

Amend Senate S6608, Assembly A9708, A BUDGET BILL, AN ACT to amend the public health law, the insurance law, the state finance law, the elder law and the county law, in relation to the early intervention program.....

Page	Line	Amendment
Page 3,	Unnumbered Line 54 (AN ACT CLAUSE),	Before "to amend" strike out "and"
Page 4,	Unnumbered Line 2 (AN ACT CLAUSE),	After "(Part N)" insert "; to amend chapter 119 of the laws of 1997, relating to authorizing the department of health to establish certain payments to general hospitals, in relation thereto (Part O); and to increase Medicaid payments to providers through managed care organizations and provide equivalent fees through an ambulatory patient group methodology relating thereto (Part P)"
Page 4,	Line 4,	After "through" strike out "N" and insert "P"
Page 13,	Line 36,	After " <u>dystrophy</u> " insert " <u>syndrome</u> "
Page 22,	Lines 7 through 21,	<p>After "\$4." strike out "Subparagraph (xi) of paragraph (b) of subdivision 35 of section 2807-c of the public health law, as added by section 2 of part C of chapter 58 of the laws of 2009, is amended to read as follows:</p> <p>(xi) Rates for teaching general hospitals shall include reimbursement for direct and indirect graduate medical education as defined and calculated pursuant to such regulations; <u>provided that for the period April first, two thousand ten through March thirty-first, two thousand thirteen, such regulations shall specify a one percentage point per year reduction in the indirect graduate medical education payment per discharge and the amount of indirect graduate medical education excluded from the statewide base price calculated for the period December first, two thousand nine through March thirty-first, two thousand ten.</u> In addition, such regulations shall specify the reports and information required by the commissioner to assess the cost, quality and health system needs for medical education provided." and insert "Intentionally Omitted."</p>
Pages 22 through 23,	Lines 22 through 5,	After "\$5." strike out "Subdivision 35 of section 2807-c of the public health law is amended by adding a new paragraph (i) to read as follows:

(i) For discharges occurring on and after April first, two thousand ten, and subject to the availability of federal financial participation, Medicaid rates for inpatient services for general hospitals whose rates are otherwise subject to this subdivision shall be adjusted in accordance with the following in order to provide additional funding for obstetrical access and quality:

(i) for the period April first, two thousand ten through March thirty-first, two thousand eleven and each state fiscal year thereafter, such rates for eligible general hospitals shall be adjusted by an aggregate annual amount of up to seventy-two million dollars;

(ii) such adjustments shall be made proportionately to each eligible general hospital, with fifty percent of such adjustments based on each such hospital's number of reported two thousand seven Medicaid and Medicaid managed care case-mix adjusted obstetrical and neo-natal discharges, and fifty percent of such adjustments based on the regional cost per discharge for such cases based upon cost data as reported on line twenty-five of exhibit eighteen of the two thousand six cost report filed prior to January first, two thousand nine;

(iii) payment of such adjustments for periods on and after April first, two thousand eleven shall be contingent upon an otherwise eligible general hospital's certification to the commissioner that it has implemented or has a documented plan, including time-lines, for implementing a comprehensive and systematic perinatal patient safety program which is in conformity with published department guidelines, which may include, but not be limited to, simulator training, crew resource management training, electronic fetal monitoring education, peer review, participation in regional perinatal networks, full-time availability of maternal fetal medicine specialists, full-time availability of inhouse obstetricians for labor and delivery, full participation in the department's maternal mortality review program, establishment of a maternal hemorrhage emergency team with protocols and drills, a program to convert to electronic medical records within two years, current active board certification for staff obstetricians on staff for more

		<p>than one year, an ongoing program to <u>implement a fully integrated longitudinal computerized patient tracking system for obstetrical patients at both the hospital and at the private offices of attending obstetricians, and a program to review and improve patient safety standards on an ongoing basis.</u>" and insert "Intentionally Omitted."</p>
Page 23,	Lines 6 through 22,	<p>After "\$6." strike out "Notwithstanding any contrary provision of law, in the event the amendment to subparagraph (xi) of paragraph (b) of subdivision 35 of section 2807-c of the public health law, reducing indirect graduate medical education payments per discharge to teaching hospitals, is not enacted into law by a chapter of the laws of 2010, then the provision of this act amending subdivision 35 of section 2807-c of the public health law by adding a new paragraph (i), and the provisions of this act amending paragraphs (d) and (e) of subdivision 5-a of section 2807-m of the public health law, shall be null and void and of no effect, provided, however, that funds made available by the provisions of the amendment to subparagraph (xi) of paragraph (b) of subdivision 35 of section 2807-c of the public health law which are not otherwise made available in connection with the implementation of amendments described herein to sections 2807-m and paragraph (i) of subdivision 35 of section 2807-c(35) (i) of the public health law, shall be made available for the statewide base price amounts computed pursuant to subdivision 35 of section 2807-c of the public health law." and insert "Intentionally Omitted."</p>
Pages 23 through 25,	Lines 23 through 13,	<p>After "\$7." strike out "Section 2807-k of the public health law is amended by adding a new subdivision 5-c to read as follows:</p> <p>5-c. <u>Notwithstanding any inconsistent provision of this section, section twenty-eight hundred seven-w of this article or any other contrary provision of law, and subject to the provisions of paragraph (d) of subdivision five-a of this section and to the availability of federal financial participation, for periods on and after January first, two thousand ten, all funds available for distribution pursuant to this section and section twenty-eight hundred seven-w of this article, and as hereinafter described shall be reserved and set aside and distributed in accordance with the</u></p>

following:

(a) For the period January first, two thousand ten through March thirty-first, two thousand ten, payments pursuant to this section shall be made in amounts reflecting twenty-five percent of the distributions otherwise authorized pursuant to the provisions of this section, other than this subdivision, and section twenty-eight hundred seven-w of this article.

(b) For the period April first, two thousand ten through December thirty-first, two thousand ten, payments totaling seven hundred forty-seven million dollars shall be made as follows:

(i) Medicaid DSH payments to major public general hospitals, including hospitals operated by public benefit corporations, shall be made in amounts reflecting seventy-five percent of the projected distributions otherwise authorized for such facilities pursuant to the provisions of this section, other than this subdivision.

(ii) Eighteen million seven hundred fifty thousand dollars shall be distributed as Medicaid DSH payments to hospitals eligible for payments made pursuant to subparagraph (iv) of paragraph (a) of subdivision five-b of this section based upon each facility's proportion of uninsured losses, as defined in paragraph (c) of subdivision five-a of this section, to such losses for all hospitals eligible for such payments.

(iii) Twelve million dollars shall be distributed in accordance with the provisions of subparagraph (iii) of paragraph (a) of subdivision five-b of this section.

(iv) Eighteen million seven hundred fifty thousand dollars shall be distributed in accordance with the provisions of subparagraph (iv) of paragraph (a) of subdivision five-b of this section.

(v) The balance of the funds in the pool not otherwise allocated pursuant to subparagraphs (i), (ii), (iii), (iv) and (vi) of this paragraph shall be distributed proportionally as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals, on the

basis of each facility's uncompensated care need share, as determined in accordance with the scale set forth in subparagraph (vii) of this paragraph.

(vi) Seventy-five million dollars shall be distributed as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals, pursuant to a formula such that, to the extent of funds available, no eligible general hospital's reduction in payments as a result of the application of the provisions of this subdivision exceeds, on an annualized basis, a percentage reduction, as determined by the commissioner, from the projected distributions such hospital would have received pursuant to this section, other than this subdivision, and section twenty-eight hundred seven-w of this article for the two thousand ten calendar year. Such payments shall be distributed to eligible general hospitals on a proportional basis, based on the degree of each such general hospital's projected reduction in distribution.

(vii) The scale utilized for development of each eligible general hospital's uncompensated care need share payment amount, as computed in accordance with the provisions of paragraph (c) of subdivision five-a of this section, shall be as follows, provided, however, that the reduction described in subparagraph (iii) of paragraph (c) of subdivision five-a of this section shall be computed as ten percent:

Percentage of Reimbursement

Attributable to that Portion
Uncompensated Need Percentage of
Uncompensated Need

0 - 4% 70%

4 - 6% 80%

6+% 90%

(c) For the two thousand eleven calendar year and each calendar year thereafter, payments totaling nine hundred ninety-six million dollars shall be made as follows:

(i) Medicaid DSH payments to major public general hospitals, including

hospitals operated by public benefit corporations, shall be made in amounts equal to the projected distributions that would have been made to such facilities pursuant to the provisions of this section, other than this subdivision, for the two thousand ten calendar year.

(ii) Twenty-five million dollars shall be distributed as Medicaid DSH payments to hospitals eligible for payments made pursuant to subparagraph (iv) of paragraph (a) of subdivision five-b of this section based upon each facility's proportion of uninsured losses, as defined in paragraph (c) of subdivision five-a of this section, to such losses for all hospitals eligible for such payments.

(iii) Sixteen million dollars shall be distributed in accordance with the provisions of subparagraph (iii) of paragraph (a) of subdivision five-b of this section.

(iv) Twenty-five million dollars shall be distributed in accordance with the provisions of subparagraph (iv) of paragraph (a) of subdivision five-b of this section.

(v) The balance of the funds not otherwise allocated by subparagraphs (i), (ii), (iii), (iv) and (vi) of this paragraph, shall be distributed proportionally as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals, on the basis of each facility's uncompensated care need share, as determined in accordance with the scale set forth in subparagraph (vii) of paragraph (b) of this subdivision.

(vi) Fifty million dollars shall be distributed as Medicaid DSH payments to eligible general hospitals, other than major public general hospitals, in accordance with the methodology set forth in subparagraph (vi) of paragraph (b) of this subdivision, provided, however, that for the two thousand twelve calendar year such payments shall be twenty-five million dollars, and provided further, however, that for the two thousand thirteen calendar year and each calendar year thereafter such payments shall be zero." and insert "Section 2807-k of the public health law, as amended by section 102 of part C of chapter 58 of the laws of 2009, is amended by adding a new subdivision 5-c, to read as

		<p>follows:</p> <p><u>5-c. (a) Notwithstanding any contrary provision of law and subject to the availability of federal financial participation, for the period April first, two thousand ten through December thirty-first, two thousand ten, distributions pursuant to this section and section twenty-eight hundred seven - w of the this article, shall reflect an aggregate reduction of one hundred forty million dollars, based on the proportion of each hospital's indigent care allocation to the total allocations of all hospitals' indigent care allocations prior to application of this reduction, provided, however, that such reductions shall not be applied to distributions to major public hospitals, including major public hospitals operated by public benefit corporations, and shall also not be applied to distributions made pursuant to subparagraphs (ii), (iii) or (iv) of paragraph (b) of subdivision five - b of this section.</u></p> <p><u>(b) Notwithstanding any contrary provision of law and subject to the availability of federal financial participation, for the period January first, two thousand eleven through December thirty-first, two thousand eleven and each calendar year thereafter, distributions pursuant to this section and section twenty-eight hundred seven - w of this article shall reflect an aggregate reduction of one hundred eighty six million six hundred thousand dollars, based on the proportion of each hospital's indigent care allocation to the total allocations of all hospitals' indigent care allocations prior to application of this reduction, provided, however, that such reductions shall not be applied to distributions to major public hospitals, including major public hospitals operated by public benefit corporations, and shall also not be applied to distributions made pursuant to subparagraphs (ii), (iii) or (iv) of paragraph (b) of subdivision five - b of this section."</u></p>
Page 25,	Line 14,	<p>After "\$8." strike out "Intentionally Omitted" and insert "Paragraph (b-1) of subdivision one of section 2807-c of the public health law, as amended by section 7 of part 00 of chapter 53 of the laws of 2008, is amended to read as follows:</p> <p>(b-1) (i) For patients discharged on and after January first, nineteen hundred</p>

		<p>ninety-seven and prior to January first, two thousand and on and after January first, two thousand, payments to general hospitals for reimbursement of inpatient hospital services provided to patients eligible for payments pursuant to the workers' compensation law, the volunteer firefighters' benefit law, the volunteer ambulance workers' benefit law, and the comprehensive motor vehicle insurance reparations act shall be at the rates of payment determined pursuant to this section for state governmental agencies, excluding adjustments pursuant to subdivision fourteen-f of this section and subdivision thirty-three of this section <u>and excluding such further reductions to such payments as are enacted as part of the state budget for the state fiscal year commencing April first, two thousand ten.</u></p> <p>(ii) The provisions of paragraph (d) of subdivision eleven of this section shall continue to apply to such payors for payments determined pursuant to this paragraph."</p>
Pages 35,	Lines 3 through 6,	Strike out " <u>(c) The commissioner is authorized to impose the same information and documentation requirements at annual recertification of enrollees only if claiming federal financial participation for such enrollees becomes contingent on meeting such requirements.</u> "
Page 42,	Line 7,	After " <u>lane</u> " strike out " <u>eligibility and</u> "
Page 42,	Line 8,	After " <u>enrollment</u> " insert " <u>and renewal</u> "
Page 42,	Line 35,	After " <u>lane</u> " strike out " <u>eligibility and</u> " and after " <u>enrollment</u> " insert " <u>and renewal</u> "
Page 42,	Line 36,	After " <u>section</u> " strike out " <u>2107(e) (1) (B)</u> " and insert " <u>1902(e) (13)</u> "
Page 42,	Line 38,	After " <u>(F)</u> " insert " <u>and (H)</u> "
Page 43,	Line 4,	After " <u>(F)</u> " insert " <u>and (H)</u> "
Page 70,	Line 45,	After "2010" strike out "and"
Page 70,	Line 47,	After "2011;" insert "and sections forty-seven and forty-seven a of this act shall take effect November 1, 2010;"
Page 78,	Lines 16 and 17,	After " <u>who is</u> " strike out " <u>receiving services from a certified home health agency, or is</u> "
Page 78,	Line 17,	After " <u>in the</u> " Insert " <u>consumer directed</u> "

		personal assistance program, the"
Page 78,	Lines 21 through 27,	Strike Out " <u>Section 365-f of the social services law is amended by adding a new subdivision 2-a to read as follows: 2-a. Personal care services provided under this section to an individual who has attained the age of twenty-one, and who is not receiving such services from a certified home health agency, a long term home health care program, or an AIDS home care program, shall not exceed an average of twelve hours per day in any authorization period</u> " and insert "Intentionally Omitted"
Page 78,	Lines 35 through 37,	After " <u>title</u> " strike out " <u>or in section three hundred sixty-five-f of this title but that exceed a limit imposed by such provisions</u> " and insert " <u>but that exceeds a limit imposed by such paragraph</u> "
Page 112,	Between lines 44 and 45,	Insert "New Part O (LBD #71018-01-0)"
Page 112,	Between lines 44 and 45,	Insert "New Part P (LBD #71020-03-0)"
Page 113,	Line 2,	After "through" strike out "N" and insert "P"