

Amendment No. 90

Senate Amendment to Senate Bill No. 60 (BDR 38-411)

Proposed by: Senate Committee on Health and Human Services**Amends:** Summary: No Title: Yes Preamble: No Joint Sponsorship: No Digest: Yes

Adoption of this amendment will MAINTAIN the 2/3s majority vote requirement for final passage of S.B. 60 (§§ 10, 11).

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) variations of *green bold underlining* is language proposed to be added 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 proposed to be retained in this amendment.

EWR/JWP



Date: 4/7/2017

S.B. No. 60—Revises provisions governing Medicaid payments for ground emergency medical transportation services. (BDR 38-411)



SENATE BILL NO. 60—COMMITTEE ON
HEALTH AND HUMAN SERVICES

(ON BEHALF OF THE CITY OF LAS VEGAS)

PREFILED NOVEMBER 17, 2016

Referred to Committee on Health and Human Services

SUMMARY—Revises provisions governing Medicaid payments for ground emergency medical transportation services. (BDR 38-411)

FISCAL NOTE: Effect on Local Government: No.
Effect on the State: Yes.

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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 Medicaid; ~~requiring~~ **authorizing** the Director of the Department of Health and Human Services to include in the State Plan for Medicaid voluntary programs through which certain governmental entities and Indian tribes may obtain supplemental payments for providing ground emergency medical transportation services to recipients of Medicaid; requiring a participating governmental entity or Indian tribe to reimburse the Department for the costs of implementing and administering ~~the~~ **any such** program; and providing other matters properly relating thereto.

Legislative Counsel's Digest:

Federal law requires the Federal Government to pay to each state for which the Federal Government has approved a State Plan for Medicaid a certain percentage of the total amount expended as medical assistance under the State Plan. The states are responsible for the remaining share of such expenditures. (42 U.S.C. § 1396b(a)) Federal law also allows certain governmental entities and federally recognized Indian tribes to receive supplemental reimbursements in addition to the federal payments discussed above for certain health care services, including ground emergency medical transportation services, pursuant to a State Plan for Medicaid. (42 U.S.C. §§ 1396a and 1396b; 42 C.F.R. §§ 433.50-433.74)

Section 10 of this bill ~~requires~~ **authorizes** the Director of the Department of Health and Human Services to include in the State Plan for Medicaid a voluntary program whereby such a governmental entity or Indian tribe may receive supplemental reimbursements, in addition to the payments the governmental entity or Indian tribe would otherwise receive from Medicaid, for ground emergency medical transportation services which are provided to recipients of Medicaid. In order to receive such reimbursements, the governmental entity or Indian tribe must: (1) hold a permit to operate an ambulance or vehicle of a fire-fighting agency; (2) participate in the State Plan for Medicaid; (3) enter into an agreement with the Department to reimburse the Department for the costs of implementing and administering the program; (4) pay the nonfederal share of the expenditures arising from providing such services; (5) certify that the claimed expenditures are eligible for federal financial participation; (6) submit to the

Department any required evidence of the claimed expenditures; and (7) maintain any records required by the Department.

Section 11 of this bill ~~requires~~ authorizes the Director to include in the State Plan a voluntary program to provide increased “capitation” (per patient) payments to a governmental entity or Indian tribe for ground emergency medical transportation services which are rendered pursuant to a contract or other arrangement with a Medicaid managed care plan. In order to participate in ~~the~~ such a program, a governmental entity, Indian tribe or managed care plan is required to enter into an agreement with the Department to: (1) comply with any request made by the Department to provide any information or data necessary to claim federal money or obtain federal approval; and (2) reimburse the Department for the administrative costs of the Department for implementing and administering the program. ~~The~~ A program would require the governmental entity or Indian tribe to make intergovernmental transfers of money to the Department in an amount corresponding with the amount of money spent rendering ground emergency medical transportation services. The Department would then use that money and money from the Federal Government to make increased capitation payments. ~~Section~~ If a program to provide increased capitation payments is established, section 11 ~~also~~ requires the Department to collect from each intergovernmental transfer a fee of 20 percent of the nonfederal share paid to the Department.

Sections 10 and 11 also provide that supplemental reimbursements and increased capitation payments will be paid only to the extent approved by the Federal Government.

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

Section 1. Chapter 422 of NRS is hereby amended by adding thereto the provisions set forth as sections 2 to 11, inclusive, of this act.

Sec. 2. *As used in sections 2 to 11, inclusive, of this act, unless the context otherwise requires, the words and terms defined in sections 3 to 9, inclusive, of this act have the meanings ascribed to them in those sections.*

Sec. 3. *“Advanced emergency medical technician” has the meaning ascribed to it in NRS 450B.025.*

Sec. 4. *“Ambulance” has the meaning ascribed to it in NRS 450B.040.*

Sec. 5. *“Emergency medical technician” has the meaning ascribed to it in NRS 450B.065.*

Sec. 6. *“Fire-fighting agency” has the meaning ascribed to it in NRS 450B.072.*

Sec. 7. *“Governmental provider” means a provider of ground emergency medical transportation services that is owned or operated by a state or local governmental entity or federally recognized Indian tribe.*

Sec. 8. *“Ground emergency medical transportation services” means emergency medical transportation services provided by an ambulance or a vehicle of a fire-fighting agency, including, without limitation, services provided by emergency medical technicians, advanced emergency medical technicians and paramedics in prestabilizing patients and preparing patients for transport.*

Sec. 9. *“Paramedic” has the meaning ascribed to it in NRS 450B.095.*

Sec. 10. 1. *The Director ~~shall~~ may include in the State Plan for Medicaid a voluntary program to provide supplemental reimbursements for ground emergency medical transportation services which are provided to recipients of Medicaid. ~~The~~ If such a program is included in the State Plan for Medicaid, the program must:*

(a) Provide that a governmental provider receive, in addition to the rate of payment that the governmental entity or Indian tribe would otherwise receive for ground emergency medical transportation services provided to recipients of

1 Medicaid, supplemental reimbursements for such services if the governmental
2 provider meets the requirements of subsection 2; and

3 (b) Be implemented without money from the State General Fund.

4 2. A governmental provider is not required to participate in ~~the~~ a program
5 established pursuant to this section. ~~++ If a program is established pursuant to~~
6 this section, a governmental provider that wishes to participate and receive the
7 supplemental reimbursements described in subsection 1 must:

8 (a) Hold a permit to operate an ambulance or a permit to operate a vehicle of
9 a fire-fighting agency at the scene of an emergency issued pursuant to NRS
10 450B.200;

11 (b) Participate as a provider in the State Plan for Medicaid;

12 (c) Enter into an agreement with the Department to reimburse the
13 Department for the costs of implementing and administering the program;

14 (d) Submit to the Department documentation supporting the amount claimed
15 as expenditures for ground emergency medical transportation services provided
16 to recipients of Medicaid and certifying that the claimed expenditures are eligible
17 for federal financial participation in accordance with 42 C.F.R. § 433.51;

18 (e) Submit to the Department any evidence required by the Department to
19 support the certification required by paragraph (d) and any data required by the
20 Department to determine the appropriate amount to claim as expenditures that
21 qualify for federal financial participation in accordance with the requirements of
22 42 C.F.R. § 433.51; and

23 (f) Prepare and maintain any records required by the Department in an
24 easily accessible manner.

25 3. The nonfederal share of the amount claimed as expenditures pursuant to
26 paragraph (d) of subsection 2 must be absorbed by the governmental provider.

27 4. ~~The~~ If a program is established pursuant to this section, the
28 Department shall:

29 (a) Evaluate the information submitted pursuant to subsection 2 and submit
30 claims for reimbursement to the Centers for Medicare and Medicaid Services of
31 the United States Department of Health and Human Services for the
32 expenditures that the Department determines qualify for federal financial
33 participation in accordance with the requirements of 42 C.F.R. § 433.51.

34 (b) Obtain prior approval from the Centers for Medicare and Medicaid
35 Services of the manner in which supplemental reimbursements will be calculated
36 and distributed pursuant to this section.

37 (c) Calculate and distribute supplemental reimbursements in the manner
38 approved by the Centers for Medicare and Medicaid Services.

39 (d) Cooperate with the Centers for Medicare and Medicaid Services in
40 carrying out the program established pursuant to this section and comply with all
41 requirements of the Centers for Medicare and Medicaid Services, including,
42 without limitation, those prescribed by 42 C.F.R. § 433.74, and any other
43 applicable federal law.

44 (e) Carry out the program established pursuant to this section only to the
45 extent approved by the Centers for Medicare and Medicaid Services.

46 (f) Annually submit any necessary materials to the Centers for Medicare and
47 Medicaid Services to ensure that claims for federal financial participation
48 include only expenditures authorized under federal law.

49 5. Supplemental reimbursements for ground emergency medical
50 transportation services paid to a governmental provider pursuant to this section:

51 (a) Must not exceed the amount of federal financial participation received
52 for claimed expenditures submitted pursuant to paragraph (d) of subsection 2;
53 and

1 (b) Must not, when combined with all other payments received for the
2 ground emergency medical transportation services pursuant to the State Plan for
3 Medicaid, exceed the costs of the governmental provider for providing the ground
4 emergency medical transportation services.

5 Sec. 11. 1. The Director ~~shall~~ may, in consultation with governmental
6 providers and Medicaid managed care plans, develop and include in the State
7 Plan for Medicaid a voluntary program to provide increased capitation payments
8 to governmental providers and Medicaid managed care plans for ground
9 emergency medical transportation services which are rendered pursuant to a
10 contract or other arrangement between a governmental provider and a Medicaid
11 managed care plan. ~~That~~ Any such program must be implemented without
12 money from the State General Fund.

13 2. ~~If a program is established pursuant to this section, a~~ governmental
14 provider or Medicaid managed care plan that wishes to participate in the
15 program ~~established pursuant to this section~~ must enter into an agreement with
16 the Department to:

17 (a) Comply with any request by the Department for information or data
18 necessary to claim federal money or obtain federal approval in connection with
19 the program; and

20 (b) Reimburse the Department as provided in subsection 7 for the
21 administrative costs incurred by the Department in implementing and
22 administering the program.

23 3. A governmental provider is not required to participate in ~~the~~ a program
24 established pursuant to this section. In addition to complying with the
25 requirements of subsection 2, a governmental provider that wishes to participate
26 in ~~the~~ a program established pursuant to this section must:

27 (a) Hold a permit to operate an ambulance or a permit to operate a vehicle of
28 a fire-fighting agency at the scene of an emergency issued pursuant to NRS
29 450B.200; and

30 (b) Provide ground emergency medical services to recipients of Medicaid
31 pursuant to a contract or other arrangement with a Medicaid managed care plan.

32 4. ~~If a program is established pursuant to this section, a~~ governmental
33 provider that meets the requirements of subsections 2 and 3 and wishes to receive
34 increased capitation payments must make an intergovernmental transfer of
35 money to the Department in an amount corresponding with the amount that the
36 governmental provider has spent on ground emergency medical transportation
37 services. To the extent that such intergovernmental transfers of money are made
38 by and accepted from a governmental provider, the Department shall make
39 increased capitation payments to the applicable Medicaid managed care plan. To
40 the extent permissible under federal law, the increased capitation payments must
41 be in amounts actuarially equivalent to or greater than the supplemental
42 payments available under the program established pursuant to section 10 of this
43 act for governmental providers who provide services on a fee-for-service basis.

44 5. Except as otherwise provided in subsection 6, all money associated with
45 intergovernmental transfers made and accepted pursuant to subsection 4 must be
46 used to make additional payments to governmental providers under the program
47 established pursuant to this section. A Medicaid managed care plan shall pay all
48 of any increased capitation payments made pursuant to subsection 4 to a
49 governmental provider for ground emergency medical transportation services
50 pursuant to a contract or other arrangement with the Medicaid managed care
51 plan.

52 6. The Department ~~shall~~ may implement the program described in this
53 section only to the extent that the program is approved by the Centers for

1 *Medicare and Medicaid Services and federal financial participation is available.*
2 *To the extent authorized by federal law, the Department may implement the*
3 *program for ground emergency medical transportation services provided before*
4 *the effective date of this section.*

5 ~~7. *If a program is established pursuant to this section, the*~~
6 *Department shall collect from each intergovernmental transfer of money made*
7 *under the provisions of this section an administrative fee of 20 percent of the*
8 *nonfederal share paid to the Department. The payment of such a fee is an*
9 *allowable cost for Medicaid reimbursement purposes.*

10 8. *If the Director determines that payments made under the provisions of*
11 *this section do not comply with federal requirements relating to Medicaid, the*
12 *Director may:*

13 (a) *Return or refuse to accept an intergovernmental transfer; or*
14 (b) *Adjust any payment made under the provisions of this section to comply*
15 *with federal requirements relating to Medicaid.*

16 9. *As used in this section, "Medicaid managed care plan" means a health*
17 *maintenance organization that provides health care services through managed*
18 *care to recipients of Medicaid under the State Plan for Medicaid.*

19 **Sec. 12.** NRS 232.320 is hereby amended to read as follows:

20 232.320 1. The Director:

21 (a) Shall appoint, with the consent of the Governor, administrators of the
22 divisions of the Department, who are respectively designated as follows:

23 (1) The Administrator of the Aging and Disability Services Division;
24 (2) The Administrator of the Division of Welfare and Supportive Services;
25 (3) The Administrator of the Division of Child and Family Services;
26 (4) The Administrator of the Division of Health Care Financing and
27 Policy; and
28 (5) The Administrator of the Division of Public and Behavioral Health.

29 (b) Shall administer, through the divisions of the Department, the provisions of
30 chapters 63, 424, 425, 427A, 432A to 442, inclusive, 446 to 450, inclusive, 458A
31 and 656A of NRS, NRS 127.220 to 127.310, inclusive, 422.001 to 422.410,
32 inclusive, *and sections 2 to 11, inclusive, of this act*, 422.580, 432.010 to 432.133,
33 inclusive, 432B.621 to 432B.626, inclusive, 444.002 to 444.430, inclusive, and
34 445A.010 to 445A.055, inclusive, and all other provisions of law relating to the
35 functions of the divisions of the Department, but is not responsible for the clinical
36 activities of the Division of Public and Behavioral Health or the professional line
37 activities of the other divisions.

38 (c) Shall administer any state program for persons with developmental
39 disabilities established pursuant to the Developmental Disabilities Assistance and
40 Bill of Rights Act of 2000, 42 U.S.C. §§ 15001 et seq.

41 (d) Shall, after considering advice from agencies of local governments and
42 nonprofit organizations which provide social services, adopt a master plan for the
43 provision of human services in this State. The Director shall revise the plan
44 biennially and deliver a copy of the plan to the Governor and the Legislature at the
45 beginning of each regular session. The plan must:

46 (1) Identify and assess the plans and programs of the Department for the
47 provision of human services, and any duplication of those services by federal, state
48 and local agencies;

49 (2) Set forth priorities for the provision of those services;

50 (3) Provide for communication and the coordination of those services
51 among nonprofit organizations, agencies of local government, the State and the
52 Federal Government;

(4) Identify the sources of funding for services provided by the Department and the allocation of that funding;

(5) Set forth sufficient information to assist the Department in providing those services and in the planning and budgeting for the future provision of those services; and

(6) Contain any other information necessary for the Department to communicate effectively with the Federal Government concerning demographic trends, formulas for the distribution of federal money and any need for the modification of programs administered by the Department.

(e) May, by regulation, require nonprofit organizations and state and local governmental agencies to provide information regarding the programs of those organizations and agencies, excluding detailed information relating to their budgets and payrolls, which the Director deems necessary for the performance of the duties imposed upon him or her pursuant to this section.

(f) Has such other powers and duties as are provided by law.

2. Notwithstanding any other provision of law, the Director, or the Director's designee, is responsible for appointing and removing subordinate officers and employees of the Department, other than the State Public Defender of the Office of State Public Defender who is appointed pursuant to NRS 180.010.

Sec. 13. 1. This section becomes effective upon passage and approval.

2. Sections 1 to 12, inclusive, of this act become effective upon passage and approval for the purpose of performing any tasks necessary to obtain the approval of the Centers for Medicare and Medicaid Services for ~~the programs described in sections 10 and 11~~ **a program established pursuant to section 10 or 11** of this act.

3. For all other purposes:

(a) Sections 1 to 9, inclusive, and 12 of this act become effective on the date:

(1) That ~~that~~ **a** program to provide supplemental reimbursements for ground emergency medical transportation services established pursuant to section 10 of this act is approved by the Centers for Medicare and Medicaid Services; or

(2) On which ~~that~~ **a** program to provide increased capitation payments to governmental providers for ground emergency medical transportation services established pursuant to section 11 of this act is approved by the Centers for Medicare and Medicaid Services,

↳ whichever is earlier;

(b) Section 10 of this act becomes effective on the date that ~~that~~ **a** program to provide supplemental reimbursements for ground emergency medical transportation services established pursuant to that section is approved by the Centers for Medicare and Medicaid Services; and

(c) Section 11 of this act becomes effective on the date that ~~that~~ **a** program to provide increased capitation payments to governmental providers for ground emergency medical transportation services established pursuant to that section is approved by the Centers for Medicare and Medicaid Services.