The Commonwealth of Massachusetts

In the Year Two Thousand Nine

An Act creating a rate methodology for Critical Access Hospitals...

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Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Section 111 of chapter 118G of the General Laws, as appearing in the 2006
 Official Edition, is hereby amended by adding the following subsection:
- (d) Notwithstanding any general or special law to the contrary, the executive office of
 health and human services shall reimburse, and shall require all Medicaid managed care
 organizations to reimburse, any licensed hospital facility operating in the commonwealth that has
 been designated a critical access hospital pursuant to 42 U.S.C. §1395i-4 in an amount equal to
 at least one hundred and one percent (101%) of the allowable Medicare costs for both inpatient
 and outpatient services provided to patients of such facility enrolled in the Masshealth program.
 - SECTION 2. Section 5 of chapter 176Q of the General Laws, as so appearing, is hereby amended by adding the following subsection:
 - (e)The commonwealth health insurance connector authority shall require all carriers with which it contracts to provide the commonwealth care health insurance program to reimburse any licensed hospital facility operating in the commonwealth that has been designated a critical

- access hospital pursuant to 42 U.S.C. §1395i-4 in an amount equal to at least one hundred and
- one percent (101%) of the allowable Medicare costs for both inpatient and outpatient services
- provided to patients of such facility enrolled in the commonwealth care program.