

Amendment No. 581

Senate Amendment to Senate Bill No. 382

(BDR 38-1105)

Proposed by: Senate Committee on Finance**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the unfunded mandate not requested by the affected local government to S.B. 382 (§§ 3, 6).

ASSEMBLY ACTION				Initial and Date	SENATE ACTION				Initial and Date
Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____	Adopted	<input type="checkbox"/>	Lost	<input type="checkbox"/>	_____
Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Concurred In	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____
Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____	Receded	<input type="checkbox"/>	Not	<input type="checkbox"/>	_____

EXPLANATION: Matter in (1) *blue bold italics* is new language in the original bill; (2) *green bold italic underlining* is new language proposed in this amendment; (3) ~~red strikethrough~~ is deleted language in the original bill; (4) ~~purple double strikethrough~~ is language proposed to be deleted in this amendment; (5) orange double underlining is deleted language in the original bill that is proposed to be retained in this amendment; and (6) green bold dashed underlining is newly added transitory language.

SLP/KCR



Date: 5/8/2009

S.B. No. 382—Revises provisions relating to disproportionate share payments to certain hospitals. (BDR 38-1105)



SENATE BILL NO. 382—COMMITTEE ON HEALTH AND EDUCATION

MARCH 23, 2009

Referred to Committee on Health and Education

SUMMARY—Revises provisions relating to disproportionate share payments to certain hospitals. (BDR 38-1105)

FISCAL NOTE: Effect on Local Government: May have Fiscal Impact.
Effect on the State: Yes.

CONTAINS UNFUNDED MANDATE (§§ 3, ~~5~~, 6)
(NOT REQUESTED BY AFFECTED LOCAL GOVERNMENT)

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EXPLANATION – Matter in *bolded italics* is new; matter between brackets ~~omitted material~~ is material to be omitted.

AN ACT relating to public welfare; revising provisions relating to the disproportionate share payments made to certain hospitals; ~~establishing~~ requiring the Division of Health Care Financing and Policy of the Department of Health and Human Services to prescribe by regulation provisions relating to audits of and ~~prescribing~~ other requirements for certain hospitals; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Existing federal law requires each state to adopt a state plan for Medicaid and requires that the plan include a description of the methodology used by the state to identify certain hospitals which serve a disproportionate number of low-income patients and to pay those hospitals for their uncompensated costs associated with providing services to those patients. These hospitals are known as disproportionate share hospitals. (42 U.S.C. § 1396r-4) The Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services issued a final rule amending regulations which govern the disproportionate share hospitals, payments to those hospitals and audits of those hospitals. This rule became effective on January 19, 2009. The State Plan for Medicaid for Nevada provides for payments to disproportionate share hospitals and requires the Division of Health Care Financing and Policy of the Department of Health and Human Services to calculate the uncompensated care percentage of each hospital for purposes of making those payments. (NRS 422.380-422.390) This bill amends existing laws relating to disproportionate share hospitals and payments to those hospitals to comply with the final rule adopted by the Centers for Medicare and Medicaid Services.

~~[Section 2 of this bill revises the information which must be considered by the Division of Health Care Financing and Policy of the Department of Health and Human Services to determine the disproportionate share payment authorized for each hospital. (NRS 422.3807)]~~

Section 3 of this bill eliminates the specific amount which must be paid to the Division by counties whose population is more than 100,000 to assist with disproportionate share payments, and section 6 of this bill requires the Division to ~~enter into cooperative agreements with counties~~ prescribe by regulation the methodology that will be used to determine the amount which a county must pay. (NRS 422.382 ~~to~~ 422.390) **Section 5** of this

bill eliminates the specific amounts which must be paid to certain hospitals in this State and requires the State Plan for Medicaid and the Division to establish the methodologies for determining the disproportionate share payments which must be paid to hospitals, which must be in accordance with federal law and regulations. (NRS 422.387) **Section 6** of this bill requires the Division to adopt regulations to carry out the provisions relating to audits, the recovery of overpayments of disproportionate share payments and the redistribution of the money recovered in accordance with federal law and federal regulations. (NRS 422.390)

THE PEOPLE OF THE STATE OF NEVADA, REPRESENTED IN
SENATE AND ASSEMBLY, DO ENACT AS FOLLOWS:

Section 1. NRS 422.380 is hereby amended to read as follows:

422.380 As used in NRS 422.380 to 422.390, inclusive, unless the context otherwise requires:

1. "Disproportionate share payment" means a payment made pursuant to 42 U.S.C. § 1396r-4.

2. "Hospital" has the meaning ascribed to it in NRS 439B.110 and includes public and private hospitals.

~~3. "Medicaid inpatient utilization rate" has the meaning ascribed to it in 42 U.S.C. § 1396r-4(b)(2).~~

~~4. "Public hospital" means:~~

~~(a) A hospital owned by a state or local government, including, without limitation, a hospital district; or~~

~~(b) A hospital that is supported in whole or in part by tax revenue, other than tax revenue received for medical care which is provided to Medicaid patients, indigent patients or other low income patients.~~

~~5. "Uncompensated care costs" means the total costs of a hospital incurred in providing care to uninsured patients, including, without limitation, patients covered by Medicaid less any payments received by the hospital for that care.]~~

Sec. 2. ~~[NRS 422.3807 is hereby amended to read as follows:~~

~~422.3807 1. The Division shall determine for each hospital that is located in a county whose population is 100,000 or more the uncompensated care [percentage] costs of the hospital, the Medicaid inpatient utilization rate of the hospital and the profit and loss margin of the hospital, as reported to the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services, for the preceding fiscal year.~~

~~2. Based on the determinations made pursuant to subsection 1, the Division shall determine for each county whose population is 100,000 or more the arithmetic mean of the percentages determined pursuant to subsection 1 of all hospitals in the county.~~

~~3. Each hospital shall provide to the Division any information requested by the Division that the Division determines is necessary to make a determination pursuant to this section.~~

~~4. The Division shall at least once each year prepare and submit a report concerning the determinations it makes pursuant to this section to:~~

~~(a) The Legislative Commission;~~

~~(b) The Interim Finance Committee; and~~

~~(c) The Legislative Committee on Health Care.~~

~~[5. As used in this section, "uncompensated care percentage" has the meaning ascribed to it in NRS 422.387.] (Deleted by amendment.)~~

1 **Sec. 3.** NRS 422.382 is hereby amended to read as follows:

2 422.382 1. ~~[In a county whose population is 100,000 or more within which:~~

3 ~~— (a) A public hospital is located, the state or local government or other entity~~
4 ~~responsible for the public hospital shall transfer an amount equal to:~~

5 ~~— (1) Seventy percent of the total amount of disproportionate share payments~~
6 ~~distributed to all hospitals pursuant to NRS 422.387 for a fiscal year, less~~
7 ~~\$1,050,000; or~~

8 ~~— (2) Sixty-eight and fifty-four one-hundredths percent of the total amount of~~
9 ~~disproportionate share payments distributed to all hospitals pursuant to NRS~~
10 ~~422.387 for a fiscal year;~~

11 ~~↪ whichever is less, to the Division.~~

12 ~~— (b) A private hospital which receives a disproportionate share payment~~
13 ~~pursuant to paragraph (c) of subsection 2 of NRS 422.387 is located, the county~~
14 ~~shall transfer 1.95 percent of the total amount of disproportionate share payments~~
15 ~~distributed to all hospitals pursuant to NRS 422.387 for a fiscal year, but not more~~
16 ~~than \$1,500,000, to the Division.] [The Department shall enter into cooperative~~
17 ~~agreements with counties in this State to ensure intergovernmental transfers of~~
18 ~~money to the Division for the purposes of carrying out the provisions of NRS~~
19 ~~422.380 to 422.390, inclusive, in accordance with the State Plan for Medicaid.~~

20 ~~2. A county that transfers the amount required pursuant to [paragraph (b) of]~~
21 ~~[a cooperative agreement entered into pursuant to subsection 1 to the Division is~~
22 ~~discharged of the duty and is released from liability for providing medical treatment~~
23 ~~for indigent inpatients who are treated in the hospital in the county that receives a~~
24 ~~payment pursuant to] [paragraph (c) of subsection 2 of] [NRS 422.387.~~

25 ~~3.] The money transferred to the Division in accordance with the regulations~~
26 ~~adopted pursuant to [subsection 1] paragraph (a) of subsection 1 of NRS 422.390~~
27 ~~must not come from any source of funding that could result in any reduction in~~
28 ~~revenue to the State pursuant to 42 U.S.C. § 1396b(w).~~

29 ~~4.] 2. Any money collected in accordance with the regulations adopted~~
30 ~~pursuant to [subsection 1] subsection 1 of NRS 422.390, including any interest or~~
31 ~~penalties imposed for a delinquent payment, must be deposited in the State~~
32 ~~Treasury for credit to the Intergovernmental Transfer Account in the State General~~
33 ~~Fund to be administered by the Division.~~

34 ~~5.] 3. The interest and income earned on money in the Intergovernmental~~
35 ~~Transfer Account, after deducting any applicable charges, must be credited to the~~
36 ~~Account.~~

37 **Sec. 4.** NRS 422.385 is hereby amended to read as follows:

38 422.385 1. The ~~[allocations and] disproportionate share payments [required~~
39 ~~pursuant to] [subsections 1 to 5, inclusive, of] [NRS 422.387] made to hospitals~~
40 ~~must be made, to the extent allowed by the State Plan for Medicaid, from the~~
41 ~~Medicaid Budget Account.~~

42 2. ~~[Except as otherwise provided in] [subsection 3 and] [subsection 6 of NRS~~
43 ~~422.387, the] The money in the Intergovernmental Transfer Account must be~~
44 ~~transferred from that Account to the Medicaid Budget Account to the extent that~~
45 ~~money is available from the Federal Government for proposed expenditures,~~
46 ~~including expenditures for administrative costs. If the amount in the Account~~
47 ~~exceeds the amount authorized for expenditure by the Division for the purposes~~
48 ~~[specified in NRS 422.387.] of making disproportionate share payments, the~~
49 ~~Division is authorized to expend the additional revenue in accordance with the~~
50 ~~provisions of the State Plan for Medicaid.~~

51 3. If enough money is available to support Medicaid and to make the
52 disproportionate share payments, ~~[required by subsection 6 of NRS 422.387,]~~
53 money in the Intergovernmental Transfer Account may be transferred:

(a) To an account established for the provision of health care services to uninsured children pursuant to a federal program in which at least 50 percent of the cost of such services is paid for by the Federal Government, including, without limitation, the Children's Health Insurance Program; or

(b) To carry out the provisions of NRS 439B.350 and 439B.360.

Sec. 5. NRS 422.387 is hereby amended to read as follows:

~~422.387 1. [Before making the payments required or authorized by this section, the Division shall allocate money for the administrative costs necessary to carry out the provisions of NRS 422.380 to 422.390, inclusive. The amount allocated for administrative costs must not exceed the amount authorized for expenditure by the Legislature for this purpose in a fiscal year. The Interim Finance Committee may adjust the amount allowed for administrative costs.~~

~~2. The State Plan for Medicaid must provide for the payment of the maximum amount of disproportionate share payments allowable under federal law and regulations. The State Plan for Medicaid must provide that] [for:~~

~~—(a) All public hospitals in counties whose population is 400,000 or more, the total annual disproportionate share payments are \$66,650,000 plus 90 percent of the total amount of disproportionate share payments distributed by the State in that fiscal year that exceeds \$76,000,000;~~

~~—(b) All private hospitals in counties whose population is 400,000 or more, the total annual disproportionate share payments are \$1,200,000 plus 2.5 percent of the total amount of disproportionate share payments distributed by the State in that fiscal year that exceeds \$76,000,000;~~

~~—(c) All private hospitals in counties whose population is 100,000 or more but less than 400,000, the total annual disproportionate share payments are \$4,800,000 plus 2.5 percent of the total amount of disproportionate share payments distributed by the State in that fiscal year that exceeds \$76,000,000;~~

~~—(d) All public hospitals in counties whose population is less than 100,000, the total annual disproportionate share payments are \$900,000 plus 2.5 percent of the total amount of disproportionate share payments distributed by the State in that fiscal year that exceeds \$76,000,000; and~~

~~—(e) All private hospitals in counties whose population is less than 100,000, the total annual disproportionate share payments are \$2,450,000 plus 2.5 percent of the total amount of disproportionate share payments distributed by the State in that fiscal year that exceeds \$76,000,000.] [money available for the purposes of carrying out the provisions of NRS 422.380 to 422.390, inclusive, for each fiscal year is allocated among each hospital that is eligible for a disproportionate share payment based on the percentage of uncompensated care costs of each hospital as compared to other hospitals that are eligible for a disproportionate share payment. The State Plan for Medicaid must provide the process for allocating money proportionately in accordance with the provisions of this subsection.~~

~~2.] The State Plan for Medicaid must provide [for a base payment in an amount determined pursuant to subsections 4 and 5. Any amount set forth in each paragraph of subsection 2 that remains after all base payments have been distributed must be distributed to the hospital within that paragraph with the highest uncompensated care percentage in an amount equal to either the amount remaining after all base payments have been distributed or the amount necessary to reduce the uncompensated care percentage of that hospital to the uncompensated care percentage of the hospital in that paragraph with the second highest uncompensated care percentage, whichever is less. Any amount set forth in subsection 2 that remains after the uncompensated care percentage of the hospital with the highest uncompensated care percentage in a paragraph has been reduced to equal the uncompensated care percentage of the hospital in that paragraph with the second~~

highest uncompensated care percentage must be distributed equally to the two hospitals with the highest uncompensated care percentage in that paragraph until their uncompensated care percentages are equal to the uncompensated care percentage of the hospital with the third highest uncompensated care percentage in that paragraph. This process must be repeated until all available funds set forth in a paragraph of subsection 2 have been distributed.

4. Except as otherwise provided in subsection 5, the base payments for the purposes of subsection 3 are:

- (a) For the University Medical Center of Southern Nevada, \$66,531,729;
- (b) For Washoe Medical Center, \$4,800,000;
- (c) For Carson Tahoe Hospital, \$1,000,000;
- (d) For Northeastern Nevada Regional Hospital, \$500,000;
- (e) For Churchill Community Hospital, \$500,000;
- (f) For Humboldt General Hospital, \$215,109;
- (g) For William Bee Ririe Hospital, \$204,001;
- (h) For Mt. Grant General Hospital, \$195,838;
- (i) For South Lyon Medical Center, \$174,417; and
- (j) For Nye Regional Medical Center, \$115,000;

~~or the successors in interest to such hospitals.} the methodology for:~~

(a) *Calculating the initial distribution of the disproportionate share payments in accordance with the regulations adopted pursuant to ~~this section;~~ NRS 422.390;*

(b) *Adjusting the disproportionate share payment to a hospital if the annual audit of the hospital demonstrates that the disproportionate share payment made to the hospital was greater than the amount of money which the hospital was eligible to receive; and*

(c) *Redistributing any amount of disproportionate share payments which are returned to the Division as a result of the adjustments made in accordance with paragraph (b).*

~~4.2.~~ 2. *The State Plan for Medicaid or, if the Division deems necessary, the Division may require a hospital to submit any documentation or other information to verify eligibility for a disproportionate share payment or compliance with the requirements of NRS 422.380 to 422.390, inclusive. A disproportionate share payment may not be calculated for or made to a hospital which fails to provide the Division with documentation or other information that is required by the State Plan for Medicaid or the Division.*

~~{5. The}~~

3. *Except as otherwise provided in subsection 4, the State Plan for Medicaid must be consistent with the provisions of NRS 422.380 to 422.390, inclusive, and the regulations adopted pursuant thereto, and Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and the regulations adopted pursuant to those provisions. If the total amount available to the State for making disproportionate share payments is less than \$76,000,000, the Administrator:*

~~(a) Shall adjust the amounts for each group of hospitals described in a paragraph of subsection 2 proportionally in accordance with the limits of federal law. If the amount available to hospitals in a group described in a paragraph of subsection 2 is less than the total amount of base payments specified in subsection 4, the Administrator shall reduce the base payments proportionally in accordance with the limits of federal law.~~

~~(b) Shall adopt a regulation specifying the amount of the reductions required by paragraph (a).}~~

~~{ 6. To the extent that money is available in the Intergovernmental Transfer Account, the Division shall distribute \$50,000 from that Account each fiscal year to each public hospital which:~~

- ~~(a) Is located in a county that does not have any other hospitals; and~~
- ~~(b) Is not otherwise eligible for a payment pursuant to [subsections 2, 3 and 4.~~

~~7. As used in this section:~~

~~(a) "Total revenue" is the amount of revenue a hospital receives for patient care and other services, net of any contractual allowances or bad debts.~~

~~(b) "Uncompensated care costs" means the total costs of a hospital incurred in providing care to uninsured patients, including, without limitation, patients covered by Medicaid or another governmental program for indigent patients, less any payments received by the hospital for that care.~~

~~(c) "Uncompensated care percentage" means the uncompensated care costs of a hospital divided by the total revenue for the hospital.] [this section.]~~

4. If the Centers for Medicare and Medicaid Services of the United States Department of Health and Human Services denies an amendment to the State Plan for Medicaid, the Director may negotiate terms which are acceptable to the Centers for Medicare and Medicaid Services which are inconsistent with the provisions of NRS 422.380 to 422.390, inclusive, and the regulations adopted pursuant thereto if:

(a) Negotiating such terms is necessary to ensure that the State Plan for Medicaid is consistent with the provisions of Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and the regulations adopted pursuant to those provisions; and

(b) Before finalizing such an amendment to the State Plan for Medicaid, the Director obtains the approval of the Interim Finance Committee.

Sec. 6. NRS 422.390 is hereby amended to read as follows:

422.390 1. The Division shall adopt regulations concerning:

(a) Procedures for the [transfer to the Division of the amount required pursuant to cooperative agreements entered into pursuant to NRS 422.382.] intergovernmental transfers of money from the counties to the Division for the purposes of carrying out the provisions of NRS 422.380 to 422.390, inclusive, and the State Plan for Medicaid.

(b) Provisions for the payment of a penalty and interest for a delinquent intergovernmental transfer.

(c) Provisions for the payment of interest by the Division for late reimbursements to hospitals or other providers of medical care.

(d) Provisions for the calculation of [the uncompensated care] [percentage] [costs and Medicaid inpatient utilization rate] disproportionate share payments for hospitals. [including, without limitation, the procedures and methodology required to be used in calculating the] [percentage, and any] [costs and rate.]

(e) Any required documentation of and reporting by a hospital relating to the calculation [.] of the disproportionate share payment for the hospital and the verification of the disproportionate share payment that has been received by the hospital.

(f) Procedures and requirements for conducting independent and certified audits of hospitals and the disproportionate share payments made to hospitals as required pursuant to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and the regulations adopted pursuant to those provisions.

(g) Procedures for adjusting a disproportionate share payment in accordance with Title XIX of the Social Security Act, 42 U.S.C. §§ 1396, et seq., and the regulations adopted pursuant to those provisions, if the audit of a hospital

1 *demonstrates that a disproportionate share payment made to the hospital was*
2 *greater than the amount of money the hospital was eligible to receive.*

3 *(h) Procedures for redistributing any disproportionate share payment*
4 *returned to the Division by a hospital in accordance with Title XIX of the Social*
5 *Security Act, 42 U.S.C. §§ 1396 et seq., and the regulations adopted pursuant to*
6 *those provisions.*

7 2. The Division shall report to the Interim Finance Committee quarterly
8 concerning the provisions of NRS 422.380 to 422.390, inclusive.

9 3. Notwithstanding the provisions of NRS 233B.039 to the contrary, the
10 regulations adopted pursuant to this section must be adopted in accordance with
11 the provisions of chapter 233B of NRS and must be codified in the Nevada
12 Administrative Code.

13 Sec. 6.5. NRS 233B.039 is hereby amended to read as follows:

14 233B.039 1. The following agencies are entirely exempted from the
15 requirements of this chapter:

16 (a) The Governor.

17 (b) The Department of Corrections.

18 (c) The Nevada System of Higher Education.

19 (d) The Office of the Military.

20 (e) The State Gaming Control Board.

21 (f) Except as otherwise provided in NRS 368A.140, the Nevada Gaming
22 Commission.

23 (g) The Division of Welfare and Supportive Services of the Department of
24 Health and Human Services.

25 (h) ~~The~~ Except as otherwise provided in NRS 422.390, the Division of
26 Health Care Financing and Policy of the Department of Health and Human
27 Services.

28 (i) The State Board of Examiners acting pursuant to chapter 217 of NRS.

29 (j) Except as otherwise provided in NRS 533.365, the Office of the State
30 Engineer.

31 (k) The Division of Industrial Relations of the Department of Business and
32 Industry acting to enforce the provisions of NRS 618.375.

33 (l) The Administrator of the Division of Industrial Relations of the Department
34 of Business and Industry in establishing and adjusting the schedule of fees and
35 charges for accident benefits pursuant to subsection 2 of NRS 616C.260.

36 (m) The Board to Review Claims in adopting resolutions to carry out its duties
37 pursuant to NRS 590.830.

38 2. Except as otherwise provided in subsection 5 and NRS 391.323, the
39 Department of Education, the Board of the Public Employees' Benefits Program
40 and the Commission on Professional Standards in Education are subject to the
41 provisions of this chapter for the purpose of adopting regulations but not with
42 respect to any contested case.

43 3. The special provisions of:

44 (a) Chapter 612 of NRS for the distribution of regulations by and the judicial
45 review of decisions of the Employment Security Division of the Department of
46 Employment, Training and Rehabilitation;

47 (b) Chapters 616A to 617, inclusive, of NRS for the determination of contested
48 claims;

49 (c) Chapter 703 of NRS for the judicial review of decisions of the Public
50 Utilities Commission of Nevada;

51 (d) Chapter 91 of NRS for the judicial review of decisions of the Administrator
52 of the Securities Division of the Office of the Secretary of State; and

(e) NRS 90.800 for the use of summary orders in contested cases,
➤ prevail over the general provisions of this chapter.

4. The provisions of NRS 233B.122, 233B.124, 233B.125 and 233B.126 do not apply to the Department of Health and Human Services in the adjudication of contested cases involving the issuance of letters of approval for health facilities and agencies.

5. The provisions of this chapter do not apply to:

(a) Any order for immediate action, including, but not limited to, quarantine and the treatment or cleansing of infected or infested animals, objects or premises, made under the authority of the State Board of Agriculture, the State Board of Health, or any other agency of this State in the discharge of a responsibility for the preservation of human or animal health or for insect or pest control;

(b) An extraordinary regulation of the State Board of Pharmacy adopted pursuant to NRS 453.2184; or

(c) A regulation adopted by the State Board of Education pursuant to NRS 392.644 or 394.1694.

6. The State Board of Parole Commissioners is subject to the provisions of this chapter for the purpose of adopting regulations but not with respect to any contested case.

Sec. 7. NRS 450.750 is hereby amended to read as follows:

450.750 For the purposes of NRS ~~[422.382,]~~ 422.380 to 422.390, inclusive, if a hospital district created pursuant to NRS 450.550 to 450.750, inclusive, includes territory within more than one county, the board of county commissioners of the county in which the hospital is located shall be deemed to be the local government responsible ~~[required to enter into an agreement with the Department of Health and Human Services]~~ for transferring payments of money to the Department ~~[of Health and Human Services]~~ for treatment of ~~[medically indigent]~~ patients pursuant to the provisions of ~~[that section.]~~ NRS 422.380 to 422.390, inclusive.

Sec. 7.3. NRS 422.3807 is hereby repealed.

Sec. 7.5. 1. The Division of Health Care Financing and Policy of the Department of Health and Human Services shall consider the following in adopting the regulations required pursuant to NRS 422.390, as amended by section 6 of this act:

--- (a) The role of public hospitals in providing health care in this State;

--- (b) The role of rural hospitals in providing health care in this State;

--- (c) Providing resources to hospitals that have demonstrated a commitment to serving uninsured patients and patients who are on Medicaid;

--- (d) Providing transitional payments for hospitals which were receiving payments pursuant to the provisions of NRS 422.380 to 422.390, inclusive, before July 1, 2010, that will no longer be eligible to receive a disproportionate share payment pursuant to the regulations;

--- (e) Ensuring that all money available for disproportionate share payments is expended; and

--- (f) Increasing state revenue available for disproportionate share payments to fill any loss in revenue from counties.

2. The Division of Health Care Financing and Policy shall quarterly report to the Legislative Committee on Health Care and the Interim Finance Committee concerning the status of the regulations required pursuant to NRS 422.390, as amended by section 6 of this act, and an update of the workshops and meetings relating to those regulations. The Division shall give a final report when the regulations are filed with the Secretary of State.

1 ~~3. The Division of Health Care Financing and Policy shall adopt the~~
2 ~~regulations required pursuant to NRS 422.390, as amended by section 6 of this~~
3 ~~act, on or before June 30, 2010.~~

4 Sec. 8. The Department of Health and Human Services may conduct audits
5 ~~in accordance with the regulations adopted~~ pursuant to NRS 422.390, as
6 amended by section 6 of this act, for any previous fiscal year as required pursuant
7 to Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and the
8 regulations adopted pursuant to those provisions.

9 Sec. 9. The provisions of NRS 354.599 do not apply to any additional
10 expenses of a local government that are related to the provisions of this act.

11 Sec. 10. This act becomes effective upon passage and approval for purposes
12 of adopting regulations and amending the State Plan for Medicaid and on July 1,
13 ~~2009~~ 2010, for all other purposes.

TEXT OF REPEALED SECTION

~~422.3807 Division to determine certain information concerning
uncompensated care percentages of hospitals in larger counties; hospitals to
provide information to Division; reports.~~

~~1. The Division shall determine for each hospital that is located in a
county whose population is 100,000 or more the uncompensated care
percentage of the hospital for the preceding fiscal year.~~

~~2. Based on the determinations made pursuant to subsection 1, the
Division shall determine for each county whose population is 100,000 or more
the arithmetic mean of the percentages determined pursuant to subsection 1 of
all hospitals in the county.~~

~~3. Each hospital shall provide to the Division any information requested
by the Division that the Division determines is necessary to make a
determination pursuant to this section.~~

~~4. The Division shall at least once each year prepare and submit a report
concerning the determinations it makes pursuant to this section to:~~

- ~~(a) The Legislative Commission;~~
~~(b) The Interim Finance Committee; and~~
~~(c) The Legislative Committee on Health Care.~~

~~5. As used in this section, "uncompensated care percentage" has the
meaning ascribed to it in NRS 422.387.~~