



STAT News

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STATE UPDATE: Insurance Enrollment Season Opens Nov. 1st

Health Insurance – The health insurance marketplace opens for business on November 1, 2018, and will close on January 31, 2019. Those renewing current coverage can access the market beginning November 16, 2018.

On Long Island, the Suburban Hospital Alliance regional affiliate the Nassau-Suffolk Hospital Council is one of three state-appointed navigator agencies for the region. The Hospital Council maintains a user-friendly, bilingual website – www.coverage4healthcare.org - that lists enrollment sites and dates and other helpful information. Assistance is offered on a first come, first serve basis.

In the Westchester and Hudson Valley area, state-certified navigator agencies are: Community Service Society of New York, Maternal Infant Services Network of Orange, Sullivan and Ulster Counties and the Westchester County and the Rockland County Departments of Health.

Depending on income levels, families and individuals may be eligible for federal tax credits and/or cost sharing assistance. For 2019, monthly premiums for the Essential Plan, an option for adults with modest incomes, remain \$20 a month or at no cost, depending upon an individual's income.

Enrollment ends January 31, 2019. Enrollment in Child Health Plus, Medicaid, and the Essential Plan are available year long. Individuals can shop the marketplace through an online portal on www.nystateofhealth.ny.gov, by calling the state's customer service number at 855-355-5777, or by meeting with a state-certified navigator.

FEDERAL UPDATE: Opioid Bill Passes; Outpatient Payment Cuts Linger

Opioid Legislation – Support for Patients and Communities Act – the comprehensive opioid legislation passed by Congress, includes the elimination of the Institute of Mental Disease (IMD) exclusion that has been a barrier to care. The bill lifts the exclusion not just for treatment of opioid abuse, but for treatment of all forms of addiction. The final bill allows states to receive federal Medicaid matching funds for up to 30 days per year for substance use disorder (SUD) services provided to adults age 21-64 in IMDs, which are licensed under Article 31 of state health law. Hospitals pushed for modification of the IMD exclusion, which prohibited federal Medicaid funding for services for adult Medicaid beneficiaries at facilities that have more than 16 beds and that provide inpatient or residential behavioral treatment. Acute care hospitals that provide SUD services often run at or over capacity currently because they do not have the option to refer patients to these specialized centers. The sweeping legislation includes many other provisions designed to expand access to treatment and prevention programs, to stop the flow of illegal drugs across the borders, to improve prescription drug monitoring programs, to establish comprehensive opioid recovery centers and more. The president is expected to sign the bill.

Payment Neutrality. Hospitals are keeping up the pressure on the Centers for Medicare and Medicare Services (CMS) to reconsider the proposed federal rule that would further reduce payments made to off-campus, hospital-based clinics. Known as a "site-neutral" payment, it would reduce reimbursement by about 40 percent to all providers of basic clinical services. Off-campus, provider-based clinics that were billing prior to November 2, 2015, when the previous legislation went into effect, were "excepted" from the payment reduction rule. The new proposed rule eliminates that exception. The hospital field strongly opposes equalizing payment rates between hospital-owned clinics and others because nonprofit hospitals have substantial overhead requirements that physician offices do not and have an obligation to meet the needs of communities, including treating uninsured patients. This proposal would result in a negative \$785 million impact to New York's hospitals and health systems over the next decade. Almost all of New York Congressional House members have signed on to a letter urging the agency to rescind its proposal. *Permission to reprint articles granted. Attribution required.*