

Progress Notes

January 2016



Published monthly by the **Suburban Hospital Alliance of New York State LLC**, a consortium of 52 not-for-profit and public hospitals advocating for better health care policy for all those living and working in the nine counties north and east of New York City.

Hospital Advocates Focus on Regulatory Issues, Enacting Legislation, and Clarifying Rules

As was expected, the President's final State of the Union Address, January 12, 2016, did not reference any new healthcare policies or agenda items. It did, however, refer to the Affordable Care Act and its success in providing health insurance coverage to some 19 million more Americans to date. This is in contrast to the action taken by Congress earlier in the month to repeal the Affordable Care Act. That bill was significant in that it was the first one to make it out of the House and Senate and land on the president's desk where it was quickly vetoed.

In 2016, activity on the federal level will focus on the promulgation of rules and regulations pertaining to legislation enacted by the previous Congress, including the merit-based incentive payment system for physicians, which replaces the sustainable growth rate formula, and how it is impacted by emerging rules that will govern electronic health records and interoperability. The threat of a federal government shutdown will not be a distraction this year, as the omnibus spending bill signed into law late last year funds the government through the remainder of fiscal year 2016, which ends September 30, 2016.

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[Health Insurance Marketplace Enrollment concludes January 31, 2016.](#)

That is the last day individuals can purchase health insurance through the New York State of Health Insurance Marketplace, unless they experience a qualifying life event. Insurance purchased by that date will become effective March 1, 2016. Individuals who **do not** purchase insurance will be fined \$695 or 2.5% of income in 2016. Penalties for families are capped at three times the individual penalty. The employer mandate for businesses with 50 to 100 employees also took effect January 2016.

SAVE THE DATES

Albany Advocacy Days March 1 – 2
Hotel Reservations Available NOW



Rooms reserved for Suburban Alliance members for February 29 and March 1 must be booked by **February 15**. Albany Marriott, 189 Wolf Road
Please call (518) 458-8444 to request a room
in the “HANYS Advocacy Day” room block at the rate of \$189.

Transportation will be provided to and from downtown events.

For questions, contact Ramona Bielawski, rbielaws@nshc.org, 631-963-4151

Gov’s Budget Lacks Plan and Funding for Continued Health System Transformation

The hospital industry was surprised to learn that Governor Cuomo’s proposed 2016 – 2017 state budget does not offer a specific plan to build upon the Medicaid redesign framework and other transformative delivery and reimbursement initiatives set in motion by the state two years ago. Capital dollars to support hospitals in the state’s massive effort to reform the healthcare delivery system from one that emphasizes less inpatient care to one that utilizes more outpatient-based care are still bottlenecked and no new funds are earmarked for this purpose in the proposed budget. Capital funds for healthcare transformation were supposed to begin flowing two years ago. These funds are needed to ensure that the region’s hospitals can remain solvent, as they invest in infrastructure and program changes that support more outpatient-based, population health activities.

Hospitals are also reeling from the Health Republic insurance closure that occurred last fall. Statewide, hospitals are owed \$200 million in unpaid claims. Neither the Governor’s budget nor his State of the State Address, both delivered on January 13, 2016, address this issue or the prospect of establishing a guaranty fund to guard against these insurance losses in the future. Hospitals in the Suburban Hospital Alliance regions of Long Island and the Hudson Valley were disproportionately affected by the Health Republic demise, as nearly 70 percent of the health insurer’s beneficiaries resided in these two regions.

Hospital advocates will travel to Albany to voice their concerns about these and other issues, such as the minimum wage mandate and a lifting of the Medicaid spending cap, on March 2, 2016.

Regional Budget Briefings Outline Hospitals' Priorities

The Suburban Hospital Alliance of New York State hosted two state budget briefings – January 21st Hudson Valley region and January 27th Long Island region – which were led by senior leadership of the Healthcare Association of New York State (HANYS). The briefings delved into the details of Governor Cuomo's proposed 2016 – 2017 state budget and outlined the Suburban Alliance's priorities for the upcoming state legislative advocacy season.

HANYS' Executive Vice President, Val Grey, noted that the proposed budget leaves out more information pertaining to healthcare than it contains, and it will be a focus of HANYS and regional hospital associations to wrestle more clarity about healthcare provisions as budget negotiations move forward. Noticeably absent from the proposed document is a plan to sustain healthcare transformation efforts. The budget also is not clear about the timing of distribution of capital funds promised by the state from years past.



Hudson Valley Budget Briefing: Joan Cusack-McGuirk, Interim President/CEO, St. Luke's Cornwall Hospital (left) and Susan Fox, CEO, White Plains Hospital

“The governor put together a multi-year funding program for other sectors, but nothing for healthcare,” said Grey. “We need to remind legislators of the reasons why investment in hospitals is needed – continued weak margins and hospital infrastructure that is one of the oldest in the nation.”



Long Island Region Budget Briefing, from left: William Allison, Senior Vice President/Health Policy and Planning, South Nassau Communities Hospital; Val Grey, Executive Vice President, HANYS; Mark Bogen, Chief Financial Officer, South Nassau Communities Hospital; Kevin Ward, New York Presbyterian; Paul Rowland, Chief Administrative Officer, St. Catherine of Siena Medical Center



SPOTLIGHT ON: *Quality*

By Kate Warner, Director of Quality and Education

CMS Releases New Star Rating Program for Overall Quality of Hospital Care

In April, CMS will unveil a new star rating system that was created to assist healthcare consumers with decisions about their hospital-based care. The new program will rate a hospital's overall quality of care based on the data currently available on the Hospital Compare website. The rating system is similar to one that was launched in August of last year, based solely on scores from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. The new measures used to determine a hospital's overall quality star rating were selected from the over 100 measures currently available on the Hospital Compare website. CMS excluded any measures that were specific to specialty hospitals, retired, structural (i.e. measures related to the services that are provided), no longer required for hospital quality reporting programs or "non-directional" (measures for which differences could not be calculated). Star ratings include both clinical and non-clinical measures.

The methodology to determine a star rating is complex. It starts when the 62 measures are assigned to seven measure groups. The groups have been aligned with those included in the Hospital Value Based Purchasing program to the extent possible. The measure groups as well as the number of measures in each are as follows:

- Mortality (7) weighted at 22%
- Safety of Care (8) weighted at 22%
- Readmission (8) weighted at 22%
- Patient Experience (11) weighted at 22%

- Effectiveness of Care (16) weighted at 4%
- Timelines of Care (7) weighted at 4%
- Efficient Use of Medical Imaging (5) weighted at 4%

CMS calculates a group score for each group using a combination of statistical methods and assigns a performance category (above, same as or below the national average) to each. Healthcare consumers will have access to information on a hospital's performance categories on the hospital compare website.

To calculate an overall summary score, CMS weights and averages all seven group scores. Groups of measures that align with other quality improvement programs and reflect the priorities of CMS are weighted more heavily than those that do not. For example, groups of outcome measures (mortality, safety of care and readmissions) are weighted more heavily than process measures (effectiveness of care and timeliness of care).

The summary score is then used to assign a star rating. The star ratings are not based solely on a hospital's score but are assigned using another statistical method that takes into account the performance of hospitals nationwide. For the April 2016 release, 4% of hospitals got one star, 20% got two stars, 52% got three stars, 23% got four stars and 3% got five stars. Hospitals should note that the star ratings released in April will be based on hospital performance in 2014.

News Briefs

Community Health Improvement Award – HANYS is seeking nominations for its 2016 Community Health Improvement Award. The award recognizes outstanding initiatives by members to improve the health and well-being of their communities and is a great opportunity for you to highlight your organization's innovative programs. The nomination deadline is March 8. [Apply here.](#)

Meaningful Use Hardship Waiver Due – Eligible professionals must apply by March 15, 2016 and eligible hospitals must apply by April 1, 2016. CMS, through the Patient Access and Medicare Protection Act, gained expanded authority to grant hardship exemptions to allow providers who fail to meet meaningful use requirements in 2015 avoid a penalty in 2017. The [CMS](#) site has more details.

E-Prescribing Waiver Announced – The New York State Bureau of Narcotic Enforcement (BNE) has an online waiver application available for providers who, due to specific circumstances, will not be able to comply with the March 27, 2016 e-prescribing state mandate. On that date, all prescriptions for both controlled and non-controlled substances must be issued electronically. Temporary waivers are considered for these reasons: technical limitation, economic hardship, or other exceptional circumstances demonstrated by the practitioner. Go to the [BNE site](#) for more details about qualifying hardships and how to apply.

Insurance News – On January 1, 2016, a new law went into effect permitting pregnant women to enroll in the state health insurance marketplace at any time. Another law effective that same date allows Child Health Plus Coverage (CHIP) to take effect on the date of a child's birth if the application is submitted prior to the child's birth or on the date an applicant applies for insurance after the birth of the child. The law closes coverage gaps in insurance that extended as far out as 45 days after childbirth.

Certificate of Need Reform (CON) Makes Progress – The New York State Department of Health recently announced improvements to the CON process. HANYS and the regional hospital associations have long pressed for changes to the CON process. The changes pertain to self-certification, administrative contingencies and conditions, and threshold triggers. More information about [CON](#) is available on the HANYS website.

Hospitals Economic Engines – HANYS' updated report [New York State Hospitals and Health Systems Improve the Economy and Community](#) tallies the economic impact hospitals have on their local communities regionally and statewide. Economic activity generated through jobs and the purchase of goods and services contributes \$18.5 billion to the local Long Island economy and \$9.7 billion to the local economy of the Hudson Valley.

News from the Long Island Region

A Report on Nassau-Suffolk Hospital Council member hospital achievements and notable activities



New Board – Congratulations to Sharon Norton Remmer, Past Board Chairwoman and Trustee at *Brookhaven Memorial Medical Center*, who was recently elected to serve as the 2016 Chair of the board of Governors of the Healthcare Trustees of New York State.

Patient Safety – For the third year in a row, *Brookhaven Memorial Medical Center's* Hemodialysis outpatient and Inpatient units both have achieved the 5 Diamond Award for Patient Safety.

If you have news to share about your hospital's achievements, please send to Janine Logan at jlogan@nshc.org

News from the Hudson Valley Region

A Report on the Northern Metropolitan Hospital Association member hospital achievements and notable activities



New Board – Congratulations to The Honorable Robert Spolzino, Immediate Past Chairman of the Board of *Northern Westchester Hospital*, who was recently elected to serve a one-year term as the secretary and treasurer on the board of Governors of the Healthcare Trustees of New York State.

Passive Parenting – Montefiore Health System, which already has two NorMet member hospitals in its network, will become a passive parent of *St. Luke's Cornwall Hospital*

New Leadership – Joseph Guarracino, formerly senior vice president and chief financial officer of Brooklyn Hospital Center, took over the same two roles at *White Plains Hospital* this month.

Healthy Stay – *HealthAlliance Hospital* campuses in Kingston ranked No. 2 and No. 3 for having the lowest hospital-acquired condition rates in New York State, according to the U.S. Centers for Medicare and Medicaid Services. The campuses are also the only Hudson Valley hospitals in the CMS state Top 10 for having the lowest hospital-acquired condition rates.

If you have news to share about your hospital's achievements, please send to Janine Logan at jlogan@normet.org.

NSHC Events & Meeting Reports

Suburban Alliance & HANYS Advocacy Days – Hospital leaders are asked to mark their calendars for Albany Advocacy Days on March 1 and 2. The Suburban Hospital Alliance will host a day of meetings with Senate and Assembly leadership and key committee chairs on March 1, and will join the HANYS Advocacy Day events on March 2. Key issues on the Suburban Alliance's legislative agenda this year include the Health Republic collapse, needed reinvestments in hospitals in the state budget, staffing ratios and the proposed minimum wage hike. A block of rooms has been reserved for members at the Albany Marriott. For details, please contact Ramona Bielawski at rbielaws@nshc.org.

Fiscal Policy Committee – At its January 13 meeting, the committee received briefings from HANYS staff on the Health Republic shutdown and the progress of DSRIP and other Medicaid reforms. Ms. Darwell updated the committee on

federal policy activities, including the development of the site-neutral payment rules for hospital outpatient clinics, and discussed the prospects for medical liability reform in the state legislature this year.

Nurse Executives Committee – The Committee received the results of a pilot test of the Qualaris quality audit tool being offered to members through a business arrangement with the Suburban Hospital Alliance and agreed to move forward with a regional project focused on improving patient experience. Ms. Darwell updated the group on changes to the state’s requirements for Ebola drills and treatment of homeless persons, and Ms. Warner outlined proposed changes to CMS regulations for hospital discharge policies.

Long Island Health Collaborative – LIHC members have been asked to complete an Academic Opportunities Survey, to catalogue opportunities for nursing and MPH students in intern and practicum positions via the LIHC’s network. The Collaborative’s Strategic Plan and Communication Plan are both in review at the DOH, and are available on the LIHC website. LIPHIP staff reported on their census-tract level tool containing demographic information, providing the ability to move forward with hot-spotting, geo-mapping, and more methodology development. Members were also asked to volunteer as facilitators in the upcoming CBO Summit events for the CHNA.

NSHC Member Hospitals
Brookhaven Memorial Hospital Medical Center
Catholic Health Services of Long Island
<ul style="list-style-type: none">• Good Samaritan Hospital Medical Center• Mercy Medical Center• St. Catherine of Siena Medical Center• St. Charles Hospital• St. Francis Hospital• St. Joseph Hospital
Eastern Long Island Hospital
John T. Mather Memorial Hospital
Nassau University Medical Center
Northwell Health
<ul style="list-style-type: none">• Franklin Hospital• Glen Cove Hospital• Huntington Hospital• North Shore University Hospital• Plainview Hospital• Southside Hospital• Syosset Hospital
Peconic Bay Medical Center
Southampton Hospital
Stony Brook University Hospital
Veterans Affairs Medical Center – Northport
South Nassau Communities Hospital
Winthrop-University Hospital

NorMet Member Hospitals
Blythedale Children’s Hospital
Bon Secours Charity Health System
<ul style="list-style-type: none">• Bon Secours Community Hospital• Good Samaritan Hospital• St. Anthony Community Hospital
Burke Rehabilitation Hospital
Catskill Regional Medical Center
Ellenville Regional Hospital
HealthAlliance Hospital
<ul style="list-style-type: none">• Broadway Campus• Mary’s Avenue Campus
Helen Hayes Hospital
Keller Army Community Hospital
Montefiore Health System
<ul style="list-style-type: none">• Mt. Vernon Hospital• New Rochelle Hospital
The New York Presbyterian Hospitals
<ul style="list-style-type: none">• Lawrence Hospital Center• Hudson Valley Hospital• Westchester Division
Northern Westchester Hospital
Orange Regional Medical Center
Phelps Memorial Hospital Center
Putnam Hospital Center
St. Joseph’s Medical Center/St. Vincent’s Hospital
St. Luke’s Cornwall Hospital
St. Vincent’s Westchester (Division of St. Joseph’s Medical Center)
Vassar Brothers Medical Center
VA Hudson Valley Health Care System
Westchester Medical Center Health Network
<ul style="list-style-type: none">• Westchester Medical Center• MidHudson Regional Hospital
White Plains Hospital