



April 20, 2009

# Skyline news

Reporting on New York's Health Care News

## GNYHA 2009 Annual Meeting Recap

**G**NYHA held its 2009 annual meeting on April 14 at The Roosevelt Hotel in Manhattan. Nancy-Ann DeParle, Director of the White House Office of Health Reform, and New York State Attorney General Andrew Cuomo delivered addresses to a full house. GNYHA President Kenneth E. Raske closed the meeting with his annual address, which included special guest remarks from New York State Health Commissioner Dr. Richard Daines.

**Business Meeting:** Filling in for GNYHA Board Chairman Jim Foy, Immediate Past Chair Gary Horan, Trinitas Regional Medical Center, presided. The membership approved the following slate of individuals to serve on the Board of Governors and as officers for the Association year 2009–10: Chair, Linda Brady, M.D., Kingsbrook Jewish Medical Center; Chair-Elect, Pamela S. Brier, Maimonides Medical Center; Vice Chair, Alan Aviles, New York City Health and Hospitals Corporation; Vice Chair, James Harden, Catholic Health Services of Long Island; Vice Chair, Long Term Care, Eli S. Feldman, Metropolitan Jewish Health System; Secretary, Robert Grossman, M.D., NYU Langone Medical Center; Treasurer, Steven Safyer, M.D., Montefiore Medical Center; Assistant Secretary, James Kaskie, Kaleida Health; Assistant Treasurer, Henry Amoroso, Saint Vincent Catholic Medical Centers; Immediate Past Chair, Jim Foy, Riverside Health Care System, Inc.; Past Chairs: Gary S. Horan, Trinitas Regional Medical Center; Kenneth L. Davis, M.D., The Mount Sinai Hospital; Michael Dowling, North

Shore-Long Island Jewish Health System; and Herbert Pardes, M.D., New York-Presbyterian Hospital. In addition, Stanley Brezenoff, Continuum Health Partners, Inc., was approved to serve as Past Chair for as long as he remains employed in a board-eligible position, joining John R. Gunn, Memorial Hospital for Cancer and Allied Diseases, David P. Rosen, Jamaica Hospital Medical Center, Gladys George, Lenox Hill Hospital, and Mark J. Mundy, New York Methodist Hospital, who were previously elected to that Past Chair position. Spencer Foreman, M.D., holds the position of Chair Emeritus. The

membership also elected the following individuals to serve on the Board in the Class of 2012: Allan E. Atzrott, St. Luke's Cornwall Health System; Richard B. Becker, M.D., The Brooklyn Hospital Center; Frank A. Calamari, Calvary Hospital; John Ferguson, Hackensack University Medical Center; Jeffrey Menkes, New York Downtown Hospital; and William T. Smith, Ph.D., Morningside House Nursing Home Company, Inc. In addition, Audrey Weiner, Jewish Home Lifecare, was elected to fill a vacancy in the Class of 2011. For more meeting details, see *Skyline's Special Insert*.



Past Chair Gary Horan, Trinitas Regional Medical Center, installs new Board.

## NY Moves toward National Average

**F**rom 1997 through 2007, New York's hospital facilities, utilization, personnel, and finance patterns trended more toward the national average, according to the 2009 edition of *Health Care Statistics*, GNYHA's annual compendium of health care trends, which was distributed at the Association's annual meeting on April 14. The accompanying table and figure show the change in the gap between New York's data and the national average

on the 17 measures reported annually in the compendium. Of those measures, only two—admissions per 1,000 population and clinic visits per 1,000 population—showed a widening gap. The other measures reported in the compendium trended toward the national average.

**Facilities:** New York's gap in beds per 1,000 decreased from 23% to 22%.

**Utilization:** New York's gap in days per

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# New York Leads in Covering the Uninsured

From 2000 through 2007, New York was the only state among the 10 largest states in the U.S. to reduce the uninsured portion of the non-elderly population.

During that timeframe, New York's uninsured share of non-elderly residents decreased by 3.2 percentage points, from 18.1% to 14.9%, while the national average share increased by 1.6 percentage points, from 15.5% to 17.1%. The accompanying figure shows that the next largest states all saw an increase in the uninsured share as well. New York achieved this outcome by increasing the number of residents covered by State-sponsored insurance programs by

1.3 million people, from 3.2 million in 2000 to 4.6 million in 2007. The data sources were the U.S. Bureau of the Census and the New York State Department of Health. More information about insurance coverage trends may be found in the 2009 edition of *Health Care Statistics*, GNYHA's annual compendium of health care trends. For a copy of this publication, contact GNYHA Public Affairs at (212) 246-7100. ■

## UPCOMING GNYHA MEMBER BRIEFINGS

### HIPAA Privacy and Security Workgroup Meeting

Date: Friday, May 1, 2009

Time: 2:00 p.m. – 4:00 p.m.

Location: GNYHA Board Room

On Friday, May 1, 2009, GNYHA will convene a joint meeting of its HIPAA Privacy and Security Workgroups. The meeting will be devoted to the health information technology provisions related to privacy and security of electronic health records included in the American Recovery and Reinvestment Act, and its objective will be to formally compile a list of member concerns and questions that GNYHA will submit to HHS as part of the regulatory process. For more information, please contact Rebecca Urbach ([rurbach@gnyha.org](mailto:rurbach@gnyha.org) or 212-258-5389) or Zeynep Sumer ([zsumer@gnyha.org](mailto:zsumer@gnyha.org) or 212-258-5315). To RSVP, please contact Laurie Sangirardi ([sangirardi@gnyha.org](mailto:sangirardi@gnyha.org)). ■

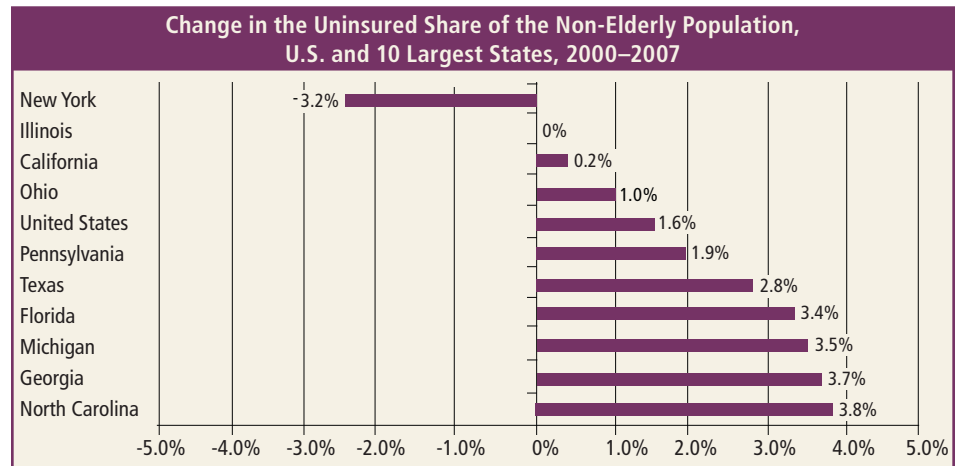
### Briefing on Federal Program Integrity Activities

Date: Monday, May 11, 2009

Time: 2:00 p.m. – 4:00 p.m.

Location: GNYHA Conference Center

GNYHA will host a briefing on the Centers for Medicare & Medicaid Services' (CMS's) program integrity activities. The briefing will be led by Kim Brandt, Director of the CMS Program Integrity group. Ms. Brandt's group is responsible for significant oversight and enforcement of health care providers, and "developing Medicare and Medicaid program integrity strategy and tactics." Issues to be discussed will include an overview of the new Zone Program Integrity Contractor (ZPIC) strategy, ZPIC activities to this point and an anticipated timeline for the future, and a discussion of CMS's numerous new anti-fraud initiatives. For more information, please contact Deborah Brown at GNYHA and to register email Laurie Sangirardi ([sangirardi@gnyha.org](mailto:sangirardi@gnyha.org)). ■



Source: GNYHA's 2009 edition of *Health Care Statistics*.

## HEAL NY Grants for HIT Announced

Last week, Governor Paterson announced the availability of \$60 million in the next phase of health information technology (HIT) funding as part of the HEAL NY Program. HEAL NY Phase 10 is intended to promote the coordination of care using a Patient Centered Medical Home (PCMH) Model with the effective use of health information technology infrastructure. This phase of funding supports the continued development of the Statewide Health Information Network for New York (SHIN-NY). The New York State Department of Health (DOH) will once again contract with the New York eHealth Collaborative (NYeC) to facilitate

the planning and implementation of the SHIN-NY, as it did in HEAL NY Phase 5.

In order to be considered for funding, proposed projects must identify a target population with a chronic disease or a high risk/high cost diagnosis as well as a PCMH through which the target population's care would be coordinated and managed. Participants in a PCMH could include hospitals, primary care physicians, specialists and any other appropriate caregivers. In addition, projects must include the involvement of community HIT adoption collaborations (CHITAs), which were previously funded entities under the HEAL NY 5 grants. Lastly, the health information exchanged among participants of the

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# National Average

*continued*

1,000 decreased from 51% to 47%; its gap in average length of stay decreased from 36% to 31%; its gap in emergency room visits per 1,000 decreased from 8% to 6%; its gap in adjusted admissions per 1,000 (inpatient plus an outpatient equivalent) decreased from 5% to 4%; and its gap in adjusted days per 1,000 (inpatient plus an outpatient equivalent) decreased from 42% to 36%.

**Personnel:** New York's gap in total full-time equivalent employees per patient decreased from -11% to -6%; its gap in registered nurses (RNs) and licensed practical nurses (LPNs) per patient decreased from -21% to -16%; its gap in RNs per patient decreased

from -19% to -15%; its gap in LPNs per patient decreased from -34% to -26%; and its gap in the ratio of RNs to LPNs decreased from 22% to 14%.

**Finance:** New York's gap in expense per adjusted admission decreased from 32% to 29%, and its gap in expense per adjusted

day decreased from -2% to -1%.

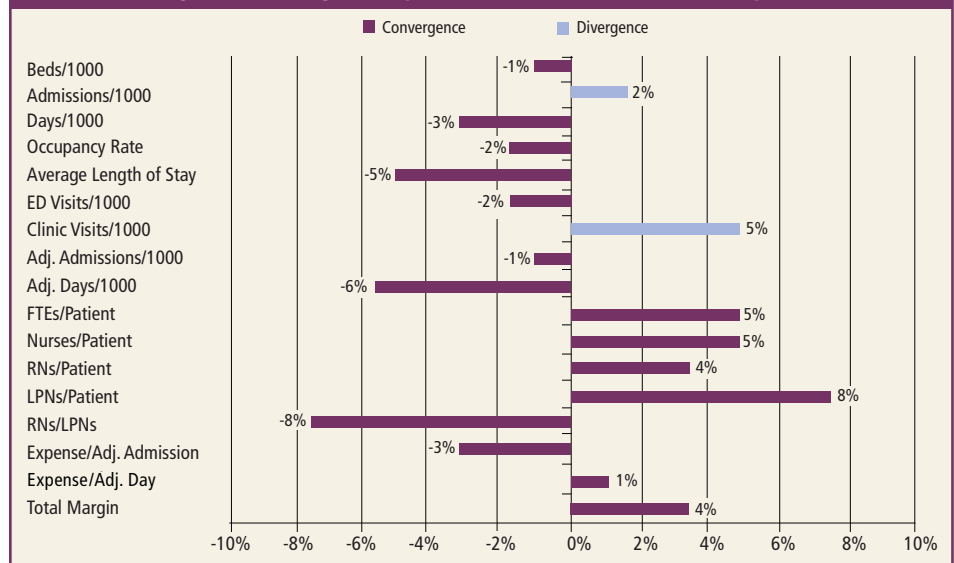
The data sources for these measures were the American Hospital Association's *Annual Survey of Hospitals* and the U.S. Bureau of the Census. Copies of *Health Care Statistics* may be obtained by contacting GNYHA Public Affairs at (212) 246-7100. ■

# New York Nursing Homes Join VBP Pilot

On April 6, the Centers for Medicare & Medicaid Services (CMS) held an Open Door Forum for nursing facilities in New York, Arizona, Mississippi, and Wisconsin—the four states selected to participate in the Medicare Value-Based Purchasing (VBP) Demonstration. The demonstration will try to determine whether cash incentives drive quality of care in the long term care setting. Under the demonstration, from July 1, 2009, until June 30, 2012, nursing facilities will be eligible to receive performance payments if they achieve the highest performance levels or the most significant quality improvements based on four domains: nurse staffing, rates of potentially avoidable hospitalizations, minimum data set (MDS) outcomes, and results on survey inspections. All Medicare-certified nursing facilities are eligible to participate in the demonstration; applications are due May 1, 2009, and award letters will be sent on approximately June 1, 2009. CMS stated that

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Percentage Point Change in Gap Between New York and U.S. Hospital Trends



Note: The longer the line, the greater the convergence or divergence. Source: GNYHA's 2009 edition of *Health Care Statistics*.

Comparison of New York and U.S. Hospital Trends

	1997			2007			Change in Gap	
	U.S.	N.Y.	Gap %	U.S.	N.Y.	Gap %	% Pnts.	Direction
<b>Facilities</b>								
Beds/1000	3.2	3.9	23%	2.7	3.2	22%	-1%	Converge
<b>Utilization</b>								
Admissions/1000	118	131	11%	117	132	12%	2%	Diverge
Days/1000	719	1,083	51%	645	951	47%	-3%	Converge
Occupancy Rate	62%	76%	23%	67%	81%	21%	-2%	Converge
Average Length of Stay	6.1	8.3	36%	5.5	7.2	31%	-5%	Converge
ED Visits/1000	347	373	8%	401	425	6%	-2%	Converge
Clinic Visits/1000	1,334	1,882	41%	1,600	2,329	46%	5%	Diverge
Adj. Admissions/1000	182	192	5%	206	214	4%	-1%	Converge
Adj. Days/1000	3.0	4.3	42%	3.1	4.3	36%	-6%	Converge
<b>Personnel</b>								
FTEs/Patient	4.8	4.3	-11%	4.8	4.5	-6%	5%	Converge
Nurses/Patient	1.28	1.01	-21%	1.38	1.15	-16%	5%	Converge
RNs/Patient	1.11	0.90	-19%	1.26	1.07	-15%	4%	Converge
LPNs/Patient	0.17	0.11	-34%	0.12	0.09	-26%	8%	Converge
RNs/LPNs	6.57	8.01	22%	10.96	12.48	14%	-8%	Converge
<b>Finance</b>								
Expense/Adj. Admission	6,262	8,294	32%	9,377	12,134	29%	-3%	Converge
Expense/Adj. Day	1,033	1,012	-2%	1,696	1,673	-1%	1%	Converge
Total Margin	6.7	1.5	-77%	6.9	1.8	-73%	4%	Converge

Note: Adjusted admissions and days refer to inpatient utilization plus an outpatient equivalent. Source: GNYHA's 2009 edition of *Health Care Statistics*.

## AROUND TOWN

**Terence M. O'Brien** became Chief Executive Officer of Bon Secours Charity Health System (BSCHS) on February 2, 2009. BSCHS is a three-hospital system in Suffern (NY) consisting of Bon Secours Community Hospital, Good Samaritan Hospital, and St. Anthony Community Hospital. Mr. O'Brien came to BSCHS after 18 years at Lenox Hill Hospital, where most recently he was Executive Vice President and Chief Operating Officer.

## HEAL NY *continued*

PCMH would need to be governed and facilitated by a partnership with a previously funded Regional Health Information Organization (RHIO). DOH is accepting written questions on the Request for Grant Applications through May 11. Written answers to all questions will be posted to the DOH Web site on May 18. Applications are due to DOH by 3:00 p.m. on June 15, 2009. ■

## Save the Date

GNYHA Honors

**KEN RASKE**

and His

25 Years of Leadership

2009 GNYHA  
ANNUAL  
Reception

Tuesday, June 9, 2009

5:30–8:30 p.m.

The Times Center  
New York Times Building  
242 W 41st Street  
New York, NY

To RSVP contact Adriana Ramos  
([aramos@gnyha.org](mailto:aramos@gnyha.org)).

## VBP Pilot *continued*

the demonstration will allow 100 nursing facilities from New York State to participate—with half in the demonstration group and the other half in the control group. Nursing facilities assigned to the demonstration group will be required to submit payroll and census data every quarter throughout the demon-

stration. CMS will use the demonstration findings to help inform changes in Medicare payment policy across the nation. For more information, members may visit the CMS Web page dedicated to the demonstration at [www.nhvbp.com](http://www.nhvbp.com), or contact Roxanne Tena-Nelson at the Continuing Care Leadership Coalition (CCLC), GNYHA's long term care affiliate. ■

## LEGISLATIVE DIGEST

The following summarizes a number of health care-related bills pending in the NYS Legislature and GNYHA's position on each.

**A.1254/S.1524:** introduced by Assemblyman Rory Lancman (D-Queens) and Senator John DeFrancisco (R-Syracuse), prohibits a party in a medical malpractice lawsuit from informally interviewing a plaintiff's treating physician or physicians. GNYHA strongly opposes this bill, which seeks to overturn a recent New York State Court of Appeals decision, *Arons v. Jutkowitz*, because GNYHA believes it will increase costs associated with our medical liability system at a time when the State and providers are searching for ways to reduce such costs. The bill has passed the Assembly and referred to the Senate Codes Committee for consideration. • **A.1596/S.2821:** introduced by Assemblyman Richard Gottfried (D-Manhattan) and Senator Kemp Hannon (R-Garden City), extends the confidentiality protections related to discovery of testimony and/or statements made by any persons in attendance at any type of peer review committee meeting or deliberation. GNYHA supports enactment of this legislation as it would encourage a more open and complete exchange of information among health care professionals as they engage in peer review and quality assurance activities to improve patient outcomes. The bill has been referred to the Assembly Codes Committee and referred to the Senate Health Committee for consideration. • **S. 3293:** introduced by Senate Health Committee Chair Thomas Duane (D-Manhattan), authorizes HIV testing and counseling to become a part of a hospital's general consent form and allows a patient to "opt out" if he or she does not wish to have an HIV test. The bill also requires that culturally and linguistically appropriate HIV testing must be offered to everyone between the ages of 18 and 64 who receives care in a hospital's emergency room or outpatient clinic. GNYHA and its members have a number of operational concerns about providing the specified services in these settings and will continue to work with the bill's sponsor(s) and the Department of Health regarding implementation, should the bill become law. The bill is currently in the Senate Codes Committee for review. • **A.3896/S.1752:** introduced by Assembly Member Nettie Mayersohn (D-Queens) and Senator Toby Ann Stavisky (D-Queens), requires prescriptions to be typewritten, electronically printed, or handwritten in ink or indelible pencil in a legible manner. While GNYHA is committed to reducing adverse medication errors, we oppose this bill because the provisions are unnecessary. The industry has moved toward electronic prescribing systems, which minimize medication errors including those related to illegible handwriting. The bill has been referred to the Senate and Assembly's Higher Education Committees. • **A. 728:** introduced by Assembly Member Richard Gottfried (D-Manhattan), requires that health plans notify a patient's designee or health care provider of an external appeal initiated by a patient because a health plan denies payment for a service that was deemed medically unnecessary, experimental, or investigational. GNYHA supports this bill because health care providers have expertise to advocate in favor of a medical service on behalf of their patients to protect patients' rights. The bill also eliminates the \$50 fee for the external appeals process. The bill has advanced to third reading on the Assembly floor calendar. • **A.6843/S.3554:** introduced by Assemblyman Jeffrey Dinowitz (D-Bronx) and Senator Neil Breslin (D-Albany), requires that no-fault insurance carriers reimburse health care providers for the cost of medical care provided to an injured person who was either intoxicated or drug impaired while driving. GNYHA supports the passage of this legislation. The bill has advanced to third reading on the Assembly's floor calendar and has been referred to the Senate's Insurance Committee. ■

## 2009 GNYHA Annual Meeting Recap, contd.

### DeParle Shares White House Vision

Nancy Ann DeParle, Director of the newly created White House Office of Health Reform, delivered the first speech of GNYHA's 2009 annual meeting. She began by recognizing the early successes in the Obama Administration: the significant expansion and reauthorization of the State Children's Health Insurance Program, the economic stimulus package that included a temporary increase in the Medicaid matching rate for states and significant Federal investment in health information technology (HIT). Recognizing the importance of stimulus policies aimed at strengthening the health care workforce, Director DeParle said "doctors and nurses are the linchpin to an effective health care system." Lastly, she said that the Administration is pleased that both the House and Senate have included reserve funds in their respective budget resolutions to significantly reform health care and expand coverage to the uninsured.

Director DeParle reiterated the President's reform principles, which include reducing costs for families, businesses, and governments as "key to our fiscal future"; building on the existing delivery system; and assuring choice and affordability. She expressed concern over the growth in health expenditures and its corresponding increased share of GDP, and referenced key steps to "bend the cost curve." These included investing in HIT, conducting and utilizing comparative



Director DeParle addresses GNYHA.

effectiveness research, modernizing program payment systems, and promoting prevention and wellness. In response to questions about addressing health workforce shortages in any reform package, Director DeParle acknowledged New York's great investment in this area and affirmed the need for "more health care professionals, not fewer." She also acknowledged the need to address some of the regulatory barriers that prevent hospitals and physicians from working more collaboratively.



Dr. Ken Davis, The Mount Sinai Hospital, asks a question.

Lastly, in response to Mr. Raske's comment regarding the inclusion of a voluntary payment bundling demonstration in a broad reform package, Director DeParle agreed that such a sweeping proposal to align financial incentives across the continuum of care was gaining traction with policymakers.

### AG Discusses Integrity of Health Care System

Following Director DeParle, New York State Attorney General (AG) Andrew Cuomo discussed his office's initiatives aimed at protecting the rights of patients as well as the integrity of the health care system. He stated that his office has concentrated on pursuing Medicaid fraud while recognizing that health care organiza-

tions are complex and that a collaborative—rather than strictly punitive—approach can be more productive for addressing fraud.

AG Cuomo also discussed two significant undertakings with respect to insurance companies, emphasizing that the concentration of payers' powers can undermine transparency and patient-physician relationships. The first initiative thwarted a payer proposal to rank physicians and create financial incentives for patients to use those physicians ranked as "the best." After investigation, the AG's office concluded that the rankings were actually based on physician charges—thereby making those physicians, as the Attorney General stated, "the cheapest" and not necessarily "the best." Calling that information misleading, the Attorney General demanded an end to such rankings. The second initiative involves the mechanism used by many insurers to limit the payments they make to physicians, capping them by what the insurer determines is the "usual, customary, and reasonable" (UCR) amount charged by other physicians in the area. Again, upon investigation, AG Cuomo's office concluded that, in order to identify and establish the UCR for physician payments, insurers almost uniformly used the services of a company named Ingenix, which is owned by one of

the country's largest health insurers, UnitedHealthcare, thereby undermining independence in the development of UCR amounts. The upshot has been that AG Cuomo has required the creation and funding by insurers of an independent



Andrew Cuomo speaks about transparency.

organization that will fairly determine and establish UCR amounts for physician payment purposes.

AG Cuomo also noted that many of the issues facing health care today have more to do with the economy than health care. How-

ever, these economic problems have understandably led to increases in taxes and cuts in governmental services—most notably in health care and education. To try to avoid additional service cuts, AG Cuomo proposes reducing overhead by consolidating and streamlining New York State’s large number of local governments and authorities. By his count, there are 10,521 different local governments and authorities throughout the State. To address this problem, AG Cuomo is proposing that the State adopt legislation that would permit a minimum number or proportion of voters to petition their local government to undertake consolidation, which would trigger the requirement that the local government complete the requested reorganization within one year.

### Raske Delivers Annual Address, Daines Comments

In his annual address to the membership, Mr. Raske reviewed reform efforts at the State and Federal levels. First, he reviewed the debate over the 2009-10 State budget legislation, including ever-worsening estimates of the 2009-10 budget deficit as the economic situation deteriorated during 2008 through early 2009. Specifically, deficit estimates ranged from a May 2008 estimate of \$5 billion to a final March 2009 estimate of \$17.7 billion.

He reminded the membership of GNYHA’s “5-5-5” plan, which called for balancing the budget through shared sacrifice, with \$5 billion in relief from the Federal government (in the end, Mr. Raske reported, the Federal economic stimulus plan provided \$6.2 billion in relief), \$5 billion from new State revenues (the final budget provided \$5.2 billion), and \$5 billion in State spending reductions across all categories of State spending. The 5-5-5 plan was realized, and



GNYHA President Ken Raske gives the “big picture.”

cuts and taxes on health care providers, though Mr. Raske warned that the remaining cuts and taxes on hospitals, nursing homes, and home health were still sizeable enough—especially when coupled with redistributive reforms enacted in the budget—that they will lead to layoffs and service reductions in a health care industry already facing severe financial pressures. Second, Mr. Raske chronicled the history of State Medicaid hospital reimbursement reform efforts, beginning with former Governor Eliot Spitzer’s calls for reform in



Dr. Herb Pardes, NewYork-Presbyterian Hospital

January 2007 and culminating in the 2009-10 State budget law with the Medicaid inpatient rebasing proposal that the State Leg-



DOH Commissioner Daines talks about reform.

islature authorized to begin on December 1, 2009. Mr. Raske pointed out that the reform effort has severe negative impacts on certain categories of hospitals, including public hospitals, certain voluntary safety net hospitals, and some academic medical centers and major teaching hospitals. The negative impacts result mainly from the withdrawal of criti-

cal funding for these hospitals, including workforce recruitment and retention funding, funds for high-Medicaid hospitals, and graduate medical education (GME) funds. Mr. Raske praised Governor David Paterson for agreeing to include in the final budget a provision authorizing the State to seek a Medicaid waiver from the Federal government to aid in the transition to the new reimbursement system so that these negative impacts can be mitigated. Finally, Mr. Raske reviewed GNYHA priorities in Federal health care reform. He praised the Obama Administration for its commitment to reform and to universal coverage, which has long been a GNYHA priority. He also reported that there are major challenges for New York and New Jersey hospitals in reform, including potential threats to funding for teaching hospitals and disproportionate share hospitals as well as efforts to redistribute funding from high-cost metropolitan areas to other areas of the country. Mr. Raske announced that GNYHA has hired Bruce Vladeck, former Administrator of the Health Care Financing Administration, to help guide GNYHA’s reform efforts. He said that GNYHA is working closely with House Ways and Means Chairman Charles Rangel (D-NY), and Senate Finance Committee members Charles Schumer (D-NY) and Robert Menendez (D-NJ) to ensure that New York and New Jersey’s health care system is strengthened by Federal reform efforts.

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Following Mr. Raske’s presentation, New York State Department of Health (DOH) Commissioner Richard F. Daines, M.D., reviewed DOH’s position on Medicaid reimbursement reform. He stated that he believes a time of economic crisis is precisely the time to reform and redistribute funding among hospitals. He reiterated DOH’s



GNYHA's 2009 Annual Meeting “full house.”

principles that Medicaid funding should follow Medicaid patients, and discussed the Paterson Administration’s efforts to shift funding from inpatient Medicaid to outpatient payments. He disputed the idea that elimination of the State’s GME pool would harm New York’s GME enterprise. ■