Public Health and Health Planning Council Meeting

The full Public Health and Health Planning Council (PHHPC) met last Thursday in New York City. Prior to the full Council meeting, the PHHPC’s Committees on Establishment and Project Review (EPRC) and Codes, Rules, and Legislation held “special” meetings to address time-sensitive issues. The agenda for the meeting, including exhibits and staff reports for projects under review, is available [here](#).

Special Meeting of the EPRC

On the agenda were two highly-contentious applications. The first related to Montefiore Medical Center’s acquisition of Westchester Square Hospital out of Chapter 11 Bankruptcy that was recently approved by a Federal judge and, specifically, its intention to decertify its beds and eliminate inpatient admissions at the facility and establish a limited emergency department unit at the site while it builds up primary care capacity, with inpatient admissions from decertified beds diverted to its nearby campuses. The second related to the proposed sale of John J. Foley County Nursing Home in Suffolk County to a for-profit Nursing Home provider. Both projects generated a significant amount of media attention and opposition, with many individuals choosing to speak out against the proposed applications.

Montefiore

Members of the community and representatives on behalf of the New York State Nurses Association and 1199 SEIU noted that Montefiore is already over-crowded and strained for resources and urged the Department to keep Westchester Square a full-service hospital. A representative of Assemblyman Jeffrey Dinowitz read a similar, strongly worded statement on his behalf, imploring the EPRC to reject the proposal. A representative on behalf of Montefiore
Medical Center noted that Westchester currently averages only 50 inpatient admissions which is an unsustainable number, and Montefiore has 30 unused on its operating license and the capacity to restaff another 12 beds. Fifty percent of Westchester’s physicians are already on Montefiore staff as well, meaning many patients will be able to continue care seamlessly through the transition.

While there was some discussion among Committee members as to the wait time for an ER bed (with Montefiore asserting the average wait time is 10 hours compared to community members’ assertion of several days), and whether Westchester’s inpatient admissions could become viable under Montefiore’s leadership, ultimately the EPRC unanimously voted to recommend approval of the application.

*John J. Foley Nursing Home*

The applicant (Suffolk County) was not present at the meeting, and the proposed buyer (the for-profit proposed operator) chose not to provide any comment in support of the application. A long list of opponents spoke against the proposal, including one member of the Suffolk County Legislature.

Without any additional questions, the motion on the floor to recommend approval with conditions and contingencies was made. This motion failed unanimously.

Subsequent discussion on the application followed at the Full Council meeting, where it became clear members did not approve of the policy of permitting transfers of county nursing homes to private operators. DOH stressed the need for the Council to contain their review of the application to CON requirements and disregard other legal/policy issues that may be implicated by the project. Following the EPRC decision, the County also informed DOH that one of the other options available to them is to simply close the facility. Members expressed discomfort with the County’s proposed alternative in response to not receiving a recommendation for approval, and mentioned that Suffolk County’s failure to appear before the Council hindered their review. Ultimately, Mr. Booth, Vice-Chair of the EPRC, made a motion to defer the application until the next EPRC meeting (scheduled for March 21), which will provide them with an opportunity to question the applicant directly. The motion carried.

*DOH Report*

Commissioner Shah provided a report on DOH’s recent activities, focusing on the proposed Executive Budget for 2013-14. Commissioner Shah was pleased to report that a number of cost-neutral MRT initiatives were included in the Governor’s budget language, such as Early Intervention reforms, reforms to the General Public Works program, and the consolidation of state funding for evidence-based programs. The Commissioner stated that the inclusion of these programs in the proposed budget reflect the Governor’s commitment to reform and targeted investment.

*Office of Health Systems Management*

Karen Westervelt, Director of the Office of Health Systems Management, provided a report on the post-Sandy efforts of the Office to reopen facilities closed or damaged as a result of the storm. She stated that only four hospitals remain with some form of closure as a result of the storm and that Bellevue Hospital opened in-patients beds on February 7. Nursing home facilities that required partial evacuations are expected to be running at full capacity by April.

In addition, the Office is currently developing work plans to carry out CON re-design recommendations and plans on implementing Phase II recommendations that do not require statutory approval within a few weeks. The Governor’s proposed budget language contained a number of statutory changes required to implement additional CON re-design recommendations.
The next Committee meetings of the PHHPC will take place March 21.

DOH Holds Executive Budget Q&A Session via Twitter

Last week, Jason Helgerson hosted a live *twitter* Q&A session on the [MRT Twitter handle](https://twitter.com/NewYorkMRT) to answer questions on MRT related proposals contained in the Executive Budget. The entire chat may be viewed in full on the MRT, page, but some of the highlights from the live chat include:

- **Congressional Report Criticizing NYS Medicaid**: Jason Helgerson brushed off the Congressional report, calling it biased and noting that the Chair pulled it. He said it missed all of the reform efforts that have taken place and will *not* impact Budget and MRT 1115 Waiver negotiations.

- **Medicaid Developmental Disability Recoupment**: With respect to the $1 billion Medicaid recoupment CMS is pursuing against the State (which is holding up the MRT and LTC Waivers), the goal is for there to be no cuts to providers, but the State is also considering back-up options.

- **CHHA Mandatory Enrollment into MLTC**: Letters regarding the mandatory enrollment will begin being sent in two weeks.

- **Prescriber Prevails**: most of the discussion focused on prescriber prevails and specifically why the Executive eliminated it. Jason said the new “gold card” proposal gives trained doctors better access and is a better idea than prescriber prevails, which gives un-trained doctors/non-doctors free hand to give dangerous drugs. He said he would be happy to provide information on denials and noted that less than .04% of all FFS scripts occur via prescriber prevails.

- **Training for healthcare workers**: one person commented that low-wage workers cannot afford their training. Jason responding that there will be funding in the MRT Waiver for healthcare worker training.

- **Trend Factors**: Jason Helgerson said the Department does not plan on revisiting these in the future as all payment increases will need to be tied to performance/shared savings.

NYS Health Benefits Exchange Updates

The NYS Health Benefits Exchange has officially released two new final reports on policy studies that were commissioned, which may be accessed at the links below:

- [Uninsured New Yorkers After Full Implementation of the ACA](#)
- [Healthy New York and Family Health Plus Employer buy-in Programs](#)

As previously reported, the invitation for health insurance and dental carriers to participate in the Exchange was also recently released. The full invitation may be accessed [here](#), while a press release and fact sheet are available [here](#).

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NYS Participation in Federal Balancing Incentive Program

New York State recently submitted an application to CMS to participate in the federal Balancing Incentive Program (BIP) authorized under the Affordable Care Act. Participation in BIP will provide New York with additional federal funding to implement structural changes to best facilitate rebalancing the percentage of individuals in need of long term supports and services (LTSS) in home and community based settings as opposed to institutional settings.

New York will use the federal funding to streamline eligibility processes, improve access and expand LTSS. Participation in BIP requires New York to implement three structural changes: No Wrong Door/Single Entry Point; Core Standardized Assessment Instrument; and Conflict-Free Case Management Services. To achieve these changes, NY will enhance the existing NY Connects Network and continue implementation of the Uniform Assessment System (UAS-NY).

New York requested and estimates that it will receive $645,504,803 million during the project funding period (January 1, 2013 – September 30, 2015). DOH is currently developing a compensation plan with CMS for approval by April 1, 2013. A copy of the application can be found here.

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Samaritan Hospital Designated as Health Home in Albany County

DOH recently announced that Samaritan Hospital has been designated to serve as a Health Home in Albany County, in addition to serving as a Health Home in Rensselaer County. Samaritan Hospital will now serve Albany and Rensselaer counties under the name Capital Region Health Connections.

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DOH RFA for Integrated Cancer Screening Program

The Department of Health issued a Request for Applications (RFA) on February 6, 2013 to implement cancer screening programs to reduce morbidity, mortality and health related disparities among NYS residents. The programs will provide comprehensive breast, cervical and colorectal cancer screening services to eligible uninsured and underinsured men and women.

The Department will hold an applicant webinar on February 14, 2013 (registration deadline is February 13, 2013). Letters of Interest are strongly encouraged and are due on February 22, 2013. Questions regarding the RFA are due by February 22, 2013. Final applications are due on April 17, 2013 by 3:00 p.m. Additional information regarding this RFA may be found here.

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DOH Contracts for Adult Care Facility Complaint Intake

The Department of Health announced that it has once again contracted with Island Peer Review Organization, Inc. to perform Adult Care Facility Complaint Intake and Nursing Home and ICF/MR Surveillance and Complaint intake. The contract period is September 1, 2012 – August 31, 2013 for the amount of $4,245,612.00. DOH received an exemption from initially
eMedNY Updates

Provider Satisfaction Survey

The Department of Health recently released a provider satisfaction survey on eMedNY. The survey contains questions related to the eMedNY website, the ePACES application and the effectiveness of communications from the Department and CSC to the provider community. The survey is available [here](#).

Updates to EHR Incentive Program

The NY EHR Incentive Program website (MEIPASS) has posted the March webinar schedules for Eligible Hospitals (EHs) and Eligible Professionals (EPs). The webinar schedules can be found [here](#).

Regulatory Updates (none)

Legislative Spotlight

The Legislature is in session next Monday and Tuesday, February 11 and 12, before breaking until February 27. The Senate Health Committee is not meeting this week.

The Governor’s 21 day amendments to the Executive Budget are due February 12, with 30 day amendments due February 21. Early indications are that the Governor’s amendments will likely include proposals related to billions in Medicaid overpayments the State must repay to CMS for services for the developmentally disabled.

Here’s a look at what’s ahead for this week:

**A.4466 (Assemblyman Gottfried) / (No Senate Sponsor):** This bill would prohibit insurers from restricting a health care provider from referring an insured to another provider based solely on the provider’s participation status in the insured’s health plan, among other contractual limitations. It is on the Assembly Health Committee Agenda for Tuesday, February 12.

**S.2756 (Senator Seward) / A. 1831 (Assemblyman Morelle):** This bill would clarify the statutory procedures for life insurers to perform regular cross-checks of their life insurance policies and accounts against the Social Security Administration’s Death Master File and make good faith efforts to locate beneficiaries. The purpose of this bill is to help ensure that beneficiaries are found and receive death benefits to which they are entitled. This bill passed the Assembly last week and is on the Senate Insurance Committee Agenda for Monday, February 11.

**S.2118 (Senator Ranzenhofer) / (No Assembly Sponsor):** This bill would allow Continuing Care Retirement Community (CCRC) providers to offer Life Care contracts to seniors who choose to live and secure services outside the CCRC’s campus community. The “Life Care at Home” product will allow providers to reach seniors at lower income levels and
provide seniors with the option of purchasing Life Care delivered to their home. This bill is on the Senate Calendar First Report for Monday, February 11.

**A.4473 (Gottfried):** This bill would require rate increases for worker recruitment and retention to be reflected in contracts with LHCSAs and further provides that such increases must be paid to workers when the provider receives the funds. In addition, the bill establishes that payment for personal care, home health care, and long term care services must be paid within 30 days of receiving the invoice. This bill is on the Assembly Health Committee Agenda for Tuesday February 12.

**Upcoming Calendar**

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<tr>
<th><strong>Thursday, February 14</strong></th>
<th>Meeting of The Bureau of Tobacco Control and The Tobacco Control Advisory Board</th>
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<tr>
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<td>10:30 a.m. – 3:00 p.m.</td>
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<td>Empire State Plaza, Corning Tower, Conference Room 610 Albany, NY</td>
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<td>The meeting will be held via videoconference and may also be viewed at the department’s satellite offices at the following locations:</td>
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<td>• New York City Office Building, 90 Church Street, 4th floor CRC.</td>
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<tr>
<td></td>
<td>• Rochester Office Building, 295 East Main Street, 2nd floor.</td>
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<tr>
<td></td>
<td>• Buffalo Office Building, 584 Delaware Street, 3rd floor.</td>
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<td></td>
<td>To attend the meeting at any of the sites, you must pre-register. Please provide Ann Whitfield-Green with advance notice by Friday, February 8, 2012, of your anticipated attendance at any of the sites: (518) 474-1515 or <a href="mailto:caw16@health.state.ny.us">caw16@health.state.ny.us</a>. Upon registration, you will receive further information and directions to the locations.</td>
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