



September 13, 2010

Skyline news

Reporting on New York's Health Care News

New Bill Would Protect Medicaid from Further Cuts

On September 3, a bill was introduced in the New York State Senate that would repeal what's known as the Federal Medical Assistance Percentages (FMAP) contingency law. The law, which was enacted early last month, was designed to ensure that if Congress provided less than \$1.085 billion in Federal fiscal relief for the New York State budget in the current State fiscal year, across-the-board cuts to most State programs, including Medicaid, would begin on September 16 to make up for the shortfall. After the law passed, Congress passed \$1.4 billion

in relief for New York State—\$300 million more than assumed in the FMAP contingency law—through a combination of Medicaid, or FMAP relief (\$800 million) and education aid (\$600 million). However, due to a quirk in the law, because the \$1.085 billion was not provided to New York State in FMAP funding alone, across-the-board cuts will still be triggered unless the law is repealed. The bill introduced in the State Senate (S.8479)—and strongly supported by GNYHA—would repeal the law.

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DOH Releases Phase 19 RGA, Announces Phase 15 Awards

The New York State Department of Health (DOH) and the Dormitory Authority of the State of New York (DASNY) recently released a request for grant applications (RGA) for Phase 19 of the Health Care Efficiency and Affordability Law for New Yorkers (HEAL NY). Under this phase, DOH will award grants to support and fund capital projects

for facilities in financial distress or those addressing unmet health care needs in New York State. The funding under this phase of HEAL NY is being provided under the discretionary authority provided to DOH within the Public Health Law, which gives the Commissioner the authority to provide State funding to health care facilities in dire

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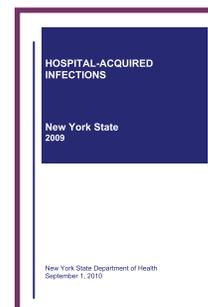
HAIs Drop in NY Hospitals

New York's hospitals continue to make significant progress in reducing infections patients may acquire in hospitals, according to the third annual report on hospital-acquired infections (HAIs) issued September 1, 2010 by the New York State Department of Health (DOH). The report presents 2009 HAI rates identified by hospital and region for surgical-site infections related to colon, cardiac bypass, and hip replacement surgeries; and central line-associated blood stream infections (CLABSI) in adult, pediatric, and neonatal intensive care units (ICUs).

Statewide, the rate of CLABSI has fallen 18% since 2007, while rates for surgical site infections related to colon surgery and cardiac bypass surgery fell by 11% and 14%, respectively. The report also provides individual hospitals' 2008 infection rates for comparison.

GNYHA is committed to assisting its member hospitals in improving the quality, safety, and effectiveness of the care they provide to their patients. GNYHA, in partnership with the United Hospital Fund (UHF), first focused on reducing CLABSI in the adult ICU setting by establishing a collaborative

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NYS To Receive \$13 Billion in Enhanced FMAP Funds

According to data from New York State, the State government and its localities will have received \$13 billion overall in increased Federal Medicaid matching funds (or “FMAP”) from the American Recovery and Reinvestment Act (ARRA), which was enacted in 2009, and the FMAP extension passed by Congress last month, by the time the enhanced FMAP provisions expire on June 30, 2011. The State government will have received the lion’s share of the funding—\$11.1 billion, or 86%—while the counties and New York

City will have received \$1.9 billion overall. The funding began in 2009, and applied to Medicaid spending for the period October 1, 2008, through June 30, 2011. New York will receive the largest amount of enhanced FMAP funding in the country.

Despite this extraordinary amount of Federal Medicaid aid, the State has cut Medicaid substantially during this timeframe, cutting hospitals, nursing homes, and home care by more than \$2 billion on a recurring annual basis since April 2007. ■

LINK  More information about what the Federal stimulus package means for New York can be found at <http://www.nyhealth.gov/regulations/arra/>.

DOI Releases Prompt Pay Fines

A report recently released by the New York State Department of Insurance (DOI) says the Department imposed \$716,800 in fines for prompt pay violations arising out of complaint investigations completed by DOI between October 1, 2008, and September 30, 2009. New York’s prompt payment law during this period required that undisputed insurance claims be paid within 45 days of receipt. The law was revised effective January 1, 2010, to require that claims submitted electronically be paid within 30 days.

Only two plans had fines totaling

more than \$100,000: United Healthcare had \$159,650 in fines, followed closely by Affinity, with \$154,000. The chart below lists plans with more than \$25,000 in fines. ■

PLANS WITH MORE THAN \$25,000 IN FINES	
Health Plan	Prompt Pay Fines
United Healthcare	\$159,650
Affinity	\$154,000
GHI	\$70,900
CIGNA	\$57,750
HIP	\$54,500
Amerigroup	\$43,500
Empire	\$31,500
Oxford	\$31,100
Aetna	\$25,000

MEMBER BRIEFINGS SEPTEMBER 2010

Briefing on Disclosure and Apology Following an Adverse Event

Date: *Wednesday, September 22, 2010*

Time: *1:30 p.m.–4:30 p.m.*

Location: *GNYHA Conference Center*

Richard C. Boothman, Chief Risk Officer of the University of Michigan Health System, will provide an overview of the system’s claims management model and its impact on patient safety and the claims experience. GNYHA members who have adopted this approach will discuss their experiences. Contact Rosanne Casey, rcasey@gnyha.org, to register; the registration deadline is September 17. ■

Briefing on OPMC Reporting Requirements and Referrals to CPH

Date: *Thursday, September 23, 2010*

Time: *2:00 p.m.–4:00 p.m.*

Location: *GNYHA Conference Center*

Representatives from the State Office of Professional Medical Conduct (OPMC) and the Medical Society of the State of New York, Committee for Physician Health (CPH), will review the rules with regard to reporting professional misconduct to OPMC as opposed to making referrals to CPH for impairment secondary to substance abuse or mental illness. To register, contact Rosanne Casey, rcasey@gnyha.org. ■

NYS Medicaid IG to Address GNYHA

Date: *Thursday, September 30, 2010*

Time: *2:30 p.m.–4:30 p.m.*

Location: *GNYHA Conference Center*

New York State’s Medicaid Inspector General James Sheehan will once again address GNYHA members on the Office of Medicaid Inspector General’s (OMIG’s) priorities for the coming months. Mr. Sheehan will be joined by Matthew Babcock, the OMIG’s new Assistant Medicaid Inspector General for Compliance. The meeting is an opportunity for GNYHA members to learn about the OMIG’s ongoing and anticipated projects and to share their views and concerns with Mr. Sheehan and his team. To register, contact Laurie Sangirardi, sangirardi@gnyha.org. ■

New Bill *continued*

Grassroots Support An overwhelming number of health and human services groups across New York State support the repeal of the FMAP Contingency Law. On September 1, the GNYHA and 1199SEIU Healthcare Education Project released a statement signed by more than 150 organizations calling for repeal.

“If not repealed, the State’s FMAP Contingency Law will have the perverse effect of imposing across-the-board cuts to Medicaid, education, and other programs starting on September 16 despite the fact that the State will receive more in Federal aid than anticipated in the State budget,” the statement read. “We believe that the new Federal law negates the need for the new State law. The Federal law was enacted by Congress with the specific intent that vital State services would be protected from cuts.” Organizations joining GNYHA in signing the statement include the AARP, the Healthcare Association of New York State, the Medical Society of the State of New York, the New York Health Plan Association, Medicaid Matters, the UJA Federation, the New York State Catholic Conference, the Human Services Council, and many others.

Outlook GNYHA and its members are urging Senators to cosponsor the repeal bill while urging Assembly members to introduce the bill there. GNYHA hopes that the Legislature will pass the repeal bill later this month. ■

Atlantis Health Plan Seeks Capital Infusion

Atlantis Health Plan announced on August 27, 2010, that it has entered into a letter of intent with an outside investor for a significant infusion of capital. The outside investor is Dr. Kirin Patel, who was previously involved in the managed care business in New York and Florida as the owner of Wellcare, which he sold to an investment group in 2002. The capitalization, targeted for

November 1, 2010, is contingent upon regulatory approvals, as well as Atlantis’ ability to settle its outstanding provider liabilities, estimated to be between \$30 million and \$35 million. Dr. Patel will be meeting with the major Atlantis providers in the next few weeks to discuss potential settlements. Atlantis has approximately 29,000 HMO members in New York, concentrated largely in the five boroughs of New York City, but with a small number in Nassau and Suffolk counties. ■

MEMBER BRIEFING OCTOBER 2010

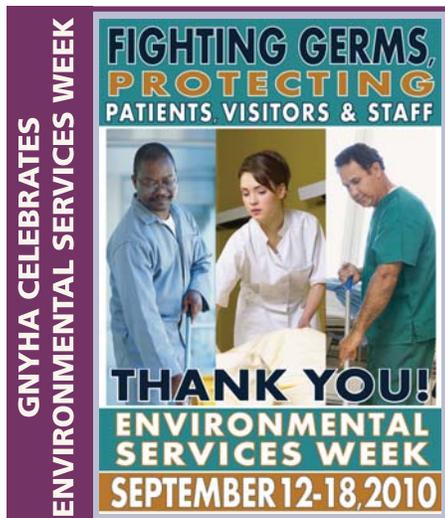
GNYHA Briefing on Hospital Accreditation Options

Date: Wednesday, October 6, 2010

Time: 9:00 a.m.–12:00 noon

Location: GNYHA Conference Center

This briefing will provide members with an overview of three available accreditation options for the purpose of their being deemed in compliance with the Centers for Medicare & Medicaid Services’ Conditions of Participation. Det Norske Veritas Healthcare, Inc. (DNV), the American Osteopathic Association’s Healthcare Facilities Accreditation Program (HFAP), and The Joint Commission (TJC) will describe their respective accreditation standards and survey processes for hospitals. In addition, TJC will present new or planned changes in its process, challenging standards, and plans for the coming year. For more information, please contact Lorraine Ryan, ryan@gnyha.org; to confirm your participation please contact Laurie Sangirardi, sangirardi@gnyha.org. ■



Phase 19 RGA, Phase 15 Awards *continued*

need of support to continue to provide access to underserved communities. There is no specific due date for applications and no specified total funding amount designated under this RGA.

Additionally, last week, DOH and DASNY announced \$50 million in grant awards for 17 hospitals under Phase 15 of HEAL NY. The funding is intended to assist hospitals in their transition to the new Medicaid reimbursement system. The awards will fund capital projects to assist hospitals in under-

taking construction activities and renovations that will reduce excess beds and inpatient services in support of outpatient care.

Phase 16 of the HEAL NY program was a special RGA to address the need for an urgent care facility in Greenwich Village following the closure of St. Vincent’s Hospital in Manhattan. HEAL Phase 17 awards were announced on September 10, and it is expected that HEAL Phases 18 and 20 awards will be announced by September 30, 2010. ■

HAI's *continued*

in 2005 and implementing a set of evidence-based interventions known as the “central line bundle” at the 46 participating hospitals. By March 2008, the CLABSI rate had dropped by 70% (1.44 infections per 1,000 central line days) compared with the baseline. The hospitals beginning above the national rate decreased their CLABSI rates by almost twice as much as hospitals that began below the national average.

With UHF, GNYHA has initiated a number of other collaboratives similarly designed to reduce additional HAIs. On October 5, GNYHA will host a briefing on the various approaches its member hospitals have taken and are taking to reduce CLABSI, and to describe two new collaboratives GNYHA will be launching in 2011 that will focus on ad-

ressing CLABSI outside the ICU and in the pediatric setting. Individuals who would like to attend the CLABSI briefing should email Laurie Sangirardi at sangirardi@gnyha.org.

HAIs are a major public health prob-

lem. According to the Centers for Disease Control and Prevention (CDC), there were an estimated 1.7 million health care-associated infections and 99,000 deaths from those

infections in 2002. A recent CDC report estimated the annual medical costs of HAIs in U.S. hospitals to be between \$28 billion and \$45 billion, adjusted to 2007 dollars. In July 2005, New York State amended its Public Health Law to require New York hospitals to report selected HAIs to DOH, a requirement that GNYHA's Board of Governors strongly endorsed. The law is intended to provide the public with fair, accurate, and reliable HAI data to compare hospital infection rates, and to support quality improvement and infection control activities in hospitals. ■

LINK



The full report, including hospital-specific results, is available at: http://www.health.state.ny.us/statistics/facilities/hospital/hospital_acquired_infections/.

AROUND

Riverside Health Care's President & Chief Executive Officer and Past GNYHA Board Chairman **Jim Foy** will retire, effective September 30, 2010. Riverside's Board of Trustees has unanimously selected **Ronald J. Corti**, longtime hospital executive and Riverside's current Executive Vice President, to replace Mr. Foy. A Fordham University graduate, Mr. Corti was President and CEO of Community Hospital at Dobbs Ferry after its 2002 merger with St. John's Riverside. GNYHA looks forward to working with both Mr. Corti and Mr. Foy, who will continue working with New York's health care community in a consulting capacity. ■

GNYHA, UHF Launch the *STOP* Sepsis Collaborative

On October 8, GNYHA and the United Hospital Fund (UHF) will hold a “kick-off” learning session to launch their *STOP (Strengthening Treatment and Outcomes for Patients) Sepsis Collaborative*—a new quality improvement initiative that assists hospitals in the early recognition and treatment of severe sepsis. Applications to participate in the Collaborative were recently distributed to GNYHA member hospitals and can also be found on the GNYHA Web site, www.gnyha.org/sepsis. GNYHA encourages hospitals to complete an application prior to the October 8 session.

STOP Sepsis will focus on the early identification and treatment of severe sepsis and septic shock, which carry significant clinical and economic burdens. Participating hospitals will aim to reduce mortality in patients with severe sepsis and septic shock by developing a protocol-based approach to case identification and treatment. Additionally, GNYHA

and UHF hope to assist hospitals in improving communication and patient flow among the emergency department and other areas of the hospital, particularly the intensive care units.

This initiative, as with many GNYHA-UHF projects, will follow the collaborative model in which a group of health care organizations come together, form interdisciplinary teams, test and measure evidence-based practice innovations, and share their experiences to accelerate learning and the widespread adoption of best practices.

Key to the development of the *STOP* Sepsis Collaborative is its Advisory Workgroup, initiated through the GNYHA/UHF Critical Care Leadership Network (CCLN). The Advisory Workgroup, led by Project Chairs Mark Rosen, M.D., North Shore University Hospital and Long Island Jewish Medical Center; Scott Weingart, M.D., Elmhurst Hospital Center and Mount Sinai School of Medicine; and David Chong, M.D., NewYork-Presbyterian Hospital, has been meeting throughout the

summer to finalize project protocols, checklists, and the evaluation strategy. The Advisory Workgroup will provide the clinical expertise for the project.

With an estimated 750,000 cases annually—and a nearly 40% mortality rate—severe sepsis is one of the most common causes of death in critical care units, and continues to be a significant health care challenge in the United States.ⁱ Severe sepsis not only has a profound impact on mortality rates, but also has an enormous economic burden, estimated at \$16.7 billion annually.ⁱⁱ

For more information about the Collaborative or the October 8 kick-off learning session, please contact Zeynep Sumer (zsumer@gnyha.org) or Alissa D'Amelio (adamelio@gnyha.org). ■

i. Angus D.C., et al.: Epidemiology of severe sepsis in the United States: Analysis of incidence, outcome, and associated costs of care. *Critical Care Medicine* 29 (July 2001): 1303–1310.

ii. Melamed, A. and F. J. Sorvillo. The burden of sepsis associated mortality in the United States from 1999 to 2005: an analysis of multiple-cause-of-death data. *Critical Care*, 13 (2009):R28doi.