

**NORTHERN
METROPOLITAN
HOSPITAL
ASSOCIATION**

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MEMBER HOSPITALS

Benedictine Hospital
Blythedale Children's Hospital
Bon Secours Community
Hospital
Burke Rehabilitation
Hospital
Catskill Regional Medical
Center
Ellenville Regional Hospital
Good Samaritan Hospital
Helen Hayes Hospital
Hudson Valley Hospital Center
Keller Army Community
Hospital
The Kingston Hospital
Lawrence Hospital Center
The Mount Vernon Hospital
The New York Presbyterian
Hospital - Westchester
Division
Northern Dutchess Hospital
Northern Westchester Hospital
Orange Regional Medical
Center
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Center
Putnam Hospital Center
St. Anthony Community
Hospital
Saint Francis Hospital
St. Joseph's Medical Center
St. Luke's Cornwall Hospital
St. Vincent's Westchester
(Division of St. Joseph's
Medical Center)
Sound Shore Medical Center of
Westchester
Vassar Brothers
Medical Center
VA Hudson Valley Health Care
System
Westchester Medical Center
White Plains Hospital Center



A PUBLICATION ADDRESSING HEALTH
ISSUES FACING HUDSON VALLEY RESIDENTS

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STATE UPDATE: Positive Outcome for Hospitals

The state legislative session ended on June 21, 2012 with a number of significant legislative victories for hospitals and their patients. Success came by way of passage of several important pieces of legislation and the blocking of several other ones that would prove harmful to hospitals.

Passed Legislation (Highlights)

- Manage care reforms that address plan practices such as unilateral coding adjustments and claims denials
- Observation services bill that aligns state and federal regulations; measures were prompted by the Suburban Hospital Alliance of New York State, LLC.
- Streamlined credentialing and peer review process related to the utilization of telemedicine
- Wage withholding law offering greater clarification on allowable payroll deductions
- Streamlined Doctors Across New York Program (achieved during budget process)

Blocked Legislation (Highlights)

- Overreaching, prescriptive patient handling legislation
- Harmful medical malpractice legislation (four proposed)
- Nurse staffing ratios
- Physician collective bargaining negotiations

Issue to Watch

It is possible that the legislature may reconvene later this year for a special session to consider the following issue:

- ***Disproportionate share (DSH)/indigent care funding methodologies*** need to be changed to comply with the requirements of the federal Affordable Care Act. New York can no longer receive federal matching funds for indigent care funding that is distributed according to its current formula, which includes hospitals' bad debts in the calculation.

Medicaid Update

- According to the Department of Health, the Medicaid Global Spending Cap for April 2012 (the first month of the 2012 -2013 fiscal year) was \$30 million or 2.5 percent below projections. The cap for the current fiscal year is \$15.9 billion. A four percent Medicaid increase per year was set in statute in the 2011 – 2012 budget agreement. The state ended the most recent fiscal year \$14 million under global cap projections. Should the cap be pierced, the commissioner of health has broad authority to make unilateral Medicaid cuts.

FEDERAL UPDATE: Supreme Court Rules on ACA

The Supreme Court's decision to uphold the individual mandate means millions of Americans will have access to insurance. Hospitals made a substantial commitment to changing the health care delivery system in exchange for expanded coverage and the influx of newly insured patients that will arrive at hospitals' doors. As New York's insurance exchange continues to unfold, those not covered by employer-sponsored insurance, small businesses and individuals, can look to the exchange for affordable coverage. New York's Medicaid program, now undergoing reform to ensure it is more efficient and more cost-effective, continues to offer low-income individuals and families access to insurance. New York was one of the few states to voluntarily expand its Medicaid program several years ago. However, in many states throughout the nation, the Supreme Court's decision that states cannot be forced to expand their programs will prove a challenge to the ACA's ideals of providing health insurance coverage to all citizens.

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