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**MEMBER HOSPITALS**

**Brookhaven Memorial  
Hospital Medical Center**  
East Patchogue

**Catholic Health Services  
of Long Island**

- **Good Samaritan  
Hospital Medical Center**  
West Islip
- **St. Catherine of Siena  
Medical Center**  
Smithtown
- **St. Charles Hospital**  
Port Jefferson

**East End Health Alliance**

- **Eastern Long Island  
Hospital**  
Greenport
- **Peconic Bay  
Medical Center**  
Riverhead
- **Southampton Hospital**  
Southampton

**Long Beach Medical Center**  
Long Beach

**John T. Mather  
Memorial Hospital**  
Port Jefferson

**Nassau University  
Medical Center**  
East Meadow

**New Island Hospital**  
Bethpage

**North Shore-Long Island  
Jewish Health System**

- **Glen Cove Hospital**
- **North Shore  
University Hospital**
- **Plainview Hospital**
- **Syosset Hospital**
- **Franklin Hospital**
- **Huntington Hospital**
- **Southside Hospital**

**Stony Brook  
University Hospital**  
Stony Brook

**Veterans Affairs  
Medical Center**  
Northport

**Winthrop South Nassau  
University Health System**

- **South Nassau  
Communities Hospital**  
Oceanside
- **Winthrop-University  
Hospital**  
Mineola

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Nassau-Suffolk  
Hospital Council, Inc.

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## Movement in Albany

*Managed Care Reforms and Related Health Care Bills Pass both Chambers*

Albany legislators moved quickly after the Senate leadership deadlock was settled to pass several key bills tied to health care and managed care. Most notably, both chambers have now passed a managed care market conduct reform package that brings greater accountability to managed care organizations and enhances consumer and provider protections. The bills await the Governor's signature.

The package of reforms is good news for all hospitals in the state and is particularly helpful to Long Island's not-for-profit and public hospitals that have struggled with difficult insurance business practices and dwindling commercial insurer reimbursements for years. The bill would:

- Create an explicit provider right to an external appeal of a claim denial;
- Reduce payment timeframes for electronically submitted claims to 30 days;
- Limit a plan's ability to deny certain claims on the basis of coordination of benefits with another insurer that is liable for payment, and limit a plan's ability to deny payment for untimely filing of a claim;
- Prohibit payors from changing the status of an in-network provider to out-of-network based on the status of a treating provider;
- Provide limitations and greater due process

protection for all providers from overpayment recovery efforts by health plans, and

- Enhance discharge planning by requiring tighter utilization review timeframes for post-hospital services.

The reform package is the result of months of negotiation between hospital groups, insurers, medical societies, and the state insurance and health departments. The Nassau-Suffolk Hospital Council through its affiliation with the statewide Suburban Healthcare Alliance – a coalition of hospitals, businesses, and physicians who seek to level the playing field between commercial insurers and health care providers - represented the interests of Long Island's hospitals.

### **Nurse Staffing Ratios**

Both chambers passed bills that would require hospitals, nursing homes, and clinics to report on nurse staffing ratios and patterns for each staff and unit, the number of unlicensed personnel, and certain quality items. Hospitals continue to oppose this staffing bill because many of its reporting requirements and comparisons are either out-of-date or are redundant of other legislation now in place. Additionally, the reportable quality-related measures involve a team of caregivers who render a patient's care and are not explicitly identifiable with just nurses.

## FEDERAL WATCH

### *Medicare Rate-Setting Alert*

The House Energy and Commerce Committee and conservative democrats have defined an Independent Medicare Advisory Council (IMAC) in concept as a compromise measure to garner broader support for national health care reform. This council would have Medicare rate setting authority and hospitals worry that as an entity of the executive branch such a rate setting body would not consider regional differences and cost

variations when setting rates, as members of Congress now do.

Long Island patients could be especially hard hit, as the cost to deliver health care in this region is greater due to higher labor and energy costs. Long Island's hospital leaders vehemently oppose the creation of such a council, because of the significant funding cuts the region would be forced to absorb.