

# Progress Notes

## July 2015



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.

## Post State Legislative Session Bill Activity and Updates

*Hundreds of healthcare-related bills proposed in most recent legislative session*

Highlights of bills signed by Governor Cuomo include:

*The Immunizer Expansion and Reform* bill makes permanent a pharmacist’s authority to administer the more common vaccinations, such as flu, and allows nurse practitioners to administer the whooping cough and shingles vaccine without patient-specific orders.

*The Wage and Theft Annual Notice Repeal* immediately repeals the annual notice requirement pertaining to all employers, including hospitals, the mandate to provide an annual written notice about wage information to each employee.

*Telehealth* is a chapter amendment that makes effective January 1, 2016 the provision that Medicaid and private insurers cover services provided through telehealth, when these services are routinely covered in other settings, and the amendment clarified that

telehealth includes both store-and-forward technology and remote patient monitoring.

Bills awaiting delivery to the governor include:

*The Direct Care Worker Protection* bill classifies assault as a class D felony and now applies to all hospital employees responsible for direct patient care and who suffer physical harm.

*The Care Act* includes patient-identified aftercare givers in discharge planning process and instructed on how to provide care needs;

*Sepsis Data Collection* is a campaign that requires initial phase of data collection to be considered a pilot to ensure accuracy before making available to the public. – Janine Logan, [logan@nshc.org](mailto:logan@nshc.org); [jlogan@normet.org](mailto:jlogan@normet.org)

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# Regulators Eye Changes to Traditional Hospital Funding Programs

Changes in the federal program that helps fund the training of new doctors –the graduate medical education (GME) program - is once again the target of the Medicare Payment Advisory Commission (MedPac). This influential advisory board is recommending that Medicare payments to hospitals for GME should be decoupled from the inpatient fee-for-service method currently in place. Fee-for-service is a reimbursement design that is slowly giving way to payment for services and conditions based on value, bundling, and similar payment structures. Regulators reason that GME funding should mirror this payment trend. Hospitals maintain that academic medical centers, the training ground for new physicians, treat the more complicated and costly Medicare cases, and they are worried that this broader approach to payment for services will fall short. The

House Ways and Means Subcommittee on Health will hold a hearing in the fall to explore possible changes to the program.

MedPac is also recommending changes to the hospital disproportionate share (DSH) payment program. This is the reimbursement stream that helps offset some of the added expense incurred by hospitals that treat a large portion of uninsured and indigent patients. Finally, site-neutral payment policies are another recommendation of the commission. Site-neutral payment policies would underfund hospital-based clinics, because physician-based services in these settings are more expensive to provide due to the extensive overhead and operating costs associated with hospitals. However, Medicare patients, many of whom suffer from multiple and complex conditions, benefit from care rendered in such a comprehensive setting. Additionally, in many communities hospital-based clinics are the only way to access physician services.

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## SPOTLIGHT ON: *Quality*

*By Kate Warner, Director of Quality and Education*

# CMS Releases OPPTS Proposed Rule for 2016

On July 1, 2015 Centers for Medicare and Medicaid Services (CMS) released the outpatient prospective payment system (OPPTS) proposed rule for – calendar year, 2016 which includes changes to the Outpatient Quality Reporting Program (OQR) and modifications to the two-midnight rule.

Proposed changes to measures included in the OQR were minimal but could prove to be labor intensive for hospital quality staff and present data collection

issues similar to those we have seen with other outpatient measures.

CMS proposes to add two new measures to the program: OP 33 – External Beam Radiotherapy (EBRT) and OP 34- ED Transfer Communication. The first would affect payment in calendar year 2018 and aims to measure the percent of patients with “painful bone metastases and no history of radiation who receive EBRT on an appropriate schedule.” The latter would affect calendaryear2019 payment and aims to measure

the percent of patients transferred to another hospital for which all of the administrative and clinical data is shared with the accepting facility in a timely manner. In previous years, hospitals have had a difficult time getting data from facilities off-site and from those that are not part of the same health system.

CMS proposes to remove OP 15 Use of Computed Tomography for calendar year 2016. The measure had previously been suspended and its removal is not likely to affect many hospitals.

Also included in the proposed rule were some modifications to the two-midnight rule, which became effective in October of 2014 and has been a topic of debate ever since. As it is currently written, the rule considers any patient stay that spans less than two midnights as outpatient and requires that hospitals bill it as such. Under the proposed rule, CMS recognizes that there are some cases for which inpatient admission and payment are appropriate for a stay that may last less than two midnights.

To accommodate for those instances, CMS is proposing modifications to the rare and unusual exceptions policy that will carve out certain procedures if a provider documents that the admission is reasonable and necessary. Factors that will determine appropriateness include:

- Severity of the patient's signs and symptoms
- Medical probability of something adverse happening
- The need for diagnostic studies that are appropriately outpatient services

Any inpatient stay that spans less than two midnights will continue to be prioritized for review; however, the review process will change slightly. The CMS states in the proposed rule that surgeries requiring a hospital stay of less than 24 hours are still considered outpatient and should be billed as such.

Quality Improvement Organizations, named last year by CMS, will be responsible for a majority of the first-line medical reviews for patient status claims beginning January 1, 2015. CMS believes that these entities are better suited to review patient stays given their current relationships with the hospitals and their stated goals around education.

Going forward, the recovery audit contractors (RACs) will mostly work with hospitals that have experienced a high rate of denials or those whom have consistently "ignored" the tenants of the two-midnight rule. CMS states that failure to improve performance after education efforts will be cause for referral for further payment audits.

Despite the advocacy efforts of the American Hospital Association, the Healthcare Association of New York State and the allied associations, CMS is maintaining the 0.2 percent payment reduction that was initially imposed to account for an increase in expenses related to increased inpatient costs as a result of the two-midnight rule. Advocacy efforts going forward will be focused on eliminating the payment reduction and extending the partial enforcement of the rule from October 1, 2015 to January 1, 2015 when this rule would go into effect.

Comments are due to CMS by August 31. The final rule will be published in November and will become effective January 1, 2016.

## Claims Data Assistance

**Managed Care Advisory Group:** The Hospital Council has expanded its business relationship with the Managed Care Advisory Group to offer to members its Contract Payment Review (CPR) product. The focus is ensuring that insurers are complying with negotiated reimbursement rates and payment policies. MCAG will analyze claims data to assess where underpayments have occurred, identify reimbursement trends, implement recovery efforts, and make recommendations on contractual changes. Contact Wendy Darwell at [wdarwell@nshc.org](mailto:wdarwell@nshc.org) or 631-963-4152.

# News Briefs . . .

**Co-Op Program from Hofstra University** - Hofstra's School of Engineering and Applied Sciences is offering a program available to all hospitals and healthcare facilities. Biomedical engineering and computer science students are available to [work co-op positions](#), full-time for eight months starting in January of 2016. For more info, contact Philip Coniglio, 516-463-5548 or go to <http://bit.ly/1KAtT0t>.

**Communications Conference** – HANYS Annual Conference for Healthcare Communications Professionals: Be Everywhere (Almost.) Learn how to start conversation with your content, build relationships with your community members, and engage your internal audience to build your brand and showcase your organization. It takes place October 20, Albany Marriot, 8 a.m. – 4 p.m. \$199. [Learn more here](#).

**State's Medicaid VBP Roadmap Approved** -The Centers for Medicare and Medicaid Services (CMS) gave the green light to the value-based purchasing (VBP) roadmap that had been under discussion and review for the past seven months. The State's Delivery System Reform Incentive Payment (DSRIP) waiver requires that 80 to 90 percent of Medicaid managed care payments must be tied to value-based payment arrangements by the end of 2019. VBP is the mechanism by which the state plans to reinvest savings accrued by DSRIP activities into the health system. The VBP roadmap lays out the basic design and requirements for Performing Provider Systems (PPSs), individual providers, and Medicaid managed care organizations to rapidly transition and engage in VBP arrangements. Input from HANYS, its members, and partners resulted in a VBP roadmap much improved from the state's original overly prescriptive submission. HANYS will continue to weigh in on details of the VBP roadmap as the plan further unfolds.

## News from the Long Island Region . . .

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



**Ann Marie Brown Memorial Scholarship** – Port Jeff resident Clayton Collier, a senior at Seton Hall University, was the recipient of the \$2,000 scholarship for the 2015 school year. The award was presented at the NSHC Communications Committee's annual luncheon on June 12.

*Pictured left, Clayton Collier, Ann Marie Brown Memorial Scholarship recipient, next to Theresa Jacobellis, Chair of the Nassau-Suffolk Hospital Council Communications Committee and Assistant VP, Public and External Affairs, Good Samaritan Hospital Medical Center in West Islip, New York.*



**Hospital Auxilian Group Elects New President** – Smithtown resident and **St. Francis Hospital** volunteer Virginia Bolla was elected to a one-year term as president of the Nassau-Suffolk Council of Hospital Auxiliaries. Her term began June of 2015 and she will spend the next year leading the Long Island auxiliaries in advocating for their hospital communities.



*Above: Virginia Bolla, newly named President of the Nassau-Suffolk Council of Hospital Auxiliaries. Her term began June 2015.*

*Incoming officers for the 2015 -2016 executive board of the Nassau-Suffolk Council of Hospital Auxiliaries take their oaths. From left: Virginia Bolla from St. Francis Hospital, President; Edna Fetkowitz from Huntington Hospital, First VP; Sara Banks from Good Samaritan Hospital Medical Center, Second VP; Mary Yarusso from Peconic Bay Medical Center, Recording Secretary; Georgia Priebe from St. Catherine of Siena Medical Center, Corresponding Secretary. Missing from photo is Vera Meinhold from Good Samaritan Hospital Medical Center, Treasurer.*

**Electronic Medical Records Achievement** – **Nassau University Medical Center** (NUMC) has achieved Stage 6 on the Electronic Medical Record Adoption Model from the Healthcare Information and Management Systems Society. Stage 6 out of a seven stage process puts NUMC in a category with only other 1300 hospitals in the US.

**U.S. News and World Report's Best NY Hospitals** – Releasing their list on July 21, 2015, U.S. News and World Report named seven Nassau-Suffolk Hospital Council members in the Top 25 slots. **St. Francis Hospital** in Roslyn, **Winthrop-University Hospital** in Mineola, **North Shore University Hospital** in Manhasset, **Glen Cove Hospital** in Glen Cove, **Southside Hospital** in Bay Shore, **Huntington Hospital** in Huntington, and **Stony Brook University Hospital**.

**Internal Staffing Promotions** – The NSHC office in Hauppauge celebrated three internal promotions this summer. Stacy Villagran was promoted to Senior Director of Health Insurance Programs, Michelle Bates became the Program Coordinator for the Consumer Assistance Program for the Aged, Blind, and Disabled, and Nefertiti Townes began her new role as Lead Navigator of Facilitated Enrollment. Congratulations to all!

**Surgery Department Awards** – **Nassau University Medical Center** was named by Healthgrades as being in the top 10 percent of gynecologic surgery providers in the nation, and received Healthgrade's Gynecologic Surgery Excellence Award. NUMC also received a Certificate of Accreditation from the Committee on Metabolic and Bariatric Surgery for meeting their designation of Comprehensive Center at their Weight Reduction Center of Excellence.

## News from the Hudson Valley Region. . .

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



***Iraq's Minister of Health Visits Vassar*** – Dr. Adeela Hammoud Hussein toured the Emergency Department Annex of **Vassar Brothers Medical Center** on July 13, 2015. The minister and her delegation from Iraq's Ministry of Health drove to Poughkeepsie after a session at the United Nations in Manhattan to tour the emergency health facilities at Vassar.

***Jewish Family Services of Ulster County honored President and CEO of Ellenville Regional Hospital*** – Steven L. Kelley. He was honored for his leadership of **Ellenville Regional Hospital** and for his commitment to the community served by the hospital at JFS of Ulster County's Annual David Fletcher Community Service Awards Luncheon on July 21, 2015.

***Grand Opening of New Building*** - On Wednesday, July 22, 2015, **Ellenville Regional Hospital** hosted the Grand Opening of its new building, which connects the hospital with the Ellenville Family Health Center located next door. The new building was dedicated to Neil Calman, MD, the CEO of the Institute for Family Health, which operates the Ellenville Family Health Center. The Ellenville Center is the largest federally-qualified health center in New York State.

***U.S. News and World Report's Best NY Hospitals*** – Releasing their list on July 21, 2015, *U.S. News and World Report* named three NorMet members in the Top 25 slots. **Northern Westchester Hospital** in Mount Kisco, **Phelps Memorial Hospital Center** in Sleepy Hollow, and **White Plains Hospital** in White Plains.

***Auxiliary Donation*** – **Northern Dutchess Hospital Foundation** received a donation of \$35,000 for its new medical pavilion from the hospital's nonprofit auxiliary. Presented at the group's annual dinner meeting in June, the donation will count toward the auxiliary's \$750,000 pledge for the hospital's expansion.

***Patient Satisfaction Rates Above 95 percent in Kingston*** – The Wound Healing Center at **Health Alliance Hospital's Broadway Campus** has reported patient satisfaction rates above 95 percent and a healing rate averaging 96 percent over three years. The center is celebrating its 10<sup>th</sup> anniversary this year.

***Senior Level Healthcare Executive Regent's Award*** – **Hudson Valley Hospital** President John Federspiel was presented with the award by Healthcare Leaders of New York during a gala event on June 17. Federspiel was recognized for his significant contribution to the advancement of healthcare management excellence.

***General Mills grants \$20k*** - General Mills chose a project of the HealthAlliance of the Hudson Valley, Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC,) to receive one of their Champions for Healthy Kids grants. The \$20,000 award was presented to 50 organizations nationwide, and NAP SACC will continue their efforts to foster healthy, active preschoolers in Ulster County.

***Auxiliary Celebrates 100<sup>th</sup> Anniversary*** – The **Vassar Brothers Medical Center** Auxiliary held its 100<sup>th</sup> Anniversary celebration at The Grandview in Poughkeepsie on April 21. More than 100 current and former Auxilians attended, and announced their plan to deliver gifts to hospital patients on May 6, New York's Health Care Auxilian Day.

***Get With The Guidelines Achievement*** – Receiving both the Heart Failure Gold Quality Achievement Award and the Stroke Gold Quality Achievement Award, **Vassar Brothers Medical Center** was honored by the American Heart and

American Stroke Associations in June for meeting their “Get With The Guidelines” standards.

**Newly Appointed Chief Executive Officer – White Plains Hospital** President Susan Fox was also named its CEO on May 1. She succeeds Jon B. Schandler, who retired April 30.

**Women’s Choice Award for Cancer Care** – The Women’s Choice Award seal was given to **White Plains Hospital’s** cancer program by WomenCertified, making them one of 331 hospitals having earned the award in 2015.

**Healthcare Advertising/Aster Awards** – For showcasing exemplary quality, creativity, and effectiveness in their marketing and public relations work, **Orange Regional Medical Center** in Middletown and **Catskill Regional Medical Center** in Harris were acknowledged by Healthcare Marketing Report.

*If you have news to share about your hospital’s achievements, please send to Janine Logan at [jlogan@normet.org](mailto:jlogan@normet.org).*

### NSHC Member Hospitals

Brookhaven Memorial Hospital Medical Center  
Catholic Health Services of Long Island

- 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

North Shore-Long Island Jewish Health System

- 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 Community Hospital

Burke Rehabilitation Hospital

Catskill Regional Medical Center

Ellenville Regional Hospital

Good Samaritan Hospital

HealthAlliance Hospital Broadway Campus

HealthAlliance Hospital Mary’s Avenue Campus

Helen Hayes Hospital

Hudson Valley Hospital/New York Presbyterian

Keller Army Community Hospital

Lawrence Hospital Center/New York Presbyterian

MidHudson Regional Hospital

Of Westchester Medical Center

Montefiore Mt. Vernon Hospital

Montefiore New Rochelle Hospital

The New York Presbyterian Hospital, Westchester Division

Northern Westchester Hospital

Orange Regional Medical Center

Phelps Memorial Hospital Center

Putnam Hospital Center

St. Anthony Community Hospital

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

White Plains Hospital