



March 16, 2015

**Re: Summary of New Disclosure Requirements for Hospitals -
New York State Public Health Law Section 24**

Dear Chief Executive Officer:

As part of the 2014-2015 New York State budget, the “Emergency Medical Services and Surprise Bills” law, commonly referred to as the “Surprise Bill Law”, was passed to protect consumers against unknowingly receiving care from out-of-network providers and facing surprise medical bills. The law amends the New York Insurance Law, Public Health Law, and Financial Services Law and goes into effect March 31, 2015. The Emergency Medical Services and Surprise Bill Law can be found in Part H of Chapter 60 of the Laws of New York (2014).

The purpose of this letter is to inform you of your new obligations under Section 24 of the Public Health Law to disclose to patients or prospective patients the health plan networks that your hospital participates in. In addition, the law requires disclosure of the standard charges for hospital items and services that may not be covered by a patient’s specific health care plan, including physician services, for which the patient may be charged. These new disclosure requirements must be added to your hospital’s website and provided to a patient in advance of non-emergency hospital services, as detailed below.

Every hospital must post on its website the hospital’s standard charges for items and services; the health plans in which the hospital participates; and, the physician groups and physicians that the hospital contract with or employs and the health care plans in which they participate. Specifically, the hospital website posting must include:

- a list of the hospital's standard charges for items and services provided by the hospital, to the extent required by federal guidelines, including diagnosis-related groups (DRGs) established under section 1886(d)(4) of the federal social security act [PHL § 24(5)].

Note: The Affordable Care Act requires each hospital to establish and make public a list of its standard charges for items and services provided by the hospital. 42 U.S.C. § 300gg-18(e). On August 22, 2014, the Centers for Medicare & Medicaid Services (CMS) published a final rule that allows hospitals to either make public a list of their standard charges or their policy for allowing the public to view a list of those charges in response to an inquiry. 79 Fed. Reg. 50145-50146.

Given the CMS final rule, State law only requires posting standard charges on the hospital’s website if the hospital does not make the list of charges publicly available in some other way.

- the health care plans in which the hospital is a participating provider [PHL § 24(6)(a)] and a statement that:
 - physician services provided in the hospital may not be included in the hospital's charges [PHL§ 24(6)(b)(i)];
 - physicians who provide services in the hospital may or may not participate with the same health care plans as the hospital [PHL § 24(6)(b)(ii)], and;
 - the prospective patient should check with the physician arranging for the hospital services to determine the health care plans in which the physician participates. [PHL § 24(6)(b)(iii)]
- name, mailing address and telephone number of the physician groups that the hospital has contracted with to provide services, including anesthesiology, pathology or radiology; and instructions on how to contact these contracted groups to determine the health care plan participation of the physicians in these groups [PHL § 24(6)(c)].
- name, mailing address, and telephone number of physicians employed by the hospital and whose services may be provided at the hospital, and the health care plans in which they participate [PHL § 24(6)(d)].

Hospitals must also provide patients with additional instructions in advance of non-emergency hospital services through registration or admission materials. The essential components of these materials must include:

- a statement advising the patient to check with the physician arranging the hospital services to determine the following:
 - name, practice name, mailing address and telephone number of any other physician whose services will be arranged by the physician [PHL § 24(7)(a)(i)] ; and
 - whether it is anticipated that physicians who are employed or contracted by the hospital are reasonably anticipated to provide services to the patient (including anesthesiology, pathology and/or radiology) [PHL § 24(7)(a)(ii)].
- based on information from the physician arranging the patient's hospital services, information on how a patient or prospective patient can timely determine the health care plans participated in by physicians who are employed or contracted by the hospital and who are reasonably anticipated to provide services to the patient (including anesthesiology, pathology and/or radiology) [PHL § 24(7)(b)].

Also attached for your information and action, as necessary, is a separate letter from the New York State Department of Health to physicians that details physician disclosure requirements under the Emergency Medical Services and Surprise Bill Law.

Additional guidance and information related to the Emergency Medical Services and Surprise Bill Law will soon be posted on the websites of the New York State Department of Health (www.health.ny.gov) and Department of Financial Services (www.dfs.ny.gov). If you have any questions, contact the Division of Hospitals and Diagnostic & Treatment Centers at (518) 402-1004.

Please make certain that all appropriate staff in your facility are aware of their responsibilities pertaining to these disclosures and their importance. Thank you in advance for your attention to these requirements and your efforts to assure compliance.

Sincerely,

A handwritten signature in cursive script that reads "Ruth Leslie". The signature is written in black ink on a light-colored background.

Ruth Leslie
Director
Division of Hospitals and Diagnostic &
Treatment Centers