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# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## GNYHA Members Discuss Recommendations for Responding to Future Power Outages

On September 5, GNYHA held a meeting at which its members and a number of representatives of local, State, and Federal agencies participated in a debriefing about their experiences during the power outage that began on August 14. During the outage, GNYHA members performed admirably in continuing to deliver safe patient care, notwithstanding the challenges they faced. GNYHA, in turn, supported those efforts by providing round-the-clock assistance to members, both at GNYHA's offices and at the NYC Office of Emergency Management. GNYHA found that many of the systems and plans that it and its members had put in place, both before and after September 11, 2001, had enhanced the ability to respond.

The September 5 debriefing meeting was designed to permit members, together with public health and emergency management agencies, to evaluate those aspects of their emergency plans and response systems that had worked effectively during the outage as well as to identify steps that can be taken to improve responses in the future. In preparation for the meeting, GNYHA had developed draft recommendations for improving a health care facility's ability to communicate and provide services during power outages. The recommendations, which were based on GNYHA's and its members' experiences during the outage, were discussed at the meeting and are outlined in part below.

**Power Supply:** The following recommenda-

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## Nursing Homes in GNYHA Consortium Receive Critical Recruitment and Retention Funds

On August 28, 2003, the New York State Department of Health (DOH) announced the release of funds totaling \$187.5 million over three years under the Nursing Home Quality Improvement Demonstration Program, a competitive grant process established under the Health Care Recruitment and Retention Act of 2002. In response to the request for applications (RFA) from DOH in April 2002, GNYHA developed the GNYHA Quality Improvement Consortium (QIC) and a QIC Steering Committee of representative members to develop a consortium-based application on behalf of GNYHA members to improve the quality of nursing home care through recruitment and retention efforts targeted at direct care staff. GNYHA's Center for Continuing Care staff, the QIC Steering Committee, and The Health Economic and Outcomes Research Institute at GNYHA worked together to systematically develop the template for an extremely competitive application, and individual continuing care members worked diligently with GNYHA staff to provide the

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## CMS Proposes Changes to 75% Rule for Inpatient Rehabilitation Facilities

The Centers for Medicare & Medicaid Services (CMS) issued its changes to the "75% rule" for inpatient rehabilitation facilities (IRFs) in a proposed rule issued on September 2, 2003. Comments on the proposed rule are due on November 3, 2003. In the rule, CMS announced that it will not reinstitute enforcement of the current

rule beginning on October 1, 2003, as it had previously proposed, but would instead provide a three-year transition period during which facilities would be required to meet a 65% threshold for compliance with the rule. During this transition period, CMS would also consider certain patients' comorbidities

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tions address power supply issues.

- Review fuel supplies to ensure that emergency generators have adequate fuel.
- Arrange for a delivery contract for fuel for generators and ensure that there are multiple methods of contacting the supplier.
- Prepare a plan for each building that would allow a non-technical person to assist in the ordering or dispatch of a supplemental mobile generator.
- Review key services to ensure that those services are on emergency generators.
- Review operations and services that are not serviced by emergency generators and any contingency plans that might be required for those services if electricity is disrupted.
- For below-ground generators, install pumps to protect against flooding.
- Ensure that radio equipment and other key communications equipment are on emergency generators so that they continue to

function. (See the recommendations that follow.)

**Communications:** The following recommendations addressed communications systems.

- Confirm that your facility's overhead paging system and private branch exchange (PBX) are set up to receive power from the emergency generator.
- Identify direct, analog phone lines in the emergency operations center, patient care areas, and other critical areas, and maintain a record of these phone numbers. Maintain a cache of basic telephones that do not require electrical power to be used on these analog lines.
- Consider securing a radio link with the local city or county emergency management agency. Ensure that the incident command staff knows how to operate the radio and monitors it throughout the emergency.

- Ensure that mobile radios, cell phones, and walkie-talkies are fully charged and ready for use. Review charging protocol to ensure that batteries are being fully charged and, if necessary, are removed from chargers so they do not burn out.
- Ensure that your command center has at least one stand-alone, personal computer that can be powered on the emergency generator. Secure redundant methods of Internet access for this personal computer, including dial-up and cable modems.
- Check that key staff has up-to-date contact information on communication lists for GNYHA, the NYS Department of Health's (DOH's) Communication Directory, as appropriate, and your state or city's Health Alert Network (HAN), and ensure that several members of the incident command staff have logon rights and have tested their ability to access the HAN and DOH's Hospital Emergency Response Data System (HERDS). ■

### Upcoming GNYHA Briefings

**Workgroup Meeting on  
EPA Compliance Inspections**

**Date:** Tuesday, September 23, 2003  
**Time:** 2:00 p.m.–4:00 p.m.  
**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor

This workgroup meeting will create a forum for hospital members to discuss the Environmental Protection Agency (EPA) Region 2's hospital compliance inspection and voluntary audit programs. This meeting will feature one GNYHA member hospital discussing its experience with an EPA inspection that focused solely on compliance with the Resource Conservation and Recovery Act, which regulates hazardous waste management. In addition, several GNYHA member hospitals will share information about their experience to date negotiating an audit agreement under the EPA's Voluntary Audit Policy. For more information contact Susan Stuard, and to register contact Meg Figley, at GNYHA.

**Medical Management of Chemical Casualties**

**Date:** Tuesday, September 30, 2003  
**Time:** 9:00 a.m.–5:00 p.m.  
**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor

GNYHA, together with the NYC Department of Health and Mental Hygiene, will host the faculty from the U.S. Army Medical Research Institute of

Chemical Defense (USAMRICD), which will be presenting this one-day course. USAMRICD is a division of the U.S. Army that trains medical personnel and conducts research in the medical management of chemical casualties. This course is geared toward clinical personnel and will describe treatments, triage, and decontamination for certain chemical agents. The course has been approved for six Continuing Medical Education credits. For more information contact Doris R. Varlese, and to register contact Meg Figley, at GNYHA.

**Craneware, Inc. and Extended Care Information Network, Inc.**

**WESTCHESTER:**  
**Date:** Thursday, October 2, 2003  
**Time:** 10:00 a.m.–12:30 p.m.  
**Location:** Sound Shore Medical Center of Westchester, 16 Guion Road, Administration Conference Room, Lobby Floor, New Rochelle, New York

**LONG ISLAND:**  
**Date:** Friday, October 3, 2003  
**Time:** 10:00 a.m.–12:30 p.m.  
**Location:** The Center for Emergency Medical Services, 15 Burke Lane, Large Conference Room, Syosset, New York

These two identical briefings in Westchester and on Long Island will include product presentations by two GNYHA Ventures' strategic business part-

ners, Craneware and Extended Care Information Network (ECIN). Craneware will present the value and key features of its *Active Chargemaster Professional Toolkit*, a software solution that can help health care facilities better manage their Charge Description Master Files to keep them current, accurate, and compliant. *Active Chargemaster* allows a hospital to extract the information it needs to maximize operational efficiency and financial performance, increasing revenue and improving compliance simply and effectively, and is currently in use in more than 300 hospitals throughout the United States. ECIN will highlight its ExtendedCare Professional™ product and demonstrate how to use this innovative workflow tool to better manage caseloads. ECIN's products and services use Internet-based connectivity to fully automate and enhance the discharge planning process. This proven approach reduces costs from avoidable hospital days and optimizes throughput and revenue opportunities, while improving patient and family satisfaction. With ECIN, hospitals gain immediate market feedback on referral patterns and post-acute relationships. CEOs, CFOs, COOs, and those involved with discharge planning are particularly encouraged to attend. For more information or to register, please contact Gayle White at GNYHA. ■

# GNYHA Members Participate in East Harlem Asthma March

On September 4, the Healthcare Education Project—a joint initiative of GNYHA and 1199 SEIU—and GNYHA members participated in a press conference announcing a March for Asthma Awareness scheduled for September 6 in East Harlem. The march was organized by the East Harlem Asthma Working Group, a coalition of community-based social services organizations and hospitals. The Healthcare Education Project co-sponsored the march along with



Left to right (foreground): NYC Council Speaker Gifford Miller, NYC Council Member Phillip Reed (at microphone), and Senator David Paterson at the press conference on September 4.

NYC Council Member Phillip Reed (D-East Harlem), State Senator David Paterson (D-Harlem), and NYC Council Speaker Gifford Miller. Other elected officials supporting the march include Congressman Charles Rangel, Assemblyman Keith Wright, NYC Council Member Bill Perkins, NYS Senator Olga Mendez, and Manhattan Borough President

C. Virginia Fields.

The title and theme for the march was *CAMINAR for Asthma*. “CAMINAR,” which means “to walk” in Spanish, is also an acronym for Community Actively Marching to Inspire Awareness and Responsibility. According to the NYC Department of Health and Mental Hygiene’s 2002 Community Health Survey,

Harlem—along with the South Bronx and Central Brooklyn—have the highest rates of asthma in the City of New York. Between 20% and 30% of children in these communities have been diagnosed with asthma at some time in their lives. Asthma is the leading cause of missed work and school, and is the primary cause of childhood hospitalizations in NYC. Data from the NYS Department of Health show similar impacts in other urban areas of NYS.

At press time, U.S. Senators Charles Schumer and Hillary Clinton were

scheduled to speak at a rally to take place at the end of the march. GNYHA members participating in the event included the NYC Health and Hospitals Corporation’s Metropolitan and Harlem Hospitals, as well as North General Hospital, Mount Sinai Hospital, NewYork-Presbyterian Hospital, and St. Luke’s Hospital. ■

## GNYHA and OEM Hold Radio and Decontamination Exercise

On September 4, GNYHA and the NYC Office of Emergency Management (OEM) conducted a decontamination exercise using OEM’s 800 MHz radio system. A few GNYHA members that are not on OEM’s 800 MHz system participated in the exercise by obtaining and reporting information via e-mail. More than 50 GNYHA members participated.

Hospitals were first instructed to switch to GNYHA’s health care channel, from which they received information about a simulated hazardous materials incident in a specific location. Members then provided certain information over the radio about their ability to decontaminate and treat patients. A number of hospitals actually prepared to receive contaminated patients by readying their decontamination equipment and preparing

their staffs in connection with the exercise. A number of hospitals also activated their incident command system and a few also provided and received simulated patients from the exercise. The radio portion of the exercise was designed to assess hospitals’ ability to successfully switch channels on the radio system, to practice reporting information via the radio, and to determine the time involved in collecting and reporting certain information over the radio.

GNYHA and OEM had also held a test of the radio system on July 30 to assess GNYHA

members’ ability to use the health care channel.

**OEM Radio System:** GNYHA has worked closely with OEM to implement the health care channel that was utilized during the exercise. The 800 MHz system was utilized extensively during the recent power outage to determine whether GNYHA members had pressing issues requiring action and to provide updates and critical information. Members in New York City that are interested in purchasing radios should contact Doris R. Varlese at GNYHA. ■

### Legislative Digest

New York State Governor George Pataki recently signed the following two health care bills of interest to GNYHA members:

**FHA Mortgages:** On August 19, the Governor signed bill A.1377, which permits mortgages insured by the Federal Housing Administration (FHA) to be approved with any lien instead of with a first mortgage lien. The legislation increases the flexibility of hospitals to obtain a supplemental loan for an FHA-insured project. The Dormitory Authority of the State of New York, which holds all the insured mortgages, supported this language. GNYHA also supports this legislation. • **SHRPC Membership:** Also on August 19, the Governor signed bill A.6596, requiring the membership of the State Hospital Review and Planning Council (SHRPC) to reflect a balanced mixture of the State’s population and regions. The bill is intended to meet the task of monitoring New York’s health care facilities and its diverse regions, which often require specific responses for each locale. The bill is not intended to displace current members, only to fill vacancies to reflect appropriate geographical representation. ■

# Medicaid Announces Four-Month Transition for HIPAA Compliance

**O**n August 14, the New York State Department of Health (DOH) announced that it will support a four-month transition period while providers work toward compliance with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA establishes a single, national standard for administrative and financial electronic transactions, with which providers and payers must comply by October 16, 2003. Federal guidance issued in July 2003 authorized payers to implement a contingency plan to continue processing claims and payments to providers. GNYHA has been working with DOH to ensure minimal disruption in provider cash flow after October 16, and appreciates DOH's leadership in establishing this four-month transition period.

During the transition period—October 16, 2003, to February 18, 2004—providers may submit electronic claims to Medicaid in the current format. In addition, providers may continue to use the current point-of-service eligibility swipe devices, the Provider

Assisted Claim Entry System (PACES), and eligibility software to verify patients' Medicaid eligibility. After this four-month transition period, all transactions must be in HIPAA-compliant formats.

DOH indicates in its guidance that, irrespective of the transition period, providers must complete two steps by October 16, 2003: they must submit signed Trading Partner Agreements to Medicaid and they must register for transaction testing.

GNYHA appreciates DOH's recognition of the significant, negative impact any disruption in the claims processing and payment flow would have on New York providers.

**Member Discount:** GNYHA has negotiated a group discount for member institutions for the new Medicaid eligibility point-of-service devices. Interested members must submit a commitment form to Computer Sciences Corporation (CSC)/DOH by September 10, 2003. If you would like a commitment form, please contact CSC at [kcollins3@csc.com](mailto:kcollins3@csc.com) or Ellen Lukens at [lukens@gnyha.org](mailto:lukens@gnyha.org). ■

## Nursing Homes

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extensive information required for the grant proposal. In June 2001, GNYHA submitted a proposal on behalf of 85 nursing home members. As one of the 30 consortium proposals that DOH received, GNYHA's Consortium received more than \$121 million to help facilities with needed funds for staff recruitment and retention efforts.

Successful applicants are expected to receive a lump sum payment prior to the end of 2003, reflecting most or all of the 2002–03 component of their three-year award, with the balance to be paid prospectively through the end of the grant period, which concludes on December 31, 2004. GNYHA will be providing a QIC Quality Improvement Support Network to help its members implement their quality-related programs and to plan its own training initiatives. GNYHA congratulates the QIC Steering Committee and all of the Consortium members who worked so effectively with GNYHA staff during the spring of 2002 to make this initiative so successful. ■

## CMS Proposes Changes to 75% Rule for Inpatient Rehabilitation Facilities *continued from page 1*

in determining whether they qualify under the rule. After the transition period, the threshold would revert to 75% and comorbidities would no longer be considered. In addition to the transition period proposals, CMS proposed to remove polyarthritis from the list of conditions qualifying under the rule and to replace it with three specific arthritic conditions. CMS believes that this will clarify its definition of polyarthritis and remove much of the current ambiguity in interpreting the rule. Finally, CMS proposed to review the conditions used to determine compliance with the 75% rule every three years going forward.

The 75% rule is one of the criteria used to distinguish rehabilitation hospitals—where rehabilitation is the primary goal and reimbursement is provided under the IRF prospective payment system (PPS)—from general acute care hospitals. The 75% rule

requires that at least 75% of an IRF's patients need intensive rehabilitation for one or more of 10 conditions. The list of conditions was developed in the early 1980s and has not been changed since that time. CMS stopped enforcing the rule in June 2002, because it became aware that the fiscal intermediaries were using inconsistent criteria to determine compliance with the rule.

In its original proposed rule for the fiscal year (FY) 2004 IRF PPS, which begins on October 1, 2003, CMS proposed to reinstate enforcement of the 75% rule. In preparing its comments on this rule, GNYHA, in consultation with its Rehab PPS Workgroup, requested that CMS expand its list of qualifying conditions to recognize medically complex conditions for which patients are regularly receiving procedures and treatments that were not available in the early 1980s, such as joint replacements, cardiac

bypass surgery, and new cancer therapies. In addition, GNYHA asked for a three-year transition period to enforcement if the agency was unwilling to expand this list. CMS did not address comments on the 75% rule in the context of its final rule for the FY 2004 IRF PPS, but said it would address these comments and revise its proposal for enforcing the 75% rule in the new proposed rule.

GNYHA is disappointed that CMS chose not to update the 75% rule to reflect the current practice of medicine, but is pleased that CMS proposed a three-year transition period as GNYHA recommended. GNYHA will reconvene its Rehab PPS Workgroup to prepare comments on the new proposed rule. The tentative implementation date of the regulation is January 1, 2004, but the final implementation date will be published in the final rule. ■