



September 15, 2008

Skyline news

Reporting on New York's Health Care News

GNYHA Urges Congress to Act on FMAP, IME, & Outpatient Rule

With Congress returning to Washington this week, lawmakers have very little time to address significant health care issues before their targeted adjournment at the end of the month. With its state partners—Governor Paterson's Washington office, Mayor Bloomberg's office, the Healthcare Association of New York State, and the New York City Health and Hospitals Corporation (HHC)—GNYHA met with more than half of the State's Congressional delegation last week to advocate for legislative action on specific Medicaid and Medicare issues important to hospitals.

Specifically, the group advocated for a bill (H.R. 5268), sponsored by Congressmen Frank Pallone (D-NJ), Peter King (R-NY), Tom Reynolds (R-NY), and John Dingell (D-MI) that would provide a temporary 2.95 percentage point increase over five quarters in each state's Federal Medicaid matching rate, also known as FMAP. GNYHA strongly supports this legislation and has advocated for its inclusion in an economic stimulus package that House Democratic leadership is interested in passing by the time Congress adjourns for the upcoming elections.

If passed, the proposal would provide \$1.6 billion in new Federal Medicaid funds for New York and \$284 million for New Jersey.

GNYHA has also been working with its State partners to advocate for a morato-

rium on the proposed Medicaid outpatient regulation, which when implemented would impede the ability of states to provide certain services and severely reduce payments for other services. The New York State Department of Health estimates this regulation would cost outpatient providers more than \$350 million annually (Federal share). The impact to HHC is estimated at an additional \$120 million. Congress had previously approved a moratorium on this regulation and six other damaging Medicaid

regulations as part of the Iraq War supplemental funding bill, but the moratorium on this regulation dropped out of negotiations with the White House.

Finally, GNYHA, along with support from other partner organizations, continues to spearhead an effort to urge Congress to block the Centers for Medicare & Medicaid Services from implementing a provision of the FY 2009 Medicare inpatient reimbursement rule that would phase out the indirect medical education (IME) adjustment to Medicare capital payments for teaching

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NYSDOH Discusses Mandatory HIV/AIDS Medicaid Managed Care Plan

On September 3, the New York State Department of Health (DOH) met with health care service providers to discuss the initiative to make it mandatory that Medicaid beneficiaries with HIV/AIDS enroll in a Medicaid managed care plan. Currently, beneficiaries with HIV/AIDS are exempt from enrolling in managed care plans. Under this new initiative, these beneficiaries will be required to join either a mainstream Medicaid managed care plan

or one of the three available HIV Special Needs Plans (SNPs). The program would begin initially only in New York City.

The State estimates that in New York City there are 52,000 Medicaid beneficiaries with HIV/AIDS, of which approximately 9,400 are currently enrolled (3,300 in SNPs), and approximately 27,500 remain in Medicaid fee-for-service without an additional known exemption or exclusion from managed care. The latter group would be the target population of the initiative.

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Governor Paterson Calls for “Zero Growth” Budgets

On September 5, New York Governor David Paterson called upon all State agencies to submit by October 3 their budgets for the next fiscal year that hold 2009-10 agency spending “flat” at 2008-09 levels. The next State fiscal year begins on April 1, 2009.

This zero-growth budget requirement comes on top of a 3.35% reduction in agency spending imposed in March and another 7% reduction in July, as well as \$1 billion in spending reductions enacted during the Special Economic Session in August.

“Despite these historic savings actions totaling over \$2 billion, our work

is just beginning,” the Governor wrote in a memorandum to all agency heads. “We must still implement even stronger measures to confront the difficult task of closing a 2009-10 budget deficit that already totals \$5.4 billion, and could very likely increase if our struggling economy continues to worsen.”

Specifically, the Governor called upon State agencies to identify programs for elimination, and urged them to reject the notion that “reducing the rate of projected growth in funding for a program is a ‘cut.’ This thinking has impeded numerous attempts to halt unsustainable spending growth.” The proposals the

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State Agency	Savings Target
Office of Mental Health	\$35.7 million
Department of Health	\$27.3 million
Office of Children and Family Services	\$19.3 million
Office of Mental Retardation and Developmental Disabilities	\$16.7 million
Insurance Department	\$13.4 million
Office of Alcoholism and Substance Abuse Services	\$2.9 million
Office of the Medicaid Inspector General	\$2.3 million
State Office for the Aging	\$0.2 million

FMAP, IME, & Outpatient Rule *continued*

hospitals over a two-year period.

Unless Congress intervenes, hospitals nationally would face annual losses of over \$375 million. Through the Healthcare Education Project, GNYHA and 1199 SEIU ran an ad in several newspapers opposing the cut in August and will continue to run additional ads in D.C. publications through September. In addition, GNYHA, with the American Hospital Association, the Association of American Medical Colleges, and HANYS, worked on getting support for Congressional letters urging CMS to avoid implementing this policy. In the House,

Congressman King spearheaded the effort, while in the Senate, Democratic Senators Charles Schumer and Hillary Rodham Clinton led the way. The letters received overwhelming bipartisan support—208 Congressmen and 51 Senators weighed in on this important issue.

GNYHA will continue to work with its State and national partners to advocate for relief on FMAP, the Medicaid outpatient regulation, and the Medicare capital IME cuts in appropriate legislative vehicles moving through Congress in the next several weeks. ■

Attention Residents & Fellows!



Upstate New York “Where to Practice” Open House

Sunday, September 28, 2008

Sheraton New York
Hotel and Towers
53rd Street & 7th Avenue
New York, NY
2:00p.m. to 6:00p.m.

Come meet with physician recruiters from more than 30 Upstate New York hospitals to learn about practice opportunities and incentives and about the Upstate lifestyle.

Representatives from the NYS Department of Health will also be available to answer questions about J-1 visa waivers, loan forgiveness, and how to apply for the Doctors Across New York practice incentive program.

The event is open to all physician residents and is free of charge. Refreshments will be provided.

Email openhouse@gnyha.org
with any questions
or call 212-246-7100

Sponsored by:



GNYHA Unveils Clinical Quality Leadership Fellowship Collaborative

GNYHA and United Hospital Fund (UHF) are pleased to announce the first Clinical Quality Leadership Fellowship (CQLF) Collaborative. Building upon the success of the GNYHA/UHF Collaborative model and other GNYHA quality and patient safety programs, the CQLF is designed to develop new clinical talent to lead quality improvement initiatives and prepare the next generation of quality leaders. The CQLF is a yearlong intensive learning experience that will develop quality leadership competencies and advance patient safety through a dynamic, structured learning collaborative. Fellows will have the opportunity to network with GNYHA members' physician and nursing leadership who will serve as faculty and program mentors, other fellows selected for the program, and national leaders in quality and patient safety.

Selection Criteria and Program Structure

Eligible candidates should be early to mid-level career physicians who have demonstrated leadership skills, interest in quality and patient safety, and can communicate effectively across disciplines. Although the first class will be predominantly physicians, moving forward the program will be expanded to include exceptional nursing and pharmacist candidates. Selection criteria will initially be based on com-

pletion of an application process that will also require a letter of support from the applicant's hospital CEO and direct supervisor, which authorizes release time for the CQLF and demonstrates organization support, a reference from a colleague from another discipline (nurse recommendation for M.D. or M.D. for nurse applicant); and a personal statement that reflects the applicant's commitment to invest the time and enthusiasm required to complete all aspects of the CQLF program. The first class will be limited to 15 fellows.

The program is a combination of retreat-style sessions (two sets of two-day sessions), a one-day seminar, bi-weekly conference calls, and ad-hoc meetings or conference calls with mentors. Upon completion of the program, participants will be invited to present their final quality improvement project at a quality summit that will be hosted by GNYHA and UHF. Tuition, meals, and hotel accommodations are covered under a grant from UHF. Travel and additional expenses incurred for time off are the responsibility of the candidate. Additional information and the applications for participation will be sent to hospital CEOs by October 1, 2008. Course work, schedules, faculty, and areas of study will be included in the application package. In the interim, if you have any questions about the program or have candidates that you would like to nominate, please contact Terri Straub at GNYHA. ■

HIV/AIDS Medicaid Managed Care *continued*

Beneficiaries would receive numerous mailings instructing them on the change and the requirement to select a plan within 60 days (90 days if SSI), after which, if no selection were made they would be auto-assigned to a mainstream managed care plan. However, no beneficiaries would be auto-assigned into a SNP. Once enrolled, a 90-day grace period begins for beneficiaries to change plans or request an exemption. They would then be locked into a plan for nine months. Beneficiaries would be able to switch plans from a mainstream plan to a SNP at any point, including the lock-in period. The process for enrollment would be phased in with approximately 2,500 mailings sent to beneficiaries per month.

No start date is anticipated at this time since DOH has now determined Centers for Medicare & Medicaid Services (CMS) approval is required to implement this change. The State is currently in the process of preparing an application for a statewide waiver to submit to CMS.

Additional stakeholder meetings will be held across the State, as well as two listening forums on October 29 and 30, where communities and parties with interest can voice issues and concerns. The afternoon sessions of these forums will focus exclusively on service providers. ■

UPCOMING GNYHA MEMBER BRIEFINGS

CMS Transitions Responsibility for Medical Review from Quality Improvement Organizations (QIOs)

Date: Monday, September 29, 2008

Time: 2:00 p.m.–4:00 p.m.

Location: GNYHA Conference Center

GNYHA has scheduled an informational briefing with representatives from National Government Services, the New York FI/MAC, who will provide an overview and address the different claims

and administrative processes as a result of the transition of Medicare medical review activity from the QIOs to Medicare Fiscal Intermediaries and Part A and B Medicare Administrative Contractors. For more information, please contact Stewart Presser at presser@gnyha.org. ■

Root Cause Analysis Training for Process Improvement

Date: Thursday, October 27, 2008

Time: 9:00 a.m.–1:15 p.m.

Location: GNYHA Conference Center

Due to overwhelming demand, GNYHA has added a new date to its Root Cause Analysis (RCA) Training for Process Improvement program, which provides introductory principles and techniques for identifying effective corrective action plans in response to an adverse event. To sign up for this session, contact Rosanne Casey at GNYHA at rcasey@gnyha.org. ■

CCITI NY Kicks Off Cross-Continuum Health Information Exchange Initiative

On September 4, a kickoff event was held at the Parker Jewish Institute for Health Care and Rehabilitation to launch the Continuum of Care Improvement Through Information New York (CCITI NY) health information exchange initiative. The daylong event drew an attendance of more than 100 CCITI NY partners and stakeholders.

CCITI NY is a HEAL NY-funded initiative that brings together members of the Continuing Care Leadership Coalition (CCLC), area hospitals, and area primary care physicians to improve the quality, patient safety, cost and satisfaction aspects of transferring patients across care settings in the New York metropolitan region. The project is designed to combine the benefits of a standardized electronic transfer form

process with an automated clinical decision support tool in order to improve outcomes for patients and health care provider organizations.

The event featured presentations designed to educate project stakeholders and others about health information exchange on a national, statewide, and local basis. Speakers included Patricia Hale, M.D., Deputy Commissioner, NYS Department of Health's Office of Health Information Technology Transformation (OHITT); Carol

Raphael, Chair, The New York eHealth Collaborative (NYeC) and President and Chief Executive Officer, The Visiting Nurse Service of New York (VNSNY); Eric Coleman, M.D., M.P.H., Director, Care Transitions Program at the University of Colorado Health Sciences Center; John Evans, President, Strategic Alliance Advisors (s2a), and lead consultant, CCITI NY; Gil Kuperman, M.D., Board Chair, NYCLIX; and Benjamin Stein, M.D., Executive Director, LIPIX.

For additional information about CCITI NY, members may contact Scott Amrhein at 212-506-5409. ■

“Zero Growth” Budgets *continued*

Governor is requesting from the agencies would not include Medicaid, school aid, and other proposals that are handled outside of agency budget requests.

Cuts to Health Care-Related Agencies: In August, the Governor set savings targets for all State agencies in order to achieve \$630 million in administrative savings by the end of the current fiscal year. These targets include the 7% reduction mentioned above. The Governor called for these savings when he announced that he was calling a special session of the State Legislature to find an additional \$600 million in savings over and above these agency savings targets. The savings targets for health care-related agencies for the remainder of the 2008-09 are listed in the table on page 2. ■

GNYHA Services, Inc. 2008 Symposium on Selected Suppliers: September Webinars

As announced in the last issue of *Skyline News*, GNYHA Services, Inc. will hold an information series for members to learn more about the products and services offered by suppliers with GNYHA Services' group purchasing agreements. The September events in this program series highlight technology products and software that aid administrators in areas of travel management, communications and continuing education, and the utilization management and discharge planning processes. If you have questions or need further information, please contact Barbara A. Green, Senior Vice President, New Business Initiatives (212-259-0720 or green@gnyha.org) or Lauren Glasser, Account Manager, New Business Initiatives (212-258-5304 or lglasser@gnyha.org) at GNYHA Ventures, Inc.

Gateway Travel Management

Date: Tuesday, September 23, 2008

Time: 10:00 a.m.–11:00 a.m.

Gateway Travel Management (GTM) a full-service corporate travel management company providing state-of-the-art travel booking and management tools, will discuss how use of GTM's tools and services enable hospitals, continuing care facilities and other health care organizations to lower, control, and better manage their travel-related expenses. ■

Stream 57

Date: Wednesday, September 24, 2008

Time: 2:00 p.m.–3:00 p.m.

Stream 57, a full-service streaming media company owned in part by GNYHA Ventures, Inc., will demonstrate how its streaming media technology can assist health care institutions in delivering online continuing education programs and marketing/communications services. ■

Allscripts, LLC

Date: Tuesday, September 30, 2008

Time: 2:00 p.m.–3:30 p.m.

Allscripts, LLC, through its recent acquisition of Extended Care Information Network (ECIN), will present the software solutions originally provided by ECIN that help health care facilities automate utilization management and the discharge planning process. ■