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# Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

## New Ads, Teaching Hospitals Urge Congress to Improve IME Funding

**G**NYHA, the American Hospital Association (AHA), and the Association of American Medical Colleges (AAMC) last week continued its advertising campaign urging restoration of indirect medical education (IME) funding within the Medicare prescription drug bill being debated in Congress. The ads debuted the same week that hospital executives from across the country converged on Washington, D.C., for Teaching Hospital Advocacy Day, which was held on September 16, 2003, and hosted by AAMC and AHA.

The ads are running in a variety of Washington, D.C. publications including the *Washington Post*, *Washington Times*, *Roll Call*, *Congressional Daily AM*, *Congressional Quarterly Today*, and *Congressional Quarterly Weekly*. In addition to GNYHA, AHA, and AAMC, the Healthcare Association of New York State and the Hospital & Healthsystem Association

of Pennsylvania have recently joined the coalition funding the ads.

Teaching Hospital Day included updates on the status of the Medicare Prescription

Drug Bill and its potential for final passage, as well as the hospital provisions likely to be included in the final package. The Senate bill contains a provision to increase IME payments from 5.5% to 5.53% over 10 years, providing a meager \$300 million for all of the nation's teaching hospitals. The House bill does not contain any IME provisions. Instead,

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## Medicare Psych PPS Delayed

**G**NYHA has learned unofficially that the Medicare psychiatric inpatient prospective payment system (Psych PPS) will not be implemented on January 1, 2004, as previously expected. Instead, the new payment system will likely be implemented on July 1, 2004, for hospitals with a July to June cost-reporting year, and on January 1, 2005, for hospitals with a January to December cost-reporting year. The cause of the delay is the Centers for Medicare & Medicaid Services' (CMS's) delay in releasing a proposed rule. CMS completed the rule in early spring 2003, but the Office of Management and Budget was unable to review the rule until July and has been requesting clarifications and

further analyses from CMS since that time.

**Summary:** The September/October 2003 issue of *Health Affairs* includes an article by Judith R. Lave, Ph.D., that summarizes the "research that has been conducted to inform the development of a psychiatric inpatient PPS." The article, "Developing a Medicare Prospective Payment System for Inpatient Psychiatric Care," includes a discussion of the study that The Health Economics and Outcomes Research Institute (THEORI) at GNYHA conducted for the American Psychiatric Association (APA). THEORI has continued to refine its Psych PPS model since the original study was presented to CMS in the fall of 2001, and continues to work with the APA. ■

## DOH Briefs GNYHA Members on Medicaid Managed Care

**M**ore than 200 GNYHA members participated in a briefing on September 17 in which representatives from the NYS Department of Health (DOH) reviewed a number of complex issues associated with the Medicaid managed care, Family Health Plus (FHP), and Child Health

Plus (CHP) programs. Since there are now approximately 2.4 million enrollees in these programs around the State—1.6 million of them enrolled through New York's section 1115 mandatory Medicaid managed care waiver—negotiating the complicated rules and processes relevant to each program has

become increasingly important.

Unlike commercial managed care programs, a number of payment rules and requirements are associated with the State's health insurance programs. For example, for enrollees in Medicaid managed care, FHP,

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# GNYHA Sets Action Plan for Nursing Home Funds

On September 19, GNYHA's Continuing Care Leadership Coalition (CCLC) outlined its action plan to implement the administration of grant funds awarded to members of the GNYHA Quality Improvement Consortium (QIC). QIC is an 85-member group that applied for funds through GNYHA under the NYS Department of Health's (DOH's) Nursing Home Quality Improvement Demonstration Program. The grant funds will be used to help nursing facilities increase staff compensation, provide training on quality improvement through GNYHA, and support facility-specific initiatives with similar recruitment and retention goals for direct care staff. CCLC will also provide needed support to QIC members in implementing their quality-related initiatives, including planning and tracking through a Quality Improvement Support Network. GNYHA will also act as the interface with DOH staff who are administering the grant. ■

## DOH Revises Patients' Rights Booklet

The NYS Department of Health (DOH) sent a letter recently to hospital CEOs about revisions to the booklet, *Your Rights as a Hospital Patient*. After DOH had distributed the booklet this past summer, the Centers for Medicare & Medicaid Services (CMS) revised, effective August 1, 2003, the "Important Message from Medicare," which appears inside the booklet and which must be distributed to all Medicare beneficiaries, as required by CMS. In its letter to hospital CEOs, DOH indicated that hospitals may continue to use existing supplies of the booklet for distribution to non-Medicare patients. In the future, all revisions and updates will be made to the version of this document found at [www.health.state.ny.us](http://www.health.state.ny.us), DOH's Web site. DOH is advising hospitals to check the Web site periodically for updated information to ensure that they are distributing the most current version. ■

## Upcoming GNYHA Briefings

### Community Health Survey and Profiles

**Date:** Monday, September 29, 2003

**Time:** 2:00 p.m.–4:00 p.m.

**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor

Representatives from the NYC Department of Health and Mental Hygiene (DOHMH) will brief GNYHA members on DOHMH's community health profiles and the surveys used to compile the profiles. The profiles of neighborhoods in NYC were compiled by DOHMH to be utilized as a tool to target community health efforts. For more information contact Doris R. Varlese or Lloyd Bishop, 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 and 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 present this course. USAMRICD trains medical personnel and conducts research in the medical management of chemical casualties. This course, geared toward clinical personnel, will describe treatments, triage, and decontamination for certain chemical agents. This 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 ECIN

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 North Shore-Long Island Jewish Health System, Center for Emergency Medical Services, 15 Burke Lane, Large Conference Room, Syosset, New York

This briefing will include product presentations by two of GNYHA Ventures' strategic business partners, 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. ECIN will demonstrate how to use its innovative workflow tool, *ExtendedCare Professional™*, to better manage caseloads. ECIN's products and services use Internet-based connectivity to fully automate and enhance the discharge planning process. For more details about these products, see the Sept. 8 issue of *Skyline News*. CEOs, CFOs, COOs, and those involved with discharge planning are particularly encouraged to attend. For more information or to register, contact Gayle White at GNYHA.

### DOH's Hospital Emergency Response Data System

**Date:** Tuesday, October 7, 2003

**Time:** 9:00 a.m.–12:00 noon

**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor

This training session will be conducted by the NYS Department of Health (DOH) and will address DOH's Health Provider Network (HPN) and Hospital Emergency Response Data System (HERDS). The training will address how to enter data, run reports, and manage health system views within HERDS; communicate using the Secure Discussion Forum; and update facility information in the Communications Directory. DOH will also provide an overview of other applications and information available within the HPN. DOH representatives will be available following the training session to offer individual assistance to members. For more information contact Susan Stuard, and to register contact Meg Figley, at GNYHA.

### Evacuations

**Date:** Wednesday, October 8, 2003

**Time:** 9:30 a.m.–12:00 noon

**Location:** GNYHA Conference Center, 555 West 57th Street, 15th Floor

This briefing will cover evacuations from hospitals and nursing homes. Representatives from the Federal Occupational Safety and Health Administration (OSHA) will discuss OSHA's new tools regarding evacuations. In addition, representatives from the NYC Office of Emergency Management, the NYC Fire Department (FDNY) Fire Operations, and FDNY Emergency Medical Services will discuss issues that GNYHA members should consider when developing their evacuation plans. GNYHA members will also describe their evacuation plans and experiences, including those related to the recent power outage. For more information contact Doris R. Varlese at GNYHA, and to register contact Meg Figley, at GNYHA. ■

## IME Funding *continued from page 1*

it includes \$12 billion in cuts by setting the Medicare inflation rate at market basket minus 0.4%. Current law provides for a full market basket update on October 1, 2003. Several GNYHA member hospital executives urged Congress to include IME funding at 6.5% on a permanent basis as part of the Medicare bill, emphasizing the critical need for funding given the poor financial status of teaching hospitals, as well as the need for basic infrastructure improvements to prepare for emergencies.

Beginning on October 1, 2002, teaching hospitals lost \$800 million annually through IME cuts. New York's losses total \$140 million annually. As the Medicare conferees continue negotiations on the prescription drug bill, GNYHA will urge lawmakers to adequately fund teaching hospitals through increased IME payments. ■



## Workers Favor Benefits Over High Salary

A large majority of working Americans prefer job-based health benefits to a high salary, according to a recent study conducted by the Stony Brook University Center for Survey Research in New York. When asked whether they would choose a higher-paying job without health insurance or a lower salary with health coverage if they had to look for a job in the coming year, 71% reported a preference for employment that

## DOH Briefs GNYHA

### Members *continued from page 1*

and CHP-A (the program for children from Medicaid-eligible families), the State reimburses hospitals directly for graduate medical education (GME) and certain workforce-related pass-throughs. However, the State does not make pass-through payments for patients in the CHP-B program (which subsidizes health insurance for children from low-income families who are not eligible for Medicaid). Similarly, health plans that lack contracts with hospitals should pay for out-of-network admissions using the alternate payment rate, which is the published Medicaid rate, less the pass-throughs, for all enrollees except for commercial CHP patients. Finally, health plans should pay a triage fee for non-emergent emergency room visits for all but CHP-B patients to both contracted and non-

contracted hospitals. There are no payment rules for other outpatient services. DOH also clarified that there are no regulatory time frames or limits for claims submissions by non-contracted hospitals. Another important reminder was that while Medicaid eligibility can be retroactive once granted, FHP and CHP-B enrollment is prospective only. The benefits packages for FHP and Medicaid differ, and GNYHA will seek further clarification on mental health benefits and carve-outs in particular. DOH staff also reported on the progress of special Medicaid managed care plans for people with HIV or AIDS.

A taped version of the briefing will be available this week to GNYHA members in the Members' Area of the GNYHA Web site, [www.gnyha.org](http://www.gnyha.org), through the "Medicaid Managed Care Briefing" link. DOH's complaint hotline, for all managed care issues, is 1-800-206-8125. ■

## Hurricane Misses NY Region, but GNYHA Members Were Ready to Mobilize Again

Last week, GNYHA worked closely with the NYC Office of Emergency Management (OEM), the NYS Department of Health (DOH), and other agencies in areas in which GNYHA members are located in order to assist members in planning for the possible effects of Hurricane Isabel. OEM activated its Emergency Operations Center (EOC) on September 16 for planning purposes, and GNYHA staffed its desk at the EOC, participating in the planning of the response on behalf of GNYHA members. DOH also activated its Hospital Emergency Response Data System (HERDS) and asked hospitals to provide information regarding their disaster plans, generator fuel supplies, and other issues.

GNYHA also provided members with storm updates and with several documents to assist them with their planning, including checklists developed by GNYHA for preparing for power and communication system disruptions based on GNYHA member experiences during the recent power outage and on input received at GNYHA's September 5 member/agency session on the outage. Finally, GNYHA sent information about reaching its office during emergencies, as well as the results of its recent survey on communications during the power outage. If you would like copies of the checklist on power, contact Doris R. Varlese at GNYHA. If you would like copies of the documents on communications, contact Susan Stuard at GNYHA. ■

carries health benefits. Only 24% would take higher pay with no coverage. The national survey of 865 non-retired adults was conducted from July 22 to August 12, 2003.

A willingness to trade health benefits for salary occurs across the economic spectrum and in all age groups. Even young people between 18 and 34 prefer a job with benefits (65%) to one with a higher salary (29%) if they had to choose, in spite of the reputation

this younger group has of being less concerned with benefits than wages. Furthermore, anxiety about health insurance is not limited to those who are currently uninsured, or those who pay for their own health coverage: one-half of those who now have employer-based coverage fear that their benefits will be scaled back in the coming year, and 29% anticipate that they will lose their health benefits entirely. ■

## GNYHA Ventures and Nursing Spectrum to Offer CE Programs

**G**NYHA Ventures recently announced a special arrangement with Nursing Spectrum that gives GNYHA's members access to Nursing Spectrum's *CE Direct* at discount pricing. Nursing Spectrum, an RN-led communications company that promotes the recognition and support of the nursing profession through publications and

continuing education (CE), is one of the largest providers of accredited online CE programs for nurses. *CE Direct* enables health care institutions to offer online CE courses directly for their nursing staff. Institutional participation in *CE Direct* gives hospitals and continuing care facilities a convenient way to track and pay for CE courses taken by their nurses, and it eliminates the administrative expense associated with processing individual

## Dr. David D. Ho Selected as Inaugural Recipient of Rudin Prize for Medical Research

**D**avid D. Ho, M.D., who was instrumental in designing the widely used AIDS cocktail of therapeutic drugs, has been selected as the first recipient of the new Lewis and Jack Rudin New York Prize for Medical Research. Dr. Ho will receive the award on October 30, 2003, during an evening reception co-hosted by GNYHA and The New York Academy of Medicine. Following the award presentation, Dr. Ho will deliver a lecture entitled, "HIV in 2010: What Will the Science Allow?" He will discuss his view of the potential for scientific progress over the next decade that will likely affect the epidemiology, prevention, clinical care, and outcome of HIV/AIDS in the United States.

The Rudin family established the prize to provide a forum for a distinguished member

of the medical community to receive recognition from his or her New York colleagues and to share innovative research and strategies for addressing health care concerns.

Dr. Ho is the founding Scientific Director and CEO of the Aaron Diamond AIDS Research Center, and the Irene Diamond Professor at The Rockefeller University. He has published more than 250 papers on HIV/AIDS.

The event will take place at 6:00 p.m. at the Academy, 1216 Fifth Avenue at 103rd Street, in Manhattan. The lecture is free and open to the public, but registration is required. Visit [www.nyam.org/events/registration.shtml](http://www.nyam.org/events/registration.shtml) to register, and select "Rudin Award Lecture." For more information, contact Tim Johnson at GNYHA. ■

## Home Health Agencies Prepare for CMS Public Reporting Initiative

**O**n October 21, the Centers for Medicare & Medicaid Services (CMS) is planning to publish comparative performance data in local newspapers and on [www.Medicare.gov](http://www.Medicare.gov), the Home Health Compare Web site, for all home health agencies nationwide as part of the Home Health Quality Initiative (HHQI). Last April, CMS launched the HHQI pilot program in Florida, Massachusetts, Missouri, New Mexico, Oregon, South Carolina, West Virginia, and Wisconsin, and the data for home health agencies in those states are currently available on Home Health Compare. The 11 HHQI measures are based

on OASIS data, derived from the home health assessment process under Medicare. Similar to the Nursing Home Quality Initiative that was launched on November 12, 2002, CMS will place full-page advertisements in major newspapers that will list local home health care agencies in alphabetical order and their data on three of the measures: improvement in bathing, improvement in walking, and improvement in taking medicine. IPRO is the designated quality improvement organization that will implement the HHQI in NYS. Because New York was a pilot state for testing home health performance measures, IPRO

nurses' CE reimbursement requests. *CE Direct* offers numerous other benefits to nurses and health care institutions, including:

- a convenient and flexible way for nurses to gain education and fulfill CE requirements because courses can be taken at any time from home, work, or other locations with a PC and Internet connection;
- an online inventory of more than 250 course modules with a wide range of content areas including critical care nursing, medical-surgical nursing, oncology nursing, career fitness, cultural competency, professional issues, and others;
- special sections containing topic-specific requirements for nurses who are maintaining licenses in multiple states;
- course modules accredited through the American Nurses Credentialing Center's Commission on Accreditation, American Association of Critical Care Nurses, and NJ Department of Education Professional Development; and
- modules mandated in NYS that have been approved by the NYS Education Department.

With *CE Direct*, the institution has complete control over the program, deciding which nurses are eligible and the duration for which nurses can access the service. Nursing Spectrum will keep track of which modules are taken and provide on-demand reports through its online management interface so that institutions can monitor usage and add or delete users. For more information, contact Gayle White at GNYHA. ■

has been working on quality improvement with home health care agencies since 1998. The Continuing Care Leadership Coalition (CCLC), GNYHA's long term care affiliate, sits on IPRO's steering committee for the HHQI and will participate on a panel about public reporting at IPRO's five upcoming regional conferences. Designed for home health agency staff, the IPRO conferences will be held as follows: Oct. 7, Buffalo; Oct. 8, Syracuse; Oct. 9, Albany; Oct. 16, Uniondale; and Oct. 17, East Elmhurst. To register, visit the IPRO Web site, [www.ipro.org](http://www.ipro.org). For more information on the HHQI, visit CMS's Web site at [www.cms.gov/quality/hhqi/](http://www.cms.gov/quality/hhqi/), or call Roxanne Tena-Nelson at CCLC, (212) 506-5412. ■