

Progress Notes

February 2017



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.

Medicaid on the Chopping ‘Block’

The confirmation of Rep. Tom Price to oversee the U.S. Department of Health and Human Services (HHS) signals definite changes to the Affordable Care Act. Secretary Price is a leading proponent of changing the fundamental structure of the Medicaid program from one that shares costs with the federal government with no pre-set limit to one that would limit federal financing for Medicaid through a block grant or per capita cap. The idea behind block grants and caps is to slow the rate of growth of Medicaid spending. Both mechanisms provide a capped amount of funding to manage beneficiaries, and the rate of growth over time is tied to the initial baseline the federal government sets. Historically, growth rates do not keep pace with rising expenses.

If the Medicaid program is changed as proposed, New York State faces a crippling fiscal crisis with consequences to providers and patients. In our state, 70 percent of the Medicaid spend is for the aged, and the disabled of all ages, and these two categories account for 23 percent of New York’s Medicaid enrollment. A per capita model usually ties spending to specific categories, such as children and the elderly, and this would be at the expense of other categories of beneficiaries, mainly the indigent and working poor who would remain or become uninsured. Medicaid block grants simply provide a lump

sum to states for the entire Medicaid program without regard to beneficiary categories; the grants do not adjust with enrollment changes that occur due to downturns in the economy, for example, that usher in a surge in enrollment as we witnessed during the Great Recession.

Secretary Price and other Republican leaders are also keen on re-directing supplemental payments that hospitals receive. Supplemental payments, including Disproportionate Share Hospital (DSH), Graduate Medical Education (GME) and Upper Payment Limit (UPL), account for about 35 percent of Medicaid payments to hospitals in New York.

Republican plans are also scant on how they would handle variation in Medicaid spending for different beneficiary categories. There is wide variation in spending concerning the aged and disabled categories.

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Since New York is a high-spending state in these categories, funding could fall well short of what is needed to adequately care for these beneficiaries. Consequences include reducing benefits, instituting wait lists, increasing beneficiary cost sharing, and reducing payments to hospitals and other healthcare providers.

Finally, as the new administration works to reform the Affordable Care Act, and in particular Medicaid, New York State is at risk of losing \$4 billion in Medicaid expansion money if the ACA is repealed. Medicaid has become a crucial insurer in this state with 25 percent of New York's population covered by Medicaid. The ACA's Medicaid expansion was how New York was able to markedly reduce its rate of uninsured individuals from 10 percent to five percent in three years.

No definitive plan has yet emerged that clearly outlines funding mechanisms for the various reform proposals

circulating in Washington, DC. Last year, then Rep. Price authored the Empowering Patients First Act, a bill that sought full repeal of the ACA and replaced its coverage provisions with tax credits, high-risk pools, and health savings accounts. President Obama vetoed the legislation, but the bill can be viewed as a guidepost for the approach the Trump administration may take. But still, the details on financing reform are lacking. The hospital industry is steadfast that any repeal of the ACA must come with an immediate and meaningful replacement plan that adequately cares for patients and appropriately reimburses providers.

Changes to the ACA under consideration by House Republicans would reduce significantly the federal dollars for Medicaid and subsidized insurance, according to a recent report by the healthcare consulting firms Avalere Health and McKinsey and Company. The Center on Budget and Policy Priorities estimates the increase to New York State

Despite Threat to ACA, NY Sees Higher Enrollment

Health insurance marketplace enrollment numbers were up in all of New York's 62 counties at the close of open enrollment, January 31, 2017, according to the New York State Department of Health. Statewide, marketplace enrollment increased by 800,000 from the close of the 2016 open enrollment period. Since enrollment in New York's insurance marketplace began in 2013, 3.6 million people have gained health insurance coverage.

Rockland and Orange counties, regions served by the Suburban Hospital Alliance of New York State, saw the highest increases at 68 percent and 59.7 percent respectively. In the Suburban Hospital Alliance's other region, Long Island, nearly 100,000 more people in

Nassau and Suffolk counties gained coverage. The overall share of New Yorkers now enrolled through New York's marketplace has reached nearly 18 percent of the state's population.

Enrollment in the small business marketplace, Child Health Plus, Medicaid, and the Essential Plan are available year long, as is enrollment in Qualified Health Plans for individuals with a qualifying life event, like loss of employer-provided coverage. Individuals and small businesses can shop the marketplace through an online portal www.nystateofhealth.ny.gov, by calling the State's customer service number at 855-355-5777, or by meeting with a state-certified navigator.

News Briefs

Community Health Improvement Award – HANYS is extending the deadline for Community Health Improvement Award (CHIA) applications to March 2. Members are also encouraged to submit nominations for HANYS' Community Health Improvement Award. The award recognizes members' collaborative initiatives to improve the health and well-being of their communities. CHIA also provides hospitals with the opportunity to highlight their innovative programs, and acknowledge the hard work and dedication of staff and community partners. Visit www.hanys.org/community_health/chia to apply.

Perfusionists' Licensure Law in Effect – A perfusionist is a highly specialized and highly skilled health care professional whose primary responsibility is to operate a heart-lung machine during open-heart surgery. All perfusionists practicing in New York must be licensed by October 20, 2018, unless they fall under one of the exemptions described in the law. The deadline includes perfusionists currently practicing under a clinical lab exemption permit. For more details, review the [New York State Department of Education](#) guidance.

New Yorkers Relate Stories about Insurance Loss and Gain – Healthcare Voices is a campaign spearheaded by the Nassau-Suffolk Hospital Council to highlight the stories about Long Islanders' experiences with the health insurance marketplace, coverage issues, and healthcare access. The NSHC is also a state-certified navigator agency and is in a unique position to interact with New Yorkers who are seeking health insurance coverage. The campaign aims to bring attention to these otherwise unheard voices through social media, traditional media channels, and through conversations with legislators.



The Essential Health Plan, sold on the exchange, was a life saver for Tracy Baric and her family. Monthly premiums for a plan off the exchange were about \$1,200, well beyond the financial reach of Tracy's moderate income. Read more about Tracy's story and other stories at www.coverage4healthcare.org/healthcare_voices.

News from the Long Island Region

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



Meeting the Triple Aim – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim were

- *Stony Brook University Hospital*, which has advanced surgical throughput and streamlined care by coordinating efforts between the Emergency Department and the Ambulatory Surgery Center,
- *St. Charles Hospital*, for their new Improve Patient Engagement by Active Rounding of Leadership, or i-PEARL program,
- *South Nassau Communities Hospital*, for their MOLST end-of-life patient preferences and the continuing education program surrounding it,
- and *St. Catherine of Siena Medical Center*, for their design of the Medication Reconciliation Pharmacist Program in February 2015.
- Read about these achievements and more at www.hanys.org/tripleaim.

Health and Nutritional Status – Data surrounding the health of adults and children in Suffolk County will be collected in the upcoming months by representatives of the National Health and Nutrition Examination Survey (NHANES). This is a program of the National Center for Health Statistics, which is part of the Centers for Disease Control and Prevention. The program began in 1960s and it is a continuous survey that has a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey examines a nationally representative sample of about 5,000 persons each year. The survey combines interviews and physical examinations.

Newly Designated – As a direct result of the investment and commitment to patients on the south shore and all of Long Island, *Good Samaritan Hospital Medical Center* has been verified as an Adult and Pediatric Trauma Center by the American College of Surgeons (ACS), making it the first center of its kind on the south shore.

Consecutive Commendations - The Commission on Cancer has granted Three-Year Accreditation with Gold-Level Commendation to *Mercy Medical Center's* cancer program. This prestigious recognition signifies compliance with all 34 CoC standards plus 7 commendations, earning Mercy the third consecutive CoC Outstanding Achievement Award.

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 Northern Metropolitan Hospital Association member hospital achievements and notable activities



Community Recognition – Steve Kelley, CEO of Ellenville Regional Hospital, was awarded a Community Leadership Award from the Ulster County Chamber of Commerce, based on the hospital's innovation and leadership in helping to reduce the prevalence of heroin and opioid abuse in the region.

Verified Center – The trauma center at *St. Luke's Cornwall Hospital* has been verified as a Level III Trauma Center through 2019 by the Verification Review Committee (VRC), an ad hoc committee of the Committee on Trauma (COT) of the American College of Surgeons (ACS). This achievement recognizes the trauma center's dedication to providing optimal care for injured patients.

Re-Recognized – *Northern Westchester Hospital* has achieved Magnet® recognition for the second time. The American Nurses Credentialing Center's Magnet Recognition Program® distinguishes organizations that meet rigorous standards for nursing excellence.

Congresswoman Lowey Leads ACA Roundtable



Left, Congresswoman Nita Lowey with White Plains Hospital President and CEO, Susan Fox

Congresswoman Nita Lowey met with CEOs of Westchester area hospitals on February 13, 2017 to discuss the hospital leaders' concerns about the repeal of the Affordable Care Act. Lowey organized the roundtable discussion, which was held at White Plains Hospital.

Congresswoman Lowey talked about the devastating consequences that repeal of the ACA would have on those living and working in the Westchester area, noting that repeal could strip coverage from 2.7 million New Yorkers and lead to more than 130,000 job cuts. She reminded those in attendance that Republicans really don't have a viable plan for replace.

Suburban Hospital Alliance President/CEO, Kevin Dahill, said the ACA with its requirement for people to buy insurance along with its subsidies for low-income people to buy insurance from the marketplace helped grow the base of people covered. "If there is just repeal, the insurance market could be upended," said Dahill.

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

NSHC Events & Meeting Reports

Corporate Compliance Committee – The committee was briefed on February 14 on the resumption of Medicare RAC audits, the implementation of the Medicare observation notice, and changes to the federal excluded providers' list. NSHC general counsel Mark Thomas discussed a series of physician billing audits by the Medicaid Fraud Control Unit, and Wendy Darwell reported on the progress of the Affordable Care Act repeal and its implications.

Fiscal Policy Committee – At its February 8 meeting, the committee received a briefing from HANYS staff on the Executive Budget proposal and from NSHC staff on efforts to repeal the Affordable Care Act. The committee also discussed the progress of the Health Republic plan's bankruptcy proceedings, and received an update on the wage index audit project.

Behavioral Health Workgroup – On February 23 the Hospital Council hosted its first behavioral health workgroup meeting with member hospitals. During the meeting, Stacy Villagran, Senior Director of Health Insurance Programs, discussed recent conversations between the Hospital Council and DOH and OMH staff regarding a Dear CEO letter that went out in November advising hospitals to reevaluate the way they handle patients with mental health emergencies. At the meeting, members discussed factors that contribute to consistently high occupancy rates of mental health beds including the lack of post-acute inpatient beds. They also discussed barriers to providing the flexibility requested by the state agencies in the event of a surge including regulatory requirements, staffing and resource issues. Hospital Council staff will be following up on the issues discussed in an effort to support and advocate on behalf of hospitals struggling with these issues.

Quality Committee – At the February 15 meeting of the NSHC Quality Committee staff from Northwell Health presented on practice strategies to reduce catheter associated urinary tract infections. The committee also discussed increased claims denials for sepsis and septic shock and utilization trends for behavioral health-related services. NSHC staff provided a briefing on the recommendations from the Measures Application Partnership to HHS for new quality measures.

LIPHIP Steering Committee – The Steering Committee met January 25, and were updated regarding the 2017 PHIP workplan, which includes more cultural competency training opportunities, an inter-hospital campaign designed to increase engagement in the Are You Ready, Feet?TM physical activity portal, enhanced data collection and analyses projects, and community engagement programs.

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 – The Heart Center
- St. Joseph Hospital

Eastern Long Island Hospital

John T. Mather Memorial Hospital

Nassau University Medical Center

Northwell Health

- Franklin Hospital
- Glen Cove Hospital
- Huntington Hospital
- North Shore University Hospital
- Peconic Bay Medical Center
- Plainview Hospital
- Southside Hospital
- Syosset Hospital

Stony Brook University Hospital

Southampton Hospital

South Nassau Communities Hospital

Veterans Affairs Medical Center

Winthrop-University Hospital

NorMet Member Hospitals

Blythedale Children's Hospital

Bon Secours Charity Health System

- Bon Secours Community Hospital
- Good Samaritan Hospital
- St. Anthony Community Hospital

Burke Rehabilitation Hospital

Catskill Regional Medical Center

Ellenville Regional Hospital

HealthAlliance Hospital

- Broadway Campus
- Mary's Avenue Campus

Helen Hayes Hospital

Keller Army Community Hospital

Montefiore Health System

- Mt. Vernon Hospital
- New Rochelle Hospital

The New York Presbyterian Hospitals

- Lawrence Hospital Center
- Hudson Valley Hospital
- Westchester Division

Northern Dutchess Hospital

Northern Westchester Hospital

Orange Regional Medical Center

Phelps Memorial Hospital Center

Putnam Hospital Center

St. Joseph's Medical Center/St. Vincent's Hospital

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 Health Network

- Westchester Medical Center
- MidHudson Regional Hospital

White Plains Hospital