



December 24, 2007

Skyline news

Reporting on New York's Health Care News

Congress Passes Medicare, Medicaid, State Children's Health Insurance Package

The bipartisan leadership of the U.S. Senate reached agreement last week on a Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) bill, which immediately passed both chambers with wide support. President Bush was expected to sign the bill as *Skyline News* went to press. Without Congressional intervention, physicians would have seen a deep cut to their Medicare payments on Jan. 1, 2008, and funding for essential programs, such as

SCHIP, would have expired.

The lack of agreement on larger policy issues and the imminence of a physician reimbursement rate cut prompted leaders to include, for the most part, only a short-term elimination of the physician cut and the extension of existing expiring programs. The bill (S. 2449) contains no premium rate cuts for Medicare Advantage plans and no Medicare inflation cuts for inpatient hospital,

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\$800 Million in NYS Medicaid Payments Delayed

The disbursement of nearly \$800 million in NYS Medicaid payments owed to hospitals, nursing homes, and home health providers has been held up due to delays in Federal approval of New York's

Medicaid State Plan Amendments by the Centers for Medicare & Medicaid Services (CMS). The delay in receipt of these needed payments is having a material impact on the

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Criticism Builds Against UnitedHealthcare

In a letter to UnitedHealthcare (UHC) dated Dec. 10, 2007, the American Hospital Association (AHA) strongly criticized UHC's new policy penalizing hospitals for up to 50% of payments otherwise due if they do not notify UHC of a patient's admission in the particular way that UHC specifies.

UHC implemented the admission notification policy nationally on December 3 with some modifications to its original provisions despite protests from hospital organizations, including GNYHA, and some state Insurance Commissioners, including NYS Insurance

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REGISTER NOW!

GNYHA/UHF CRITICAL CARE CONFERENCE

A Unique Forum for Cooperation and Information Sharing Among Critical Care Leaders

WHEN: JANUARY 15-16, 2008

WHERE: NEW YORK ACADEMY OF MEDICINE

GNYHA, in partnership with the United Hospital Fund (UHF), has organized a special two-day conference entitled *Critical Care Networks: A Partnership Model to Improve Patient Outcomes*. This conference is part of a series of critical care educational programs developed by the GNYHA/UHF Critical Care Leadership Network (CCLN).

The CCLN has created a model that brings national critical care leaders from the New York region together to collaborate on the unified goal of improving quality and patient outcomes in critical care. This unique, large-scale conference will demonstrate how a diverse group of critical care leaders in a single region have been able to work together to promote the rapid dissemination of knowledge about evidence-based practices and adoption of those practices in hospitals, and to help improve the access to and quality of continuing medical education for all physicians, nurses, and other health care professionals.

Registration costs for the full two-day conference are nominal: \$75 for GNYHA members and \$100 for non-members.

Critical care staff from all GNYHA member hospitals are urged to attend.

REGISTRATION AND INFORMATION:
www.gnyha.org/criticalcarenetworks

Please contact Eden Rollins at erollins@gnyha.org with any questions about registration. ■

GNYHA/UHF Conference Focuses on Saving Victims of Cardiac Arrest

On December 10, GNYHA and the United Hospital Fund (UHF) hosted a full-day conference, entitled *Project Hypothermia*, on advancing the use of cerebral hypothermic resuscitation for victims of out-of-hospital cardiac arrest. The conference

attracted close to 200 participants and is receiving ongoing positive feedback and interest. This event was part of a larger educational program that the GNYHA/UHF Critical Care Leadership Network (CCLN) has designed to standardize education for ICU staff and physicians-in-training, which will translate into less variation in patient care, better adherence to evidence-based practice guidelines, and, ultimately, better patient outcomes. The programs also strive to capitalize on New York's local critical care expertise and highlight the New York region as the leader in exceptional critical care medicine.

The outcomes for victims of cardiac arrest out of the hospital setting are poor. Brain injury claims the lives of over 85% of patients who have been successfully resuscitated after cardiac arrest in the field. Studies have found that cooling patients who suffer certain types of cardiac arrest can dramatically improve

survival rates and the patient's functional outcome. This program provided the tools and training required to implement hypothermia protocols to multidisciplinary, hospital-based teams, including emergency medicine, critical care, cardiology, neurology, and nursing staff, as well as emergency medical services in the field. Participants learned about the evidence base that informs the cooling protocol, how to appropriately select patients who would respond positively to the intervention and manage patients, and how to overcome the organizational barriers to implementing the protocol. The CCLN will continue to work with hospitals that are interested in adopting cooling practices by providing expert clinical and organizational support.

It is important to note that while cooling is an effective intervention for some cardiac arrest patients, it may not be appropriate for everyone or in small, non-teaching facilities that may be able to treat patients more effectively with traditional interventions.

For information on upcoming critical care events, contact Zeynep Sumer at GNYHA. ■

\$800 Million in NYS Medicaid Payments Delayed

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NYS Medicaid State Plan Amendments Pending Federal Approval: Impact on Providers, January 1, 2007, through March 31, 2008	
Provider Type	\$ in Millions
HOSPITALS	
Emergency room rate increase ^a	\$ 58.4
Worker recruitment and retention funding	243.5
Rural worker recruitment/retention funding	8.8
High need Medicaid pool	54.0
Transitional SLIPA pool	6.0
New York City pool	38.0
Rest of State voluntary pool	42.0
Non-New York City public pool	6.0
Long Island pool (annualized)	5.0
Subtotal: Hospitals	\$ 461.7
NURSING HOMES	
Rebasing the Medicaid rates	\$ 179.4
Worker recruitment/retention funding	57.8
Subtotal: Nursing Homes	\$ 237.1
HOME HEALTH	
Worker recruitment/retention funding	100.0
Subtotal: Home Health	\$ 100.0
TOTAL	\$ 798.8

^aImpact of ER rate increase to \$125 on January 1, 2007 (12 months) and to \$140 on January 1, 2008 (3 months). The increase to \$140 is effective for calendar year 2008 and an increase to \$150 is scheduled for January 1, 2009.

provider community, particularly those that are already financially vulnerable. GNYHA is working with CMS and the NYS Department of Health on ways to expedite the approval process. ■

GNYHA Completes Infection Prevention Coach Training Program

The Infection Prevention Coach (IPC) program completed its final two-day training session on December 17–18, 2007, at GNYHA. More than 400 hospital personnel from 30 GNYHA member hospitals have participated in the program since it began in September. In the IPC program, the coaches were trained in ways to coach their colleagues to get their flu shots, improve hand hygiene, and promote a clean environment in order to eliminate hospital-associated infections. GNYHA developed the IPC program in collaboration with 1199 SEIU United Healthcare Workers East and the 1199 SEIU Training and Upgrading Funds (TUF).

The goal of the IPC program is to encourage a culture in which all health care workers understand their valuable role in eliminating infections. Coaches are encouraged to support and mentor other members of the health care team about ways to improve clinical outcomes. The training

used several strategies to promote teamwork, coaching skills, and knowledge about infection prevention, quality, and patient safety. Through the use of interactive case studies and role-playing, participants learned how to improve communication, redesign workflow, and work with colleagues who need encouragement to adopt new procedures.

In coordination with the training, hospital administrative staff are being encouraged to mentor the coaches and monitor hospital infection rates on an ongoing basis. All the coaches who participated in the IPC program have been invited to the Second Quality and Service Conference on January 9, 2008, hosted by 1199 SEIU TUF, where they will participate in workshops and share both the qualitative and quantitative results that their hospital teams achieved during the project.

For additional information, contact Terri Straub or Julie Mathew, both at GNYHA. ■

Resident for a Day

Educating NYS Legislators About the Importance of Physician Training

GNYHA's *Resident for a Day* program continued on December 6 at Roosevelt Hospital in Manhattan. Assemblywoman Linda Rosenthal (D-Man-



Assemblywoman Linda Rosenthal at Roosevelt Hospital examining simulated patient "Mr. Sim" under the guidance of Dr. Ethan Fried. Dr. Elizabeth Awerbuch assists with ventilation.

hattan) was briefed by Ethan Fried, M.D., Director of Graduate Medical Education and Residency Program Director in Internal Medicine. The Assemblywoman attended grand rounds, as well as inpatient teaching rounds in the general medicine unit and the intensive care unit, followed by a visit to the emergency department. Throughout the day she received a comprehensive overview of the critical role that the medical center plays in training physicians and treating individuals in the surrounding community.

On December 11, Maimonides Medical Center hosted State Senator Martin J. Golden (R-Brooklyn) and Assemblyman Alec Brook-Krasny (D-Brooklyn). Both legislators were briefed by Robert Naldi, Executive Vice President, Finance and Chief Financial Officer; Robert Yost, Associate



At Maimonides Medical Center (left to right): Douglas Jablon, Vice President, Patient Relations; Robert Yost, Associate Vice President, Academic Affairs; Andrew Yacht, M.D., Vice Chair for Education, Department of Medicine; Senator Martin Golden; Assemblyman Alec Brook-Krasny.

Vice President, Academic Affairs; Phillip Kogan, Ph.D., Administrative Director of Graduate Medical Education; internal medicine residents; and GNYHA staff on graduate medical education financing and the crucial role that residents play in providing patient care in their districts. Following the briefing, Senator Golden also attended the Department of Medicine's "Intern Report" and toured the internal medicine intensive care unit. ■

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outpatient hospital, nursing home, or home health services.

The bill does not address a possible extension of the existing moratoria on implementing damaging Medicaid regulations that would eliminate Federal funding for Medicaid graduate medical education (GME) costs and drastically cut funding for public providers, nor does it expand the moratorium to cover a new rule that would reduce outpatient spending. The GME and public providers moratoria are set to expire on May 25, 2008.

Because the physician cut was deferred only until June 2008, a more major Medicare and Medicaid bill is expected to be considered early next year. GNYHA will target this new bill for further Medicare and Medicaid provisions, including the extension of the existing moratoria on the Medicaid regulations and a moratorium on the outpatient regulation.

GNYHA thanks the entire Congressional delegation, including House Ways and Means Chairman Charles Rangel, Senator Charles Schumer, and Congresswoman Nita Lowey for their support and advice.

Medicare Provisions: The final bill protects physicians from a 10.1% reduction in their Medicare payments that was scheduled to go into effect on Jan. 1, 2008, and gives them a 0.5% update in their Medicare payments through June 30, 2008. The physician quality reporting system would be extended, as would a program that provides a 5% bonus payment through June 30, 2008, to physicians practicing in physician shortage areas.

Regarding the 75% rule for inpatient rehabilitation facilities—a top priority for GNYHA and the American Hospital Association—the bill also **1)** permanently fixes the diagnosis threshold for rehabilitation facilities at 60%; **2)** continues to count patients with co-morbidities under the 60% threshold; and **3)** provides a 0% update from Apr. 1, 2008, through Sept. 30, 2009.

The bill also extends so-called Section 508 wage index reclassifications, for certain hospitals that could not reclassify administratively, for one year, retroactive to Oct. 1, 2007.

Regarding long term care hospitals (LTCHs), the bill creates criteria to clearly

define LTCHs and the patients who belong there, expands medical necessity reviews, imposes a time-limited moratorium on new LTCHs and the expansion of existing LTCHs, prevents the "25% rule" from applying to free-standing LTCHs, prevents the one-time budget-neutrality adjustment and the regulation on short-stay outliers from taking effect, and provides no inflation update for fiscal year 2008. GNYHA will work with members that were planning new LTCHs on strategies to amend the moratorium.

Finally, the bill achieves savings by removing \$1.5 billion from the so-called stabilization fund created to attract Medicare Advantage regional preferred provider organizations to the market. No other Medicare Advantage cuts, such as the removal of indirect medical education amounts from plan premiums, are included in the final bill.

SCHIP: Congress passed a continuing resolution to fund the SCHIP program at existing levels through March 31, 2009, with additional funding of \$800 million authorized to cover any shortfalls in the interim. ■

National Coalition Plans Summit on Providers' Role in Health Reform

The Partnership for Quality Care (PQC) is organizing a summit on March 19 in Washington, D.C. to educate policymakers on the leading role that health care professionals are taking to create a system that ensures the efficient delivery of the highest quality health care to all. PQC is a national health care labor/management coalition dedicated to the reform and improvement of the nation's health care system. GNYHA and 1199 SEIU United Healthcare Workers East are among the founding members of PQC.

According to the Centers for Disease Control and Prevention, chronic disease drives 75% of health care costs in this country, making it particularly significant that the prevailing health care financing and delivery

system does not efficiently prevent and treat chronic disease. This summit is intended to help policymakers understand the need for constructive reform of our nation's health care delivery system and the importance of achieving universal health care, as well as apprising them of opportunities to support the efforts of leading health care providers in shaping and implementing that reform.

At the summit, providers will present case studies of successful approaches to improve the quality and efficiency of care for the chronically ill that are adaptable to local communities, including the use of cutting-edge information technology and culturally sensitive interventions, and empowering patients to manage their own health care. In addition, an expert panel will discuss needed policy

changes—key among them guaranteed access to care—that are necessary to make sure that such approaches are implemented effectively.

The speakers will include, among others, GNYHA President Kenneth E. Raske; James Mongan, M.D., CEO, Partners Healthcare; George Halvorson, CEO, Kaiser Permanente; Andrew Stern, President, Service Employees International Union; Dennis Rivera, Chair, SEIU Healthcare; Lloyd Dean, CEO, Catholic Healthcare West; Kenneth Thorpe, Chair, Health Policy and Management, Rollins School of Public Health; and Sherry Glied, Chair, Health Policy and Management, Columbia University Mailman School of Public Health.

For more information, contact Kate Navarro-McKay at GNYHA. ■

Criticism Builds Against UnitedHealthcare *continued from page 1*

Superintendent Eric Dinallo. (See *Skyline News*, December 10, 2007, page 1.)

The AHA's letter noted that UHC's actions had damaged the relationship between hospitals and UHC. In particular, the letter listed several issues of concern about the policy, including its imposition on contracted providers without prior consultation, the creation of significant new administrative costs on hospitals, and the threat of excessive penalties if hospitals did not sign an agreement to provide electronic notification in a particular way specified by UHC. The AHA also noted that the policy had generated ill will between the hospital community and UHC, with some AHA members referring to its implementation as UHC's "bullying tactics" and many questioning whether the changes are simply intended to give the health plan additional excuses to deny payments for medically necessary services.

UHC announced on December 20 that it was further modifying its policy, which had been modified once in response to concerns expressed by Superintendent Dinallo, GNYHA, and other agencies and hospital groups. Its description of the change stated at the outset that, "the recent announcement of changes to our Admission Notification program has stimulated a productive dialogue between hospitals, skilled nursing facilities,

and UnitedHealthcare." The changes include continuation of one business day, rather than 24-hour, notification on weekends and Federal holidays that fall on weekdays through June 30, 2008. UHC will expect 24-hour notification for weekday admissions that do not fall on Federal holidays. UHC will also begin a pilot project with 200 hospitals nationally to identify and address operational issues related to its policy.

GNYHA had worked with the AHA, other hospital groups around the country, and the State Insurance Department, and asked the NYS Attorney General to intervene. GNYHA continues to work with UHC on other aspects of this policy, including those related to notification of emergency admissions and in situations where it is not possible to ascertain a patient's insurance carrier within the prescribed time frames, as well as on UHC's proposed connectivity solutions with hospitals. ■

NYS GME Incentive Pool Awards Announced

On December 21, the award recipients for NYS's graduate medical education (GME) incentive pool program were announced. The GME incentive pool program, which is authorized as part of the Health Care Reform Act (HCRA), rewards teaching hospitals and GME consortia for achievement of, and progress toward, State policy goals in the area of GME. The incentive pool objectives include reducing the number of residents training in non-designated priority programs, increasing the proportion of residents training in ambulatory care sites and underserved areas, increasing the proportion of underrepresented minorities in training, increasing cultural competence training, and promoting

clinical research. The last objective is organized as the separate Empire Clinical Research Investigator Program (ECRIP).

The GME incentive pool program was funded at \$31 million in 2006, and that pool of money is the source of funding for the \$25 million in awards announced on Friday. The balance of 2006 funding supported previously announced ECRIP awards.

The next round of the ECRIP awards, which is drawn from 2007 and 2008 GME incentive pool funding, will be announced later this week. The anticipated awards are intended for research investigators who begin training in July 2008.

For a list of the awardees and amounts, contact Tim Johnson at GNYHA. ■