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Skyline news

REPORTING ON NEW YORK'S HEALTH CARE NEWS

Leaders Continue Medicare Talks

As *Skyline News* went to press, Congressional leaders continued to negotiate the details of a final Medicare prescription drug bill. Issues that had not yet been resolved included whether to reform the Medicare program by allowing competition between the traditional fee-for-service program and private Medicare plans, whether to enact cost-containment “triggers” if Medicare spending in the future exceeds projections, and whether to increase the ability of Medicare beneficiaries to enroll in medical savings accounts. Last week, a tentative agreement was reached between some of the negotiators that would have allowed the competition between fee-for-service and private plans, but only in four metropolitan statistical areas (MSAs) with Medicare managed care penetration of 30% or greater and one region with Medicare

managed care penetration of 20% or greater. According to a GNYHA analysis, the NYC MSA and the MSAs in surrounding areas would not have qualified as areas for the competition demonstration program under the tentative agreement. NYC’s Medicare managed care penetration is 21.7%, Long Island’s is 12%, New Jersey’s is 7%, and Connecticut’s is 5%. The tentative agreement, however, was not deemed acceptable to a majority of the negotiators, and the leadership decided to take over negotiations, with the goal of presenting a final compromise to both houses of Congress by November 21, 2003, the target Congressional adjournment date for the year. Meanwhile, GNYHA continues to work with members of Congress to repeal some of the punishing Medicare payment cuts suffered by teaching hospitals over the past few years. ■

New York’s Home Health Agencies Fare Better Than Nation

On November 3, 2003, the Centers for Medicare & Medicaid Services (CMS) publicly rolled out its new Home Health Quality Initiative (HHQI), a public reporting initiative that disseminates comparative quality information about the nation’s home health agencies and encourages agencies to focus on improving certain performance measures. New York’s home health agencies fared well in the round of reporting, exceeding or matching national averages on 7 of the 11 quality measures used by CMS. The HHQI is the second of CMS’s quality initiatives following the Nursing Home Quality Initiative in 2002 and preceding the hospital quality initiative set for 2004. In addition to CMS making data available on 11 quality measures for all home health agencies on the Home Health Compare Web site (www.medicare.gov), CMS placed full-page advertisements in major newspapers across the nation listing the largest agencies and their scores on three of the measures. The HHQI measures are based on Outcome and Assessment Information Set (OASIS) data collected on home health patients as part of the Medicare program. Under the HHQI, agencies will continue to receive training to improve their measures through IPRO, the

A Growing Number of Uninsured Workers Are Employed in Large Firms

A significant and growing percentage of the uninsured are employees of companies that have more than 500 employees, according to an October 2003 report, *The Growing Share of Uninsured Workers Employed by Large Firms*, released by The Commonwealth Fund. While large employers are much more likely than small ones to offer health coverage, more than one-third of uninsured workers—nearly 10 mil-

lion Americans—are in large firms or are dependents of those workers. The rate of workers uninsured in these large firms has jumped by more than 50% since 1987. Low-wage workers are particularly vulnerable—uninsured rates are three times higher among workers with incomes below 200% of the Federal poverty level (FPL) than middle- or higher-income employees.

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Governor Pataki Names Members of Medicaid Working Group

On October 28, 2003, NYS Governor George E. Pataki named the members of a working group to look at ways to improve efficiency in the Medicaid program. Specifically, the working group is charged with reviewing ways to control and reduce health care costs; identifying reforms to improve the effectiveness and efficiency of government health care programs including Medicaid; exploring the availability of additional Federal resources and the feasibility of additional Federal Medicaid waivers; analyzing existing efforts to curtail fraud, waste,

and abuse within the health care system; examining current State payment methodologies including the creation of incentives for providers delivering high-quality services; and researching long-term options for reforming the current cost-sharing system to reduce the burden on local governments. The Governor has asked his staff to coordinate the activities of his working group with those of the Senate Medicaid Reform Task Force appointed by Senate Majority Leader Joseph L. Bruno. The Governor's working group will be led by Stephen Berger, former Commissioner of Social Services and Executive Director of the Port Authority of New

York and New Jersey under NYS Governor Hugh Carey. Mr. Berger will work with the Nelson A. Rockefeller Institute of Government and with Robert Hinckley, Senior Deputy Secretary to the Governor for Health and Human Services. Other members of the working group include Herman Badillo, a partner at Fischbein, Badillo, Wagner and Harding; Jeffrey Kraham, Broome County Executive; Kathryn Wylde, President of the Partnership for New York City; and Jeffrey Sachs, President of Reaching Up. GNYHA's recommendations to the Senate Medicaid Reform Task Force can be found at www.gnyha.org. ■

RWJF President and CEO Addresses GNYHF-UHF Symposium

On November 5, 2003, President and CEO of the Robert Wood Johnson Foundation (RWJF), Risa Lavizzo-Mourey, M.D., M.B.A., gave the keynote address at the Fourteenth Annual Symposium on Health Services Research in New York. The 2003 Symposium, sponsored by the Greater New York Hospital Foundation (GNYHF) and the United Hospital Fund (UHF) in collaboration with major health services research organizations, was attended by approximately 200 researchers, administrators, clinicians, and policymakers.

In her keynote address, Dr. Lavizzo-Mourey outlined the Robert Wood Johnson Foundation's program goals and priorities and highlighted new program initiatives in the areas of quality, nursing, and childhood obesity. She also unveiled a new grantmaking program area called *Pioneering*, which will focus on ensuring that innovative health services research continues to be funded regardless of the state of the economy. Dr. Lavizzo-Mourey noted that funding for innovative research



often declines significantly during economic slowdowns. Throughout her keynote address, Dr. Lavizzo-Mourey emphasized the importance of program evaluation. She concluded by discussing the need for researchers to be "timely" and "to the point" in disseminating their research in order to maximize its impact within the policy arena.

In the morning sessions, the symposium featured concurrent panels on health care coverage and the after-

math of terrorist attacks. The lunch break included a poster session highlighting research and significant programmatic initiatives in palliative care services, medical errors, long term care, workplace safety, and other topics. The afternoon sessions focused on the effects of research on the Health Insurance Portability and Accountability Act, patient safety and improvement strategies, and disparities in health outcomes. ■



Top: Dr. Lavizzo-Mourey speaking at the GNYHF-UHF Symposium on November 5.
Bottom: Kenneth E. Raske, President, GNYHA, at the symposium.

NYC Department of Health and Mental Hygiene Conducts Community Health Profile Meetings Across the City

The NYC Department of Health and Mental Hygiene (DOHMH) has begun a series of presentations to communities throughout NYC on its recently released Community Health Profiles. These profiles provide detailed, neighborhood-by-neighborhood information about the health status of 42 communities throughout the City, including the leading causes of death and hospitalization. Community and public health leaders, public officials, and residents can use the profiles to plan appropriate health interventions in their communities.

During the next two months, DOHMH staff will hold briefings in each of the 42 communities profiled. The meetings are being hosted by community-based organizations in partnership with DOHMH. DOHMH has selected several GNYHA members to host meetings in some communities.

Additional information and copies of the profiles are available on DOHMH's Web site at www.nyc.gov/health. Hard copies of the profiles can be ordered by sending an e-mail request to profiles@health.nyc.gov or by calling NYC's information line, 311. ■

GNYHA and DOH Conduct Drill of HERDS

On November 12, GNYHA conducted a drill of the NYS Department of Health (DOH) Hospital Emergency Response Data System (HERDS). More than 60 hospitals in New York State participated and responded to a drill scenario involving a simulated outbreak of Severe Acute Respiratory Syndrome (SARS).

At the GNYHA Command Center, representatives from GNYHA, DOH, and the New York City Department of Health and Mental Hygiene posted the drill scenario, provided updates to this scenario, and engaged in two-way communication with hospital participants using a secure discussion forum. Each participating hospital remained at its own facility, responded to the drill scenario by entering surge capacity information, and, in many cases, activated its internal incident command system. Representatives of the New Jersey Department of Health and Senior Services as well as the U.S. Department of Health and Human Services were also present as observers.

The goals of the HERDS drill were to:

- test DOH's alert system to announce the start of the drill;
- engage in two-way communication with each participating hospital about the drill scenario;
- create an opportunity for hospitals to explore a SARS scenario via HERDS; and
- get hospital feedback about the functionality and experience of using HERDS.

GNYHA will conduct an evaluation of the drill to gain a better understanding of how well those objectives were achieved.

In the last year, GNYHA and its members have participated in three HERDS drills. With each drill, GNYHA, its member hospitals, and DOH learn more about HERDS and generate more suggestions for improvements and changes to the system. GNYHA and its members have convened a HERDS Users Group as a forum to collaborate with DOH and make improvements to the system. DOH has indicated its strong commitment to make improvements to HERDS and to conduct drills on an ongoing basis.

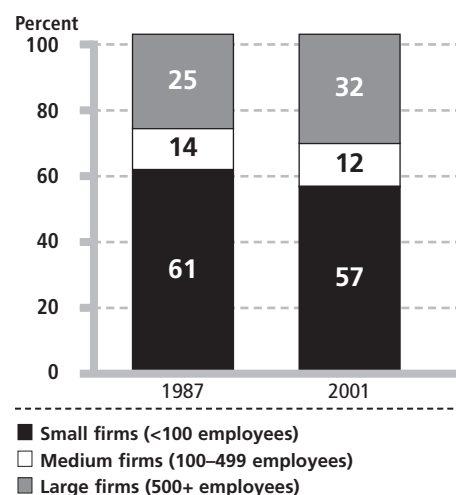
If you have questions about the HERDS drill, contact Susan Stuard at GNYHA. ■

A Growing Number of Uninsured Workers Are Employed in Large Firms

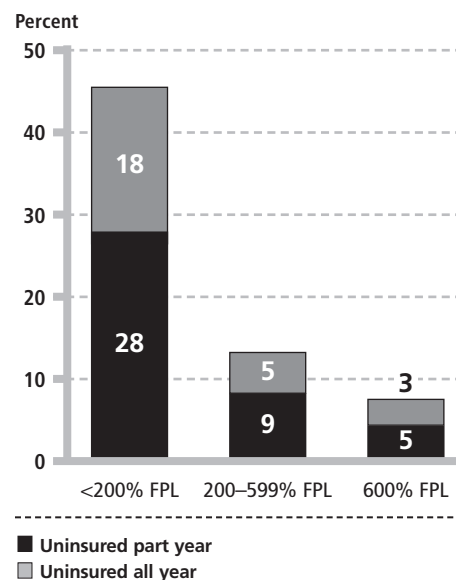
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Authors of the report identify several factors contributing to this trend, including declines in manufacturing jobs and unionization rates, restrictions placed on eligibility for coverage, higher employee premium contributions, service industry trends, and the changing structure of large corporations. ■

Share of Uninsured Workers by Firm Size, 1987–2001, United States



Insurance Coverage of Workers in Large Firms by Household Income, Percent Uninsured During 1998, United States



Source: *The Growing Share of Uninsured Workers Employed by Large Firms* (New York: The Commonwealth Fund, October 2003).

Governor Pataki Announces School-Based Health Clinic Grant Awards

Last week, NYS Governor George E. Pataki announced \$10.6 million in grant awards to support New York's school-based health centers (SBHCs). New York currently has 186 SBHCs statewide. The funds will provide primary and preventive health and mental health services for more than 205,000 school-aged youth statewide, according to State figures. For this round of funding, \$7 million is supported under the Health Care Reform Act, and is based on the ratio of each center's visits to the total number of visits of all qualifying centers. The other \$3.6 million in funding is supported under Temporary

Assistance for Needy Families (TANF), a Federal block grant, and is based on the ratio of a school's enrollment to the amount of students at the school eligible for free and reduced-price lunch. Based on that figure, the school is placed in an allocation tier, which determines the amount of the award. In addition, the TANF funds are restricted to positive youth development activities such as health education and mental health services, and cannot be used for medical or clinical services. Should you have questions about this program, contact Gary Sokolow at GNYHA. ■

New York's Home Health Agencies *continued from page 1*

designated quality improvement organization assisting with the implementation of the HHQI in New York State. Because New York was a pilot state for testing home health performance measures, IPRO has been working on quality improvement activities with home health care agencies since as early as 1996. Staff from the Continuing Care Leadership Coalition (CCLC), GNYHA's long term care affiliate, sits on IPRO's steering committee for the HHQI and participated in training New York's HHAs at IPRO's regional conferences on the HHQI. To learn more about Home Health Compare in relation to New York agencies, visit CCLC's Web site at www.cclcn.org. ■

Do You Have a

PASSWORD...

... to the Members' Area of the GNYHA Web site? If you work for a GNYHA member institution and have not yet registered for a user name and password, follow these three simple steps:

- 1) Log on to www.gnyha.org and click on the "GNYHA Member Login" box in the upper left corner.
- 2) Click on GNYHA Members' Registration.
- 3) Fill out the simple registration form and e-mail it to us by hitting the "send" button.

We will then review your application and notify you that your user name and password have been confirmed. You will then have access to a wide range of resources, including an online library of GNYHA publications, member letter bulletins, surveys, and Webcasts. In addition, a "search" function makes it easy to locate information on a particular topic.

The information in this area includes:

- topical resource sections, including:
 - Emergency Preparedness Resource Center
 - Quality and Patient Safety Resource Center
 - Health Insurance Portability and Accountability Act (HIPAA) Resource Area
 - Nursing Home Quality
 - Managed Care Data and Resources
- current GNYHA newsletters, including *Skyline News* and *GME Central*;
- a complete library of member letter bulletins from 1998 to the present;
- GNYHA publications including *Health Care Statistics and New York Health Care Terms 2003*; and
- video Webcasts (powered by Stream57, a subsidiary company of GNYHA) of GNYHA briefings on a number of important subjects.

Many of the above publications can be viewed either as text documents or can be downloaded as PDF files.

Remember, in order to use the Members' Area of the Web site, you must have a password—so go to www.gnyha.org and follow the three simple steps listed above. You'll gain access to a wealth of information on New York's most important health care issues. ■

New York Medicaid Announces Readiness to Accept HIPAA Claims

As of November 6, 2003, the New York State Medicaid program is ready to accept and process Health Insurance Portability and Accountability Act (HIPAA)-compliant claims from providers. Providers interested in testing the claim transaction in the new format with Medicaid should register with Edifecs at www.hipaadesk.com. Once providers have tested successfully with Edifecs, they may submit test files directly to Medicaid. Providers who are not ready to submit claims in the HIPAA-compliant format may continue to send claims in the current Medicaid format through February 18, 2004.

In addition to the claim, New York Medicaid is ready to conduct eligibility, claims status, remittance, and authorization transactions electronically with providers. As of November 6, the New York Medicaid Web portal "ePACES" also became available, which will allow providers to conduct these HIPAA transactions over the Web. To register for ePACES, go to www.emedny.org/epaces. ■