

STATE OF NEW YORK

6677--B

2019-2020 Regular Sessions

IN ASSEMBLY

March 15, 2019

Introduced by M. of A. GOTTFRIED, REYES, DICKENS, MOSLEY, WEPRIN, RODRIGUEZ, SANTABARBARA, CRUZ, BARRON, NIOU, CRESPO, PAULIN -- read once and referred to the Committee on Health -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee -- recommitted to the Committee on Health in accordance with Assembly Rule 3, sec. 2 -- committee discharged, bill amended, ordered reprinted as amended and recommitted to said committee

AN ACT to amend the public health law, in relation to the general hospital indigent care pool, hospital reimbursements and adjustments to medical assistance rates to enhanced safety net hospitals; and to amend chapter 474 of the laws of 1996 amending the education law and other laws relating to rates for residential health care facilities, in relation to extending the effectiveness of such rates

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subdivision 5-d of section 2807-k of the public health law,
2 as amended by section 6 of part H of chapter 57 of the laws of 2019, is
3 amended to read as follows:
4 5-d. (a) Notwithstanding any inconsistent provision of this section,
5 section twenty-eight hundred seven-w of this article or any other
6 contrary provision of law, and subject to the availability of federal
7 financial participation, for periods [~~on and after January~~] April first,
8 two thousand [~~thirteen~~] twenty through [~~March~~] December thirty-first,
9 two thousand twenty and each calendar year thereafter, all funds avail-
10 able for distribution pursuant to this section, [~~except for funds~~
11 ~~distributed pursuant to subparagraph (v) of paragraph (b) of subdivision~~
12 ~~five-b of this section~~] and all funds available for distribution pursu-
13 ant to section twenty-eight hundred seven-w of this article, shall be
14 reserved and set aside and distributed in accordance with the provisions
15 of this subdivision.

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[~~-~~] is old law to be omitted.

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(b) The commissioner shall promulgate regulations, and may promulgate emergency regulations, establishing methodologies for the distribution of funds as described in paragraph (a) of this subdivision and such regulations shall include, but not be limited to, the following:

(i) Such regulations shall establish methodologies for determining each facility's relative uncompensated care need amount based on uninsured inpatient and outpatient units of service from the cost reporting year two years prior to the distribution year, multiplied by the applicable medicaid rates in effect January first of the distribution year, as summed and adjusted by a statewide cost adjustment factor and reduced by the sum of all payment amounts collected from such uninsured patients, and as further adjusted by application of a nominal need computation that shall take into account each facility's medicaid inpatient share.

(ii) Annual distributions pursuant to such regulations for ~~[the two thousand thirteen through two thousand twenty calendar years]~~ each calendar year beginning with the two thousand twenty calendar year shall be in accord with the following:

(A) ~~[one hundred thirty-nine million four hundred thousand dollars]~~ one hundred one million seven hundred thousand dollars for each calendar year (prorated, as may be necessary, to reflect any period less than a year) shall be distributed as Medicaid Disproportionate Share Hospital ("DSH") payments to major public general hospitals; and

(B) ~~[nine hundred ninety-four million nine hundred thousand dollars]~~ seven hundred seven million six hundred thousand dollars for each calendar year (prorated, as may be necessary, to reflect any period less than a year) as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals.

(iii) ~~[(A) Such regulations shall establish transition adjustments to the distributions made pursuant to clauses (A) and (B) of subparagraph (ii) of this paragraph such that no facility experiences a reduction in indigent care pool payments pursuant to this subdivision that is greater than the percentages, as specified in clause (C) of this subparagraph as compared to the average distribution that each such facility received for the three calendar years prior to two thousand thirteen pursuant to this section and section twenty-eight hundred seven w of this article.~~

~~[(B) Such regulations shall also establish adjustments limiting the increases in indigent care pool payments experienced by facilities pursuant to this subdivision by an amount that will be, as determined by the commissioner and in conjunction with such other funding as may be available for this purpose, sufficient to ensure full funding for the transition adjustment payments authorized by clause (A) of this subparagraph.~~

~~[(C) No facility shall experience a reduction in indigent care pool payments pursuant to this subdivision that: for the calendar year beginning January first, two thousand thirteen, is greater than two and one-half percent; for the calendar year beginning January first, two thousand fourteen, is greater than five percent; and, for the calendar year beginning on January first, two thousand fifteen, is greater than seven and one-half percent; and for the calendar year beginning on January first, two thousand sixteen, is greater than ten percent; and for the calendar year beginning on January first, two thousand seventeen, is greater than twelve and one-half percent; and for the calendar year beginning on January first, two thousand eighteen, is greater than fifteen percent; and for the calendar year beginning on January first, two thousand nineteen, is greater than seventeen and one-half percent;~~

~~and for the calendar year beginning on January first, two thousand twenty, is greater than twenty percent.~~

~~(iv)]~~ Such regulations shall reserve one percent of the funds available for distribution in the two thousand fourteen and two thousand fifteen calendar years, and for calendar years thereafter, pursuant to this subdivision, subdivision fourteen-f of section twenty-eight hundred seven-c of this article, and sections two hundred eleven and two hundred twelve of chapter four hundred seventy-four of the laws of nineteen hundred ninety-six, in a "financial assistance compliance pool" and shall establish methodologies for the distribution of such pool funds to facilities based on their level of compliance, as determined by the commissioner, with the provisions of subdivision nine-a of this section.

(c) The commissioner shall annually report to the governor and the legislature on the distribution of funds under this subdivision including, but not limited to:

(i) the impact on safety net providers, including community providers, rural general hospitals and major public general hospitals;

(ii) the provision of indigent care by units of services and funds distributed by general hospitals; and

(iii) the extent to which access to care has been enhanced.

§ 2. Section 2807 of the public health law is amended by adding a new subdivision 23 to read follows:

23. Adjustments to medicaid rates. (a) The commissioner is authorized to make adjustments to medical assistance rates in accordance with this subdivision to enhanced safety net hospitals, as defined in paragraph (a) of subdivision thirty-four of section twenty-eight hundred seven-c of this article, and to qualified safety net hospitals, as defined in paragraph (b) of this subdivision, for the purposes of supporting critically needed health care services and to ensure the continued maintenance and operation of such hospitals.

(b) For the purposes of this subdivision, a "qualified safety net" hospital shall mean a hospital, other than an enhanced safety net hospital, so designated by the commissioner pursuant to criteria developed by the commissioner that take into account: (i) the hospital's financial hardship, evidenced by the operating losses of the hospital or the system of hospitals to which the hospital belongs and/or participation by the hospital in programs established by the commissioner to enable hospitals in financial distress to maintain operations and vital services; (ii) the volume of Medicaid and/or medically uninsured patients served by the hospital compared to other hospitals in the hospital's region; and/or (iii) the importance of the hospital in the hospital's region in enabling Medicaid and/or medically uninsured patients' access to health care services in inpatient, outpatient and community settings.

(c) For the state fiscal year commencing April first, two thousand twenty, and each state fiscal year thereafter, the commissioner shall increase medical assistance rates of payments for inpatient and/or outpatient services made by either state governmental agencies or organizations operating in accordance with article forty-three of the insurance law or article forty-four of this chapter by an aggregate of:

(i) thirty-seven million seven hundred thousand dollars for enhanced safety net hospitals that are major public general hospitals;

(ii) two hundred seventy-four million eight hundred thousand dollars for qualified safety net hospitals and enhanced safety net hospitals other than major public general hospitals, of which at least twelve million five hundred thousand dollars shall be allocated to enhanced

1 safety net hospitals that are federally designated as critical access or
2 sole community hospitals; and

3 (iii) twelve million five hundred thousand dollars for those hospitals
4 eligible under subparagraph (ii) of this paragraph for which the
5 combined payments made, or to be made, under subparagraph (ii) of this
6 paragraph and subdivision five-d of section twenty-eight hundred seven-k
7 of this article for calendar year two thousand twenty, and each calendar
8 year thereafter, are projected by the commissioner to be less than
9 payments made to such hospitals pursuant to subdivision five-d of
10 section twenty-eight hundred seven-k of this article for calendar year
11 two thousand eighteen.

12 (d) Payments made pursuant to this subdivision may be added to rates
13 of payment, or made as aggregate payments of equal amounts on October
14 one and April one of each state fiscal year, to such enhanced safety net
15 hospitals and qualified safety net hospitals in accordance with a meth-
16 odology to be established by the commissioner; provided, however, that,
17 the commissioner may make the twelve million five hundred thousand
18 dollars in payments due to eligible hospitals under subparagraph (iii)
19 of paragraph (c) of this subdivision by instead increasing the amount
20 otherwise awarded to such eligible hospitals under programs established
21 by the commissioner to enable hospitals in financial distress to main-
22 tain operations and vital services while working to achieve longer-term
23 sustainability, including, but not limited to, the Value Based Payment
24 Quality Improvement Program.

25 § 3. Subparagraph (v) of paragraph (a) of subdivision 1 of section
26 2807-c of the public health law, as amended by chapter 639 of the laws
27 of 1996, is amended and a new subparagraph (vi) is added to read as
28 follows:

29 (v) adjustments for any modifications to the case payments determined
30 in accordance with paragraph (a), (b), (c) or (d) of subdivision four of
31 this section[-]; and

32 (vi) adjustments for any modifications to the case payments determined
33 in accordance with subdivision twenty-three of section twenty-eight
34 hundred seven of this article.

35 § 4. Subparagraph (v) of paragraph (a) of subdivision 1 of section
36 2807-c of the public health law, as amended by chapter 731 of the laws
37 of 1993, is amended and a new subparagraph (vi) is added to read as
38 follows:

39 (v) adjustments for any modifications to the case payments determined
40 in accordance with paragraph (a), (b), (c) or (d) of subdivision four of
41 this section[-]; and

42 (vi) adjustments for any modifications to the case payments determined
43 in accordance with subdivision twenty-three of section twenty-eight
44 hundred seven of this article.

45 § 5. Subdivision 34 of section 2807-c of the public health law is
46 amended by adding a new paragraph (d) to read as follows:

47 (d) Notwithstanding any inconsistent provision of law or regulation to
48 the contrary, adjustments made pursuant to this subdivision shall be in
49 addition to any adjustments made to medical assistance rates to enhanced
50 safety net hospitals authorized by subdivision twenty-three of section
51 twenty-eight hundred seven of this article.

52 § 6. Subdivision 1 of section 211 of chapter 474 of the laws of 1996
53 amending the education law and other laws relating to rates for residen-
54 tial health care facilities is amended by adding a new paragraph (g) to
55 read as follows:

1 (g) Notwithstanding any inconsistent provision of law or regulation to
2 the contrary, effective for the state fiscal year beginning April 1,
3 2020, and annually thereafter, the department of health is authorized to
4 pay public general hospitals, other than those operated by the state of
5 New York or the state university of New York, as defined in subdivision
6 10 of section 2801 of the public health law, located in a city with a
7 population of over one million, additional payments for inpatient hospi-
8 tal services of 200 million dollars annually, as medical assistance
9 pursuant to title 11 of article 5 of the social services law for
10 patients eligible for federal financial participation under title XIX of
11 the federal social security act, pursuant to federal laws and regu-
12 lations governing disproportionate share payments to hospitals, based on
13 the relative share of each such non-state operated public general hospi-
14 tal medical assistance and uninsured patient losses. The payments may be
15 added to rates of payment or made as aggregate payments to an eligible
16 public general hospital.

17 § 7. Subdivision 1 of section 212 of chapter 474 of the laws of 1996
18 amending the education law and other laws relating to rates for residen-
19 tial health care facilities, is amended by adding a new paragraph (c) to
20 read as follows:

21 (c) Notwithstanding any inconsistent provision of law or regulation to
22 the contrary, effective for the state fiscal year beginning April 1,
23 2020, and annually thereafter, the department of health is authorized to
24 pay public general hospitals, as defined in subdivision 10 of section
25 2801 of the public health law, operated by the state of New York or the
26 state university of New York or by a county, which shall not include a
27 city with a population of over one million, of the state of New York,
28 and those public general hospitals located in the county of Westchester,
29 the county of Erie or the county of Nassau, additional payments for
30 inpatient hospital services of 100 million dollars annually, as medical
31 assistance payments pursuant to title 11 of article 5 of the social
32 services law for patients eligible for federal financial participation
33 under title XIX of the federal social security act, pursuant to federal
34 laws and regulations governing disproportionate share payments to hospi-
35 tals. The payments may be added to rates of payment or made as aggregate
36 payments to an eligible public general hospital.

37 § 8. This act shall take effect immediately; provided however, that
38 the amendments made to paragraph (a) of subdivision 1 of section 2807-c
39 of the public health law made by section three of this act shall be
40 subject to the expiration and reversion of such paragraph when upon such
41 date the provisions of section four of this act shall take effect.