



Progress Notes

Summer 2018

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Appropriations Bills, Opioid Legislation, Site Neutral Payment

Senate Approves Spending for Several Agencies

On August 23, 2018, the Senate approved a massive spending bill that includes funding for the Departments of Health and Human Services, Labor, and Education, and Defense. At this point, the Senate has passed nine of the 12 spending bills needed to keep the government funded past September 30, 2018 – the end of the current federal fiscal year. The Senate and House still have to merge their respective spending bills, once House members return after Labor Day.

However, it is more likely that a continuing resolution will be needed to keep the federal government funded, because appropriations bills are often targets for polarizing amendments, such as funding for Planned Parenthood or immigration.

If Congress cannot agree on spending by September 30, 2018, the federal government could shut down for the third time this year.

Legislative and Regulatory Efforts to Stem Opioid Epidemic

This past June, the House debated bills to combat the opioid epidemic. The Overdose Prevention and Patient Safety (OPPS) Act passed as an amendment to a larger opioid bill. The OPPS bill would improve health information-sharing for providers treating patients with a substance use disorder (SUD) by aligning the Health Insurance Portability and Accountability (HIPAA) regulations with a separate regulation that pertains to the confidentiality of SUD patient records. OPPS modernizes the language of this section for the purposes of facilitating treatment, payment, and health care operations while enhancing protections that currently exist for substance use disorder records.

The Senate is expected to vote next week on its package of opioid bills. Currently, the OPPS Act language is not part of the Senate package. Inclusion of the OPPS Act is crucial to ensuring better care coordination and the stemming of the opioid epidemic. The Senate bill does, however, include Jessie's Law, a provision which would enable the Department of Health and Human Services (HHS) to relax regulations on access to treatment records regarding previous SUD diagnoses and treatment.

Hospital advocates also are working to get a provision called the IMD (Institute of Mental Disease) exclusion eliminated. The IMD exclusion prohibits federal payments to states for services for adult Medicaid beneficiaries between the ages of 21 and 64 who are treated in facilities that have more than 16 beds, and that provide inpatient or residential behavioral health treatment. As a result, acute care hospitals, classified as Article 28 under New York State Health law often run at or over capacity without an option to refer patients to these specialized centers, classified as Article 31 facilities under state law.

The Individuals in Medicaid Deserve Care that is appropriate and Responsible in its Execution Act (IMD CARE Act) would modify the Institute of Mental Disease exclusion to allow up to 30 days of Medicaid coverage for services provided to adult Medicaid beneficiaries with an opioid use disorder at an IMD facility. The IMD exclusion language is not in the current Senate package.

Once the Senate passes its package, perhaps the first week in September, the House and Senate versions will be worked out in conference.

New Rule Threatens Payment at Hospital-Based Clinics

The Centers for Medicare and Medicaid Services (CMS) recently issued a proposed rule that would further reduce payments made to off-campus, hospital-based clinics.

The rule builds upon payment reductions passed as part of the Bipartisan Budget Act (BBA) of 2015. That rule established that new off-campus, hospital-owned clinic services not receive any enhanced reimbursement because of their hospital status, but rather receive a "site-neutral" payment in line with non-hospital providers – a reimbursement reduction of about 40 percent. However, off-campus, provider-based clinics that were billing prior to November 2, 2015, when the BBA went into effect, were "excepted" from the rule.

The new proposal seeks to expand site neutrality by reducing all basic clinic visits to the site-neutral reimbursement rate, even those performed at "excepted" clinics. The hospital field strongly opposes equalizing payment rates between hospital-owned clinics and others because nonprofit hospitals have substantial overhead requirements that physician offices do not and have an obligation to meet the needs of their communities, including treating uninsured patients.

The comment period is open until September 24, 2018. Submit comments through www.regulations.com.

New Tracker Aids Advocacy Efforts

The Healthcare Association of New York State (HANYs) just released its [Federal Legislative Tracker](#). This interactive tool lets members easily track New York State Congressional Delegation members' support for HANYs and Suburban Hospital Alliance legislative priorities. Congressional "Dear Colleague" sign-on letters supported by HANYs and the Suburban Hospital Alliance in the current 115th Congress can also be tracked. The tracker pulls in real-time updates from approved public sources.

State Approves Premium Increases for Marketplace Plans

Earlier this month, the New York State Department of Financial Services (DFS) approved premium rate increases for 2019 for the New York State of Health Marketplace. Overall, the department approved an average 8.6 percent premium increase for individuals and a 3.8 percent average increase for small group market plans.

For the individual market, the approved rate increase represents a 64 percent reduction from the average 24 percent increase requested by insurers. For the small group market, the approved rate increase represents a 50 percent reduction from the 7.5 percent requested by insurers. Insurers submitted their requests for rate increases in June. All rate requests are reviewed by DFS before final approval is granted.

Nearly all insurers cited the repeal of the individual mandate as contributing to the increase in the individual market rates. A provision in the tax reform legislation passed late last year removed the tax penalty for not having insurance, effectively eliminating the individual mandate. Without this penalty, insurers are assuming that many younger and healthier individuals will not purchase insurance, leaving a pool of sicker and more costly beneficiaries. The repeal of the individual mandate penalty takes effect January 1, 2019.

DFS cited rising medical costs as the main driver for the premium increase requests and did not include the potential impact of the individual mandate repeal in its decision-making process. However, increased federal tax subsidies for eligible individuals who purchase coverage through New York's marketplace will lessen the impact of the 2019 rate increases.

News Briefs

Dahill Dose – Check out the latest posts at dahilldose.com. Authored by SHANYS President/CEO Kevin Dahill, the blog offers informed and insightful commentary about healthcare policy, legislation, and regulation.

Mental Health Education Law – The Mental Health Education in Schools law went into effect July 1, 2018. Governor Cuomo signed the legislation in 2016. The first-in-the-nation law requires that all elementary, middle and high schools in New York State now include mental health, as part of existing physical health instruction, in their education curriculum.

Urban Institute Findings – [A recent report](#) issued by the Urban Institute found that, despite the strong economy, about 40 percent of American families struggled to meet at least one of their basic needs last year. Paying for food and healthcare were among those identified. Food insecurity was identified as the most common challenge. More than 23 percent of households struggled to feed their families at some point. About 18 percent reported problems paying a family medical bill.

Spotlight on Quality

State Agencies Issue Clinical Guidance on Treatment for Patients with Mental Health Emergencies

By Kate McCale, Director of Quality and Membership Services, Nassau-Suffolk Hospital Council

On July 25, the New York State Department of Health and Office of Mental Health issued a [joint letter](#) to hospital administrators providing clinical guidance on best practices for the screening, assessment and discharge of patients experiencing mental health emergencies. The document follows a Dear Administrator letter released in November reminding hospitals of their obligation to

provide physical and mental health assessments to all patients that visit their emergency room regardless of their ability to admit for psychiatric conditions.

The letter specifically provides recommendations for emergency department physicians on how they can improve mental health assessments, screening for violent behavior, safety planning and discharge planning for their patients. The agencies contend that improvements in the assessment and screening process will better inform appropriate transfers.

When a patient experiencing a psychiatric emergency presents at a hospital emergency department, physicians are first encouraged to look for relevant clinical information on that patient in the state's PSYCKES (Psychiatric Services and Clinical Knowledge Enhancement System). The PSYCKES contains information on patients' medical, psychiatric and substance use history, treatment history, care coordinators and other providers, and any provider communication alert that may be present. The system also provides tools to support clinical decision making.

The agencies recommend that physicians in the emergency department screen all patients with mental health emergencies for violent behavior to determine whether or not patients pose a risk to themselves or others. Providers are encouraged to ask about recent or past violent behavior or ideation, and the patient's history of arrests. If a patient has a history of violent behavior, a full risk assessment should then be completed. The risk assessment should include information related to past violent behavior or ideation including triggers, severity, context and use of weapons. The provider should include consideration of risk factors that may increase the patient's level of dangerousness and protective factors that may mitigate risk in their assessment

Patients discharged from the ED are required have clear discharge plans with instructions on next steps, links with providers for defined appointments for follow-up care, and a framework to address post-discharge needs, in order for the discharge to be considered safe. Providers should counsel patients on and include in the discharge plan a list of warning signs that would indicate an increasing level of risk and action steps the patient can take if warning signs present. Available supports and providers currently involved with the individual should be notified of the care provided and the safety plan developed with the patient.



News from the
Hudson Valley

[Click here for Northern Metropolitan Hospital Association member listing](#)

Meeting the Triple Aim – Highlighted this month in the HANYS Innovation Spotlight for meeting the Triple Aim was Burke Rehabilitation Hospital, for their use of innovative technology to address unique, individual care needs. Read about how they paired a wheelchair-using patient with a special device to help him walk again at www.hanys.org/tripleaim.

National Accreditation – Catskill Regional Medical Center was issued full accreditation by DNV Healthcare Inc. / NIAHO®, demonstrating their success in exceeding patient safety standards from CMS. DNV GL's accreditation program is the only one to integrate the ISO 9001 Quality Management System with the Medicare Conditions of Participation.

High Ranking – U.S. News & World Report has released its Best Hospitals rankings for 2018-19. Ranking high on the list of Best Hospitals in the Hudson Valley,

- *Northern Westchester Hospital* is rated high performing in 3 adult procedures and conditions, and ranked #23 in New York,
- *Vassar Brothers Medical Center* is rated high performing in 4 adult procedures and conditions, and ranked #20 in new York,

- and *Orange Regional Medical Center* is rated high performing in 3 adult specialties and 2 procedures and conditions, and ranked #16 in New York.
- View the full ranking at health.usnews.com/best-hospitals.

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



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

- *North Shore University Hospital* for their efforts to lower noise levels at key locations in their hospital, to improve patient experiences,
- and *St. Joseph Hospital*, for the establishment of a safe patient handling initiative.
- Read about these hospitals and more at www.hanys.org/tripleaim.

Modern Influence – For the 12th straight year, *Modern Healthcare* magazine has named Northwell Health President and CEO Michael J. Dowling to the list of “100 Most Influential People in Healthcare.” See the complete list on [Modern Healthcare's website](#).

Big Honor – The Cardiothoracic Surgery Division at *Stony Brook University Heart Institute* has received a three-star rating — the highest awarded — from The Society of Thoracic Surgeons (STS) for overall patient care and outcomes in isolated coronary artery bypass grafting (CABG) surgery.

High Ranking – U.S. News & World Report has released its Best Hospitals rankings for 2018-19. Ranking high on the list of Best Hospitals in New York,

- *St. Francis Hospital* is rated high performing in 5 adult specialties and 7 procedures and conditions, and ranked #5 in New York,
- *NYU Winthrop Hospital* is ranked nationally in 1 pediatric specialty and rated high performing in 7 adult specialties and 4 procedures and conditions, and ranked #6 in New York,
- *North Shore University Hospital* is rated high performing in 2 adult specialties and 7 procedures and conditions, and ranked #9 in New York,
- *Long Island Jewish Medical Center* is nationally ranked in 8 pediatric specialties and rated high performing in 2 adult specialties and 4 procedures and conditions, and ranked #15 in New York,
- *Stony Brook University Hospital* is rated high performing in 3 adult specialties and 2 procedures and conditions, and ranked #16 in New York,
- *Huntington Hospital* is rated high performing in 1 adult specialty and 3 procedures and conditions, and ranked #20 in New York,

- *South Nassau Communities Hospital* is rated high performing in 1 adult specialty and 2 procedures and conditions, and ranked #26 in New York.
- View the full ranking at health.usnews.com/best-hospitals.

Successful Quest – The American Hospital Association has named *Northwell Health* the 2018 recipient of the American Hospital Association Quest for Quality Prize, elected by a multi-disciplinary committee of health care quality and patient safety experts based on its exemplary achievements in improving and preserving access to care, addressing the social determinants of health and encouraging innovation. Northwell Health is the first health care system to win the Quest for Quality Prize, which was first awarded to hospitals starting in 2002 and expanded to include health systems this year.

Residents' Concerns about Cancer Remain High – The Long Island Health Collaborative, the population health initiative managed by the Nassau-Suffolk Hospital Council, recently analyzed the January – June 2018 results from its Community Health Needs Assessment survey, and compared these to the results during the time period from 2017. The analysis found that concerns about cancer remain prevalent among residents in Suffolk, Nassau, and Eastern Queens. The Community Health Assessment Survey asks Long Islanders' and Eastern Queens residents' about health concerns for themselves and their communities. The data collected is used by hospitals, county health departments, community-based organizations and other health services providers to offer programs that best meet the needs of local communities. [View the report here](#), or contribute your opinions [by taking the survey](#).

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

Committee Updates

Revenue Cycle Committee – At the July 27 Revenue Cycle Committee meeting, Hospital Council staff discussed new rules permitting association health plans and short-term plans. The future of the health insurance exchange and risk adjustment programs were also discussed. Updates on changes to coverage and billing for substance abuse disorders, harm reduction services and children's behavioral health services were provided.

Corporate Compliance- On August 14, members of the NSHC Compliance Committee were briefed on regulatory and payment changes proposed under the Outpatient PPS and Physician Fee Schedule rules and updated on changes finalized in the Inpatient PPS rule. Hospital Council staff also provided information on potential OMIG audits and changes to reporting requirements for adverse legal events.

Quality Committee- At the August 24 meeting of the NSHC Quality Committee members were briefed on changes to quality reporting requirements finalized in the Inpatient Prospective Payment System rule and proposed in the Outpatient Prospective Payment System rule. Hospital Council staff also discussed new mental health assessment recommendations from the NYSDOH and proposed changes to newborn screening requirements. The committee evaluated the impact of proposed changes to the NYS Stroke Certification Program.

Long Island Population Health Improvement Program – The staff of the Long Island PHIP and the Long Island Health Collaborative hosted a networking event for their Nassau County partners in August, the first of two in 2018, to promote collaboration between organizations engrained in the healthcare communities on Long Island. The second of these events will take place in Suffolk County in November.

Upcoming Events

September 14-16 HTNYS' 28th Annual Trustee Conference

From Forecasting the Future to Today's Key Topics – Last chance to register

Online registration for this event is closed. Please contact learning@hanys.org or at (518) 431-7846 with questions. Learn more about the conference at http://htnys.org/annual_meeting/register

October 24-25 HANYS' 2018 Annual Auxiliary and Volunteer Conference.

Saratoga Hotel and Casino, Saratoga Springs, NY

HANYS is pleased to present its 52nd Annual Conference for Healthcare Auxiliaries and Volunteer Leaders. This year's Conference reflects the realities we are undergoing in the healthcare environment. In addition to key topics, we have included some skill-building sessions that will help strengthen your ability to continue to offer the valuable services you provide to your hospitals, health systems, and communities.

[Click here](#) for the complete program brochure. [All registrations for this Conference must be done online.](#) Registration for this event is open to HANYS Members only

For lodging, call the Saratoga Hotel and Casino at (518) 682-8888 and ask for reservations or [book online](#). Reservations must be made by using this reservation code by **October 3**: 1048, HANYS Auxilian 2018 group.