



April 19, 2010

Skyline news

Reporting on New York's Health Care News

GNYHA Members Discuss Psych Access for SVCMC Patients

On April 12, GNYHA held a meeting with representatives from the New York State Office of Mental Health (OMH) and the New York State Department of Health (DOH) to discuss immediate needs for preserving psychiatric services provided by St. Vincent Catholic Medical Centers (SVCMC) Manhattan campus.

OMH requested that proposals for both inpatient and outpatient services be submitted as quickly as possible in order to continue to meet the demands of individuals requiring psychiatric care. Hospitals from New York City and surrounding counties heard a detailed description of SVCMC's inpatient service, including capacity and special

populations served. OMH asked hospitals to consider short- and long-term solutions to maintain access in the region, including exceeding certified capacity in the short term, expanding capacity, and developing new OMH-certified inpatient psychiatric units. Officials also discussed preserving SVCMC's expansive outpatient mental health programs, which serve child and adult populations, including a dedicated trauma program that opened following 9/11, a program for Latino patients, and more than a dozen school-based mental health programs. ■

State Budget Still in Flux

The Legislature on April 12 passed another emergency extender to fund State operations through April 18 because a final 2010–2011 State budget was not enacted by April 1, the first day of the

new fiscal year. In the meantime, GNYHA continues to meet with key legislators and their staffs to discuss top priorities, including proposals that would restore the indigent care funding for voluntary hospitals and allow public hospitals to access more Federal disproportionate share (DSH) funding, eliminate provider tax increases, and eliminate the readmissions penalties. GNYHA also continues to work with the Alliance for a Healthier New York to promote the health benefits expected from the Governor's proposed soda tax (see photo caption, page 3). It is still unclear when the State budget will be finalized, as budget conference committee hearings, where lawmakers publicly discuss spending and restoration priorities for each section of the budget, have not yet been scheduled. ■

Medicare Physician Cut Delayed Again

On April 16, President Obama signed into law the Continuing Extension Act (HR 4851), which will stave off a 21% payment reduction to physicians providing services to Medicare beneficiaries. Physicians have been protected repeatedly from this cut, which was originally scheduled to be implemented—according to the physician payment formula—on January 1, 2010, and now is slated to take effect June 1. The previous “patch”

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TOMORROW

2010 ANNUAL MEETING
TUESDAY, APRIL 20, 2010

Keynote

Dr. David Blumenthal,
National Coordinator for HIT

RSVP: Adriana Ramos (aramos@gnyha.org).

DOH Unveils Plans for New CON Application

On April 8, the New York State Department of Health (DOH) updated providers on efforts to streamline and reform the State's certificate of need (CON) program and application process. DOH officials emphasized that the goals are to make the program and application process easier, more transparent, and more efficient for providers and the State.

NYSECON Application In response to provider requests over the years to file CON applications electronically, DOH announced that, in the fall, it hopes to implement the initial phase of the State's new NYSECON system, which is designed to permit providers to file, track, and supplement their applications electronically. When fully implemented, NYSECON will offer several ways to input provider information, including a track that will guide providers

through application questions and a track for more sophisticated users who may be better able to input information directly. The system will ultimately include error checks, logic edits, and guidance on which schedules to complete. It will also allow providers to track the status of their applications, receive and respond to questions and contingencies, and schedule site surveys online. In developing the system, DOH convened a large number of stakeholder groups, including GNYHA, to understand user needs and frustrations with the current paper application system. The system is being paid for by increased CON fees imposed for this purpose in the State's 2009–2010 budget.

CON Regulatory Reform Package DOH officials outlined the CON regulatory reform package that it characterizes as

phase one of reforms. These changes are the product of testimony and other input GNYHA, its members, and many others have given since 2008 on the need to streamline and improve the CON review process. In publishing its proposed regulations for public comment in the March 24, 2010, *State Register*, DOH stated that the initial phase focuses the State's resources on "projects that involve the delivery of highly complex services, the investment of substantial resources, and/or the creation of new facilities or beds." As a result, the proposed regulations raise project thresholds that establish the level of review, reduce the level of review for the acquisition of certain medical equipment, and combine architectural review and prior review into a single category that will be known simply as "limited review." GNYHA appreciates DOH's progress in developing the system, which incorporates many specific features GNYHA had recommended on behalf of its members.

New Limited Review Application DOH officials also discussed efforts to develop a limited review application, which will be designed to accommodate the anticipated consolidation of limited architectural review and prior review, as well as the increased number of limited reviews that will be triggered by the adoption of the State's larger reform package. When completed, the new application will be used for submitting eight types of limited review projects, and an accompanying checklist will guide the user on which schedules to complete for each type of project. It is expected that the new application form will be available at or about the same time as the CON reform package is adopted.

Next Steps Depending on the public comments received, DOH anticipates it will present the proposed regulations for adoption to the full Public Health Council on May 14 and then to the full State Hospital Review and Planning Council on June 10. The State will shortly thereafter publish the regulations in the *State Register* again, and the regulations will become effective 30 days after their final publication. ■

Physician Cut *continued*

expired April 1, though the Centers for Medicare & Medicaid Services (CMS), expecting that Congress would again take ac-

tion preventing the reductions from going through, directed its contractors at the end of March to hold claims for 10 business days to allow time for Congress to pass yet another short-term extension. A longer-term extension through the end of September has been awaiting conference committee action as part of a broader "jobs package" between the House and the Senate.

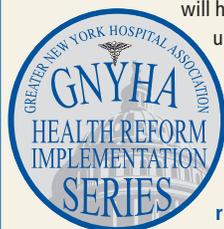
In addition to extending unemployment insurance and COBRA subsidy assistance, the law includes an important clarification on physician eligibility for health information technology incentives. Specifically, the clarification says that for purposes of Medicare and Medicaid incentive programs for the "meaningful use" of electronic health records, hospital-based physicians are those who furnish substantially all of their services in a hospital setting, whether in an inpatient or emergency room setting. By including this clarification, hospital-based ambulatory physicians will now be eligible to access these important funds. The proposed rule on the health information technology incentive funds was published by CMS in January, and the final rule is expected in June. ■

SAVE THE DATE

GNYHA, CCLC, and the United Hospital Fund will hold a conference to look at care coordination models aimed at reducing preventable readmissions.

Tuesday, June 22, 2010
GNYHA Conference Center

Reducing preventable readmissions is one piece of Federal health reform enacted this year, and this conference is one in a series GNYHA will host to help members understand and adapt to the sweeping legislation.



Please RSVP to
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GNYHA Advocates Social Work Licensing Exemption

On April 13 in Albany, GNYHA and the Healthcare Association of New York State met with staff from the Governor's Counsel of-fice, Senate and Assembly Program and Counsel, and key Assembly Members and their staffs to discuss extending the professional licensing exemption for social workers from June 1, 2010, to June 1, 2014, as proposed in the Governor's budget. This would impact social work professionals employed by the Office of Mental Health, Office of Alcohol and Substance Abuse Services, Office of Mental Retardation and Developmental Disabilities, the Office for Children and Family Services, and programs operated, regulated, funded, or approved by local governments, so certain hospitals may be affected. The Senate one-house bud-

get resolution also contains language on extending the exemption until June 1, 2014, as well as expanding the exemption to other State agencies, but the Assembly one-house resolution did not contain such language.

Failure to extend the exemption would have a significant negative impact on the delivery of mental health services and may require State agencies and health care providers to lay off hundreds of social workers who do not meet current licensing requirements. The requirements contain strict standards for acquiring the requisite experience for licensure. GNYHA has voiced members' strong commitment to the highest standards of professional social work practice, and will continue to urge legislators to extend the licensing exemption. ■

GNYHA Helps Displaced SVCMC Residents

With the planned April 30 closure of virtually all of St. Vincent's Manhattan Hospital residency programs, GNYHA has been actively assisting other teaching institutions to minimize barriers to assuming the training of displaced St. Vincent's residents. GNYHA staff has been working with officials from the Centers for Medicare & Medicaid Services and the local Medicare administrative contractors to ensure that the funding associated with training these displaced residents will be provided to the hospitals to which they are transferred. Under current Medicare regulations, a teaching hospital that takes over the training of a resident displaced from a closed program is eligible for an increase in its Medicare resident cap for the amount of time necessary for the displaced resident to complete training in that specialty. GNYHA has been working with St. Vincent's administration and other area teaching hospitals to ensure that proper documentation is submitted to the relevant agencies and there is no interruption in needed training or funding.

GNYHA has also been updating its member hospitals to ensure that residency program directors and others are kept abreast of this situation. These communications have included specific information intended to allow local teaching hospitals and residency programs to better evaluate their capacity to assist the displaced residents. More recent communications have explained the process for closing the residency programs and transferring the residents. GNYHA will continue this work to ensure that the residents involved in this unfortunate situation are able to complete their training. ■



Montefiore Medical Center hosted a health fair April 9 to raise awareness of the hazards of sugar-sweetened drinks, Governor David Paterson's proposed "soda tax," and the value of making healthy lifestyle choices. Above, GNYHA President Kenneth E. Raske (right) discusses the soda tax's health and revenue benefits as Montefiore's Chairman of Pediatrics Philip Ozuah, M.D. (left), and President and CEO Steven Safyer, M.D. (center), look on.

SHRPC Approves Regulatory Reforms

The State Hospital Review and Planning Council (SHRPC) met earlier this month and approved for adoption three sets of regulatory changes, which in some cases formalize positions the New York State Department of Health (DOH) took in prior “Dear Chief Executive Officer” letters. To conform with changes to Medicare Conditions of Participation, SHRPC approved regulatory revisions to the timeframe for completing hospital admission history and physical (H&P) examinations from seven days before or 24 hours after admission to 30 days before or within 24 hours of admission. SHRPC similarly approved revisions to permit verbal orders to be authenticated within 48 hours

rather than as soon as possible. In addition, either the prescribing practitioner or another practitioner responsible for the care of the patient can make the authentication. Finally, SHRPC approved for adoption changes to permit providers to use the Food and Drug Administration’s approved blood assays for detection of latent TB infection

as an alternative to the skin test as a condition of worker employment or affiliation.

MEMBER PROJECTS APPROVED

At its April 8 meeting, SHRPC approved (in some cases with conditions or contingencies), the following GNYHA member projects: **NYU Hospitals Center**—creation of an extension clinic for its musculoskeletal center to be located at 38th Street and First Avenue, in Manhattan; **Long Island Jewish Medical Center—Center for Advanced Medicine**—renovation and expansion of an existing ambulatory chemotherapy extension clinic; and **Metropolitan Jewish Home Care, Inc.** acquisition of the license of Metropolitan Jewish Long Term Care Program currently licensed by **Metropolitan Jewish Nursing Home, Inc.**

GNYHA Submits Medicaid HIT Incentive Comments

GNYHA recently provided formal comments and recommendations to the New York State Offices of Health Insurance Programs and Health Information Technology Transformation on implementing the Medicaid health information technology (HIT) incentive program. The New York State Department of Health (DOH) is developing planning documents to submit to the U.S. Department of Health and Human Services on how it will implement the program. As part of the HIT provisions of the American Recovery and Reinvestment Act of 2009 (ARRA), state Medicaid programs are authorized to provide incentive payments to Medicaid providers that are “meaningful users” of electronic health record (EHR) technology. In addition, state Medicaid programs will have 90% of their administrative costs related to managing the Medicaid EHR incentive program covered, including oversight activities and promoting HIT adoption and health information exchange.

GNYHA submitted its recommendations in response to a DOH request to provide input on behalf of hospitals regarding the vision and implementation roadmap for New York State’s HIT strategy. Comments and recommendations provided to DOH addressed four areas: the Medicaid EHR incentive program and coordination with the State’s overall HIT strategy; the definition of “meaningful use” under Medicaid; Medicaid incentive payment issues; and options for putting New York State’s EHR administrative funds to use.

One of GNYHA’s comments concerned using EHR administrative funds for hospital HIT adoption assistance services. DOH responded to that comment by asking GNYHA and other members of the hospital community to join the State in developing a plan for providing such services. GNYHA will seek member input on this and other related issues as it continues to work with DOH on its HIT strategy. ■

SHRPC also reviewed for discussion, but not yet for adoption, additional regulatory changes that would 1) for credentialing and privileging of a practitioner, decrease the look-back period from 10 years to five years for inquiries of other hospitals with which a practitioner has been affiliated; 2) provide hospitals with greater flexibility in hiring nurses to work in an emergency department by eliminating the current one year of clinical experience requirement; and 3) extend the physician coverage response time for rural emergency departments.

HIT Update With respect to health information technology, DOH reported that it has established a workgroup that will focus on managing vendors and developing guiding principles for relationships with electronic health record vendors. DOH will also hold a series of summits throughout the State aimed at physicians on the topic of “meaningful use.”

Stroke Center and Proton Beam Therapy Reports DOH reviewed the State’s criteria for stroke center designation and said it would report on stroke center performance data at the next SHRPC meeting. SHRPC also recommended that the State authorize the operation of a demonstration project with respect to the use of proton beam therapy based on the considerations set forth in a memorandum that DOH had prepared and SHRPC endorsed. ■