



STAT News

Published-monthly by the Suburban Hospital Alliance of New York State, LLC, a consortium of 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. December 14, 2018

STATE UPDATE: Insurance Enrollment Continues at Steady Pace

According to the Department of Health, enrollment numbers for the first four weeks of the current open enrollment season outpaced enrollment numbers during this same time period last year. The New York State of Health marketplace reports that more than 930,000 consumers have enrolled or renewed coverage in a Qualified Health Plan or the Essential Plan for 2019, as of December 5th. New York's health insurance marketplace is open until January 31, 2019.

On Long Island, the Suburban Hospital Alliance regional affiliate the Nassau-Suffolk Hospital Council is one of three state-appointed navigator agencies for the region. The Hospital Council maintains a user-friendly, bilingual website – www.coverage4healthcare.org - that lists enrollment sites and dates and other helpful information. Assistance is offered on a first come, first serve basis.

In the Westchester and Hudson Valley area, state-certified navigator agencies are: Community Service Society of New York, Maternal Infant Services Network of Orange, Sullivan and Ulster Counties and the Westchester County and the Rockland County Departments of Health.

Depending on income levels, families and individuals may be eligible for federal tax credits and/or cost sharing assistance. For 2019, monthly premiums for the Essential Plan, an option for adults with modest incomes, remain \$20 a month or at no cost, depending upon an individual's income.

Enrollment in Child Health Plus, Medicaid, and the Essential Plan are available year long. Individuals can shop the marketplace through an online portal on www.nystateofhealth.ny.gov, by calling the state's customer service number at 855-355-5777, or by meeting with a state-certified navigator.

FEDERAL UPDATE: Hospitals Challenge Payment Neutrality, Public Charge

Payment Neutrality. The lawsuit just filed by the American Hospital Association challenges the Centers for Medicare and Medicaid Services' (CMS) decision to extend a 40 percent payment cut to basic clinic visits at all hospital-owned outpatient departments starting January 1, 2019. Clinics established after November 2, 2015 were already subject to the 40 percent payment cut, known as the "site neutral" payment reduction because it reimburses hospitals at the same rate as physician offices. Congress specifically exempted from the cut, in language included in the Bipartisan Budget Act of 2015, those hospital-owned clinics that were in operation prior to the November 2nd date. The AHA suit challenges CMS on the grounds that the rule is executive overreach and contradicts Congress' intent. The suit also challenges Medicare's own budget neutrality law that requires any reductions in reimbursement to be offset by reinvestments elsewhere in the program. 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 communities, including treating uninsured patients. Those accessing outpatient departments for such care are generally poorer and present with more severe and costly chronic conditions compared to those who seek care at independent physician practices. This proposal would result in a negative \$750 million impact to New York's hospitals and health systems over the next decade.

Public Charge Rule. The Trump administration's new proposed rule regarding the public charge definition seeks changes to the standard the Department of Homeland Security uses to make public charge determinations. Under current immigration law, individuals who are deemed to become public charges because of their over reliance on government assistance can be denied admission to the United States or the ability to become a permanent lawful resident. The proposed rule seeks to include Medicaid, Medicare Part D (prescription benefit) subsidy, and the Children's Health Insurance Program as part of the public charge determination. This policy change would likely deter many individuals who are here legally from enrolling in these programs, leading to more uninsured, a greater strain on hospital emergency departments, and postponement of care that leads to more complications and costs for patients and providers. According to the New York State Department of Health, about one million more individuals could end up uninsured.

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