “two-midnight” rule, the application of a socio-economic risk adjuster in the Medicare readmissions program, and a shorter “meaningful use” reporting period in 2015. – *Janine Logan*, jlogan@nshc.org; jlogan@normet.org.

American Hospital Association Advocacy Day

Thursday, March 19, 2015 • Washington DC

Join your hospital colleagues on March 19 to directly express your concerns for your hospital before members of Congress. Contact HANYS Federal Office staff- 202-488-1272 – to arrange individual meetings with delegation offices in coordination with AHA Advocacy Day.





SPOTLIGHT ON: *Quality*

By *Kate Warner, Director of Quality and Education*

The American Hospital Association (AHA) has a new user-friendly how-to guide to help accelerate the elimination of health care disparities and make sure that leadership teams and boards reflect the communities they serve. [Equity of Care: A Toolkit for Eliminating Healthcare Disparities](#) is a compilation of several pieces from a Signature Leadership Series produced by the AHA and several of its subdivisions, partners and affiliates including, HRET (Health Research Educational Trust), HPOE (Hospitals in Pursuit of Excellence), Health Equity, AAMC (Association of American Medical Colleges), the Catholic Health Association of the United States, the American College of Healthcare Executives, America's Essential Hospitals, the Institute for Diversity in Health Management and the National Association of Public Hospitals and Health Systems. Hospital and health system leaders are encouraged to use the tools included in the compilation to guide them through the three major tenants of reducing healthcare disparities and increasing diversity.

Also included in the toolkit is a study done by Institute for Diversity in Health Management on *Diversity and Disparities in Healthcare*. The survey reveals that while 97 percent of hospitals collect patient demographic data including information on race, ethnicity and primary language, only 22 percent report that they have used the data to analyze differences in treatment or patient outcomes, including performance on clinical quality measures. As members move forward with initiatives to improve quality outcomes and reduce readmissions, it will be increasingly important to consider the impact that health disparities have on patient outcomes, and in-turn, quality measures and payment. Members are encouraged to review the resources provided and to share them with organization leadership and trustees.

Washington Releases Ebola

Funding Details

The U.S. Department of Health and Human Services (HSS) released its plan to allocate \$32 million to New York State to support Ebola preparedness and response. The funding is much less than Congress provided and that is needed to fully cover Ebola readiness and response expenses and costs associated with any future

DSRIP Update . . .

DSRIP project plan applications were reviewed by an Independent Assessor and scored. The DSRIP Project Approval Oversight Panel met in February and reviewed the applications and scores. It will make a decision to accept, reject or modify the applications in the coming weeks. The public comment period conclude on February 15. The DSRIP Project Plan awards are expected to be made in early March. PPSs' implementation plans are due April 1; this is also the start date of DSRIP Year 1. The DSRIP [dashboard](#) on the state's website and HANYS' [Medicaid Waiver website](#) are helpful resources. Additionally, the [United Hospital Fund](#) offers a matrix of the projects chosen by the 25 PPSs.

disease outbreaks. The funding will be allocated through the Department of Health and the New York City Department of Health and Mental Hygiene. New York State's \$32 million will be distributed through the Assistant Secretary for Preparedness and Response Hospital Preparedness Program (HPP) and the Centers for Disease Control and Prevention, Public Health Emergency Preparedness Cooperative Agreement (PHEP). The state and New York City must first

complete a grant application and then hospitals will receive further instruction about how to obtain funding for preparedness effort through HPP. Funds distributed

through PHP will be allocated to public health efforts supporting hospitals.

News Briefs

Insurance Enrollment . . . for season two is winding down, after the enrollment deadline was delayed until February 28, 2015 and a further extension of time was offered to those consumers facing tax penalties who could demonstrate that they were not initially made aware of that liability. The Nassau-Suffolk Hospital Council (NSHC) on Long Island is one of the lead navigator agencies for that region. Its Director, Stacy Villagran, said during the three-month enrollment period (November 2014 – February 2015) her staff completed 987 applications, an increase of 18 percent over same time period the year before. The Hudson Valley region navigator agencies are Community Service Society, the Maternal Infant Services Network of Orange, Sullivan, and Ulster Counties, the Rockland County Department of Health, and the Westchester County Department of Health. The New York State of Health Marketplace reports enrolling 2.1 million applicants during season two. Nationally, 11.4 million peoples signed up in season two.

New Advocacy Website . . . was unveiled by the **Suburban Hospital Alliance of New York State, LLC (SHANYS)** - the voice of not-for-profit and public hospitals located throughout the Hudson Valley and Long Island. SHANYS adds a user-friendly website www.suburbanhospitalalliance.org to its advocacy toolbox. The Suburban Hospital Alliance is a consortium of 51 hospitals that advocates for better healthcare policy for all those living and working in the nine counties north and east of New York City. The group's website regularly posts news and position papers related to a wide range of hospital and health policy topics, including workforce needs, regional planning, and reimbursement issues.



SHANYS frequently interacts with the 62 members of the New York legislature and nine members of the Congress who represent the Hudson Valley and Long Island regions and the 5.1 million New Yorkers in these regions. It has advanced positive legislation and regulatory reforms to enhance patient/provider transparency and safety, consumer protections for the commercially insured and, reasonable workforce guidelines.

Nominations for Community Health Improvement Award . . . applications are due to HANYS by March 5, 2015. HANYS' Community Health Improvement Award recognizes outstanding initiatives by members to improve the health and well-being of their communities. [Electronic submission](#) is required.

Honoring Achievements in Quality . . . is the focus of HANYS' Pinnacle Award. Nominations are now being accepted for the 2015 competition. The Pinnacle Award for Quality and Patient Safety recognizes organizations that are playing a leading role in promoting improvements in healthcare delivery in New York State. An applicant [webconference](#) will be held February 12. The submission deadline is March 9, 2015.

Employer Relief . . . for hospitals has come by way of Governor Cuomo's approval of chapter amendments to the Wage Theft Prevention Act of 2010. The annual notice requirement was repealed. This requirement imposed an administrative cost burden on all employers including hospitals, which are some of the largest employers in their regions.

Medicare Outlines Specific . . . dates for which it would like to achieve measurable goals for the Medicare program and the healthcare system at large toward paying providers based on the quality, rather than the quantity of care they give patients. The U.S. Department of Health and Human Services (HHS) has set a goal of tying 30 percent of traditional Medicare payments to quality or value through alternative payment models, such as accountable care organizations or bundled payment arrangements by the end of 2016, and tying 50 percent of those payments to these models by the end of 2018. HHS has also set a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016 and 90 percent by 2018 through such programs as the Hospital Value-Based Purchasing and the Hospital Readmissions Reduction Programs. This is the first time in the history of the Medicare program that HHS has set explicit goals for alternative payment models and value-based payments.

Who Are the Hospital Heroes . . . is a new online initiative sponsored by the Coalition to Protect America's Health Care and the American Hospital Association. The program showcases hospital caregivers and many others, from administrative staff and nurses, to physicians and other allied health professionals, maintenance and security, who go above and beyond in their work to help patients in their communities. Visit the [Hospital Heroes website](#) to view featured heroes and to nominate a hospital hero.

Hospitals Adhere to the Triple Aim . . . and varied stories about how New York's hospitals are doing so are highlighted on the HANYS website through its "NYS Triple Aim" campaign. The campaign captures the widespread efforts of hospitals that are pursuing the Triple Aim approach of improving population health, enhancing the quality of patient care, and reducing the cost of healthcare. New York's hospitals are actively engaged in implementing new and innovative approaches to healthcare delivery despite fiscal constraints. Go to www.HANYS.org/tripleaim. Feel free to re-tweet and post the outstanding work performed by hospitals. To submit a story for the campaign, contact Michael Pauley at mpauley@hanys.org.

Educational Discount . . . available to employees of Suburban Hospital Alliance of New York State, LLC, hospital members. Mercy College and the Suburban Hospital Alliance entered into a partnership that will allow employees of member hospitals a 15 percent discount on all undergraduate and graduate classes at Mercy College in Dobbs Ferry, NY. The Suburban Hospital Alliance includes all member hospitals of the Nassau-Suffolk Hospital Council and the Northern Metropolitan Hospital Association. For more information contact Mercy College at: 1-877-MERCY-GO.

Set a Foundation for Your Future

The Academy for Healthcare Leadership and Advancement

September 27 through November 10, 2015

Learn more: Contact Cathy Oxentine at 800-388-9821 or

coxentine@hanys.org

Educational program offered by HANYS Solutions.

News from the Long Island Region . . .

A Report on Nassau-Suffolk Hospital Council member hospital achievements and notable activities



Aiding the Aged, Blind and Disabled . . . is the focus of a new grant awarded to the Nassau-Suffolk Hospital Council. NSHC, through its Facilitated Enrollment Program and now through its Navigator Program, has more than a dozen years' experience screening individuals and enrolling them into the appropriate insurance coverage. The grant was awarded to the Suffolk County Department of Social Services and NSHC will serve as a subcontract agency for the aged, blind, and disabled populations. There were only four awardees in all of New York State. Suffolk DSS and NSHC were awarded a \$4 million, five-year grant to service Suffolk and Nassau counties.

Highly-Skilled Hospital-based physician assistant . . . Christopher Edelstein PA-C, who is employed by **Eastern Long Island Hospital**, is one of only 240 certified physician assistants nationally to recently earn a specialty credential called a Certificate of Added Qualifications (CAQ) from the National Commission on Certification of Physician Assistants. He was awarded a CAQ in hospital medicine. He is one of only eight certified PAs in the nation to earn CAQs in two specialties. In 2011, he earned a CAQ in emergency medicine.

Certificate of Appreciation . . . was presented to **Nassau University Medical Center** from LiveOnNY for the hospital's efforts in saving lives through organ and tissue donation and for the valiant efforts and compassionate care provided to patients whose legacies now live on through organ, eye and/or tissue donation.

Trauma Certification, Level II . . . was earned by **Southside Hospital**. It is the first American College of Surgeons (ACS) Level II-verified trauma center on Long Island and in New York State. A requirement of both Level I and Level II trauma centers is the presence of a trauma surgeon at the bedside within 15 minutes of a patient's arrival.

Claims Data Assistance

Managed Care Advisory Group: The Hospital Council has expanded its business relationship with the Managed Care Advisory Group to offer to members its Contract Payment Review (CPR) product. The focus is ensuring that insurers are complying with negotiated reimbursement rates and payment policies. MCAG will analyze claims data to assess where underpayments have occurred, identify reimbursement trends, implement recovery efforts and make recommendations on contractual changes. For more information, contact Wendy Darwell at wdarwell@nshc.org or 631-963-4152.

If you have news to share about your hospital's achievements, please send to Janine Logan at jlogan@nshc.org.

News from the Hudson Valley Region. . .

A Report on the Northern Metropolitan Hospital Association member hospital achievements and notable activities



Hospital Goes Green . . . and earns the Westchester Green Business-Certified certification, a program launched by Westchester County and the Business Council of Westchester. **New York-Presbyterian/Westchester Division** is now a green business. In recent years, the hospital has led several initiatives aimed at reducing its environment footprint.

Recognition for Excellent Care . . . goes to **Vassar Brothers Medical Center**. It was recently named a Screening Center of Excellence by the Lung Cancer Alliance for its commitment to safe and efficient lung cancer screenings. The hospital also earned a 2015 Distinguished Hospital Award for Clinical Excellence™ from Healthgrades.

Hospital with a New Name . . . is the former Hudson Valley Hospital Center now known as **New York Presbyterian/Hudson Valley Hospital**.

Excellence in Stroke Care . . . was awarded to **HealthAlliance of Hudson Valley** by way of the American Heart Association/American Stroke Association “Get with the Guidelines”-Stroke silver Quality Achievement Award.

An “A” for Patient Safety . . . was awarded to **MidHudson Regional Hospital of Westchester Medical Center**, the former St. Francis Hospital, from the Leapfrog Group. The hospital received an “A” grade for the spring and fall of 2014.

If you have news to share about your hospital’s achievements, please send to Janine Logan at jlogan@normet.org.

NSHC Events/Meetings Report. . .

Finance Committee: The February 11 meeting of the committee included briefings on the state and federal budget proposals. HANYS vice president Kevin Krawiecki gave a presentation on value-based contracting proposals advanced as part of the state’s reform efforts.

Quality Committee: At its February 18 session, the group received updates on the Medicare “two-midnight rule,” sepsis reporting requirements, and changes to The Joint Commission’s ORYX reporting requirements. Members discussed their experiences with the new Medicare beneficiary appeals coordinating agency.

Corporate Compliance: The Corporate Compliance Committee on February 24 received briefings on the “two-midnight” rule and related audits, final federal regulations on charity care, billing and collections policies, and New York’s out-of-network physician billing law.

Communications Committee/Long Island Health Collaborative: Members of this bi-county collaborative met on January 15. The group continues to work through the details of the Population Health Improvement Program grant it received. LIHC’s Rx for Walking program and the wellness survey/data collection projects were discussed.

NSHC 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

Eastern Long Island Hospital

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

Peconic Bay Medical Center

Southampton Hospital

Stony Brook University Hospital

Veterans Affairs Medical Center – Northport

South Nassau Communities Hospital

Winthrop-University Hospital

NorMet Member Hospitals

Blythedale Children's Hospital

Bon Secours Community Hospital

Burke Rehabilitation Hospital

Catskill Regional Medical Center

Ellenville Regional Hospital

Good Samaritan Hospital

HealthAlliance Hospital Broadway Campus

HealthAlliance Hospital Mary's Avenue Campus

Helen Hayes Hospital

Keller Army Community Hospital

Lawrence Hospital Center

MidHudson Regional Hospital

Of Westchester Medical Center

Montefiore Mt. Vernon Hospital

Montefiore New Rochelle Hospital

The New York Presbyterian Hospital, Westchester Division

New York Presbyterian/Hudson Valley Hospital

Northern Dutchess Hospital

Northern Westchester Hospital

Orange Regional Medical Center

Phelps Memorial Hospital Center

Putnam Hospital Center

St. Anthony Community Hospital

St. Joseph's Medical Center

St. Luke's Cornwall Hospital

St. Vincent's Westchester (Division of St. Joseph's Medical Center)

Vassar Brothers Medical Center

VA Hudson Valley Health Care System

Westchester Medical Center