STATE OF NEW YORK

8883

IN ASSEMBLY

January 26, 2024

Introduced by M. of A. PAULIN -- read once and referred to the Committee on Health

AN ACT to amend the public health law, in relation to rates of hospital reimbursement for facilities designated by the federal department of health and human services as exempt extended neoplastic disease care hospitals

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

Section 1. Paragraph (e-2) of subdivision 4 of section 2807-c of the public health law is amended by adding a new subparagraph (iv-a) to read as follows:

(iv-a) For facilities designated by the federal department of health and human services as exempt extended neoplastic disease care hospitals as of December thirty-first, two thousand twenty-one, for which a discrete institutional cost report was filed for the two thousand twenty-one calendar year, shall be determined in accordance with the following:

(A) The operating cost component of such rates shall reflect the use of two thousand twenty-one operating costs as reported by each facility to the department and adjusted for inflation pursuant to paragraph (c) of subdivision ten of this section, as otherwise modified by any applicable statutes, and as further adjusted as the commissioner deems appropriate, including transition adjustments. Such rates shall be determined on a per case basis or per diem basis, as set forth in regulations promulgated by the commissioner.

(B) The operating component of outpatient specialty rates of hospitals subject to this subparagraph shall reflect the use of two thousand twenty-one operating costs as reported to the department prior to December first, two thousand twenty-two, and shall include such adjustments as the commissioner deems appropriate.

(C) The base period reported operating costs used to establish inpatient and outpatient rates determined pursuant to this subparagraph shall be updated no less frequently than two years and the hospital shall submit such additional data as the commissioner may require to

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

LBD13924-01-3

assist in the development of ambulatory patient groups (APGs) rates for such hospitals' outpatient specialty services.

(D) Notwithstanding any other provisions of law to the contrary and subject to the availability of federal financial participation, services provided by such facilities to patients enrolled in Medicaid managed care shall be paid by the Medicaid managed care plans at no less than the otherwise applicable Medicaid fee-for-services rates for inpatient and outpatient services.

§ 2. This act shall take effect April 1, 2024. Effective immediately the commissioner of health or their designees shall make such rules and regulations, and seek any federal approvals necessary, to fully implement this act on or before such effective date.