Session of 2010

## **HOUSE BILL No. 2673**

By Committee on Federal and State Affairs

2-9

AN ACT providing for assessments on certain nursing facilities; prescribing powers, duties and functions for the Kansas health policy authority; creating the quality care assessment fund; providing for implementation and administration.

Be it enacted by the Legislature of the State of Kansas:

Section 1. (a) As used in this section, and amendments thereto, unless the context requires otherwise:

- (1) Words and phrases have the meanings respectively ascribed thereto by K.S.A. 39-923 and amendments thereto.
- (2) "Skilled nursing care facility" means a licensed nursing facility providing skilled nursing care but shall not include the following: Skilled nursing care facilities which are waived from paying the assessment, the Kansas soldiers' home and the Kansas veterans' home.
- (3) "Licensed bed" means those beds within a skilled nursing care facility which the facility is licensed to operate.
  - (4) "Authority" means the Kansas health policy authority.
- (b) (1) Except as otherwise provided in this section and in subsection (f), there is hereby imposed and the authority shall assess an annual, uniform assessment per licensed bed, hereinafter called a quality care assessment, on each skilled nursing care facility. The assessment on all facilities in the aggregate shall be an amount fixed by rules and regulations of the authority, shall not exceed the maximum percentage of nursing facility inpatient revenues allowed under federal law \$1,200 annually per licensed bed and shall be imposed as an amount per licensed bed. No rules and regulations of the authority shall grant any exception to or exemption from the quality care assessment. The assessment shall be paid quarterly, with one fourth of the annual amount due by the 30th day after the end of the month of each calendar quarter. The assessment made for years subsequent to the third year from the date the provisions of this section are implemented shall not exceed 60% of the first assessment made under this section.
- (2) Beds licensed after July 1 each year shall pay a prorated amount of the applicable annual assessment so that the assessment applies only

for the days such new beds are licensed. The proration shall be calculated by multiplying the applicable assessment by the percentage of days the beds are licensed during the year. Any change which reduces the number of licensed beds in a facility shall not result in a refund being issued to the skilled nursing facility.

- (3) If an entity conducts, operates or maintains more than one licensed skilled nursing care facility, the entity shall pay the nursing facility assessment for each facility separately. No skilled nursing care facility shall create a separate line-item charge for the purpose of passing through the quality care assessment to residents. No skilled nursing care facility shall be guaranteed, expressly or otherwise, that any additional moneys paid to the facility under this section will equal or exceed the amount of its quality care assessment.
- (4) The payment of the quality care assessment to the authority shall be an allowable cost for medicaid reimbursement purposes. A rate adjustment pursuant to paragraph (5) of subsection (d) shall be made effective on the date of imposition of the assessment, to reimburse the portion of this cost imposed on medicaid days.
- (c) Each skilled nursing care facility shall prepare and submit to the authority any additional information required and requested by the authority to implement or administer the provisions of this section.
- (d) (1) There is hereby created in the state treasury the quality care fund, which shall be administered by the authority. All moneys received for the assessments imposed pursuant to subsection (b), including any penalty assessments imposed thereon pursuant to subsection (e), shall be remitted to the state treasurer in accordance with K.S.A. 75-4215, and amendments thereto. Upon receipt of each such remittance, the state treasurer shall deposit the entire amount in the state treasury to the credit of the quality care fund. All expenditures from the quality care fund shall be made in accordance with appropriation acts upon warrants of the director of accounts and reports issued pursuant to vouchers approved by the authority or the authority's designee.
- (2) All moneys in the quality care fund shall be used to finance initiatives to maintain or improve the quantity and quality of skilled nursing care in skilled nursing care facilities in Kansas. No moneys credited to the quality care fund shall be transferred to or otherwise revert to the state general fund at any time. Notwithstanding the provisions of any other law to the contrary, if any moneys credited to the quality care fund are transferred or otherwise revert to the state general fund, 30 days following the transfer or reversion the quality care assessment shall terminate and the authority shall discontinue the imposition, assessment and collection of the assessment. Upon termination of the assessment, all collected assessment revenues, including the moneys inappropriately trans-

ferred or reverting to the state general fund, less any amounts expended by the authority, shall be returned on a pro rata basis to skilled nursing care facilities that paid the assessment.

- (3) Any moneys received by the state of Kansas from the federal government as a result of federal financial participation in the state medicaid program that are derived from the quality care assessment shall be used to finance actions to maintain or increase healthcare in skilled nursing care facilities.
- (4) Moneys in the fund shall be used exclusively for the following purposes:
- (A) To pay administrative expenses incurred by the authority or its agent in performing the activities authorized by this section, except that such expenses shall not exceed a total of 1% of the aggregate assessment funds collected for the prior fiscal year;
- (B) to increase nursing facility payments to fund covered services to medicaid beneficiaries within medicare upper payment limits, as may be negotiated;
- (C) to reimburse the medicaid share of the quality care assessment as a pass-through medicaid allowable cost;
- (D) to restore the medicaid rate reductions implemented January 1, 2010;
- 22 (E) to restore funding for fiscal year 2010, including re-basing and 23 inflation;
  - (F) The remaining amount, if any, shall be expended for quality enhancement of skilled nursing care facilities but shall not be used directly or indirectly to replace existing state expenditures for payments to skilled nursing care facilities for providing services pursuant to the state medicaid program.
  - (5) Of the amount allocated pursuant to this subsection to increase or supplement the rates paid to skilled nursing care facilities for providing services pursuant to the state medicaid program, a rate adjustment shall first be made to reimburse the portion of the assessment imposed.
  - (6) Adjustment payments shall be paid on a quarterly basis to reimburse covered medicaid expenditures in the aggregate within the upper payment limit.
  - (7) (6) On or before the 10th day of each month, the director of accounts and reports shall transfer from the state general fund to the quality care fund interest earnings based on:
  - (A) The average daily balance of moneys in the quality care fund for the preceding month; and
  - (B) the net earnings rate of the pooled money investment portfolio for the preceding month.
  - (e) If a skilled nursing care facility fails to pay the full amount of the

quality care assessment imposed pursuant to subsection (b), when due and payable, including any extensions of time granted under that subsection, the authority shall assess a penalty in the amount of the lesser of 500 per day or 2% of the quality care assessment owed for each day the assessment is delinquent.

- (f) (1) The authority shall assess and collect quality care assessments imposed pursuant to subsection (b), including any penalty assessments imposed thereon pursuant to subsection (e), from skilled nursing care facilities on and after July 1, 2010, except that no assessments or penalties shall be assessed under subsections (a) through (f) until:
- (A) An amendment to the state plan for medicaid, which increases the rates of payments made to skilled nursing care facilities for providing services pursuant to the federal medicaid program and which is proposed for approval for purposes of subsections (a) through (f) is approved by the federal government; and
- (B) the skilled nursing care facilities have been compensated retroactively at the increased rate for services provided pursuant to the federal medicaid program for the period commencing on and after July 1, 2010.
- (2) The authority shall implement and administer the provisions of subsections (a) through (f) in a manner consistent with applicable federal medicaid laws and regulations. The authority shall seek any necessary approvals by the federal government that are required for the implementation of subsections (a) through (f).
- (3) The provisions of subsections (a) through (f) shall be null and void and shall have no force and effect if either of the following occur:
- (A) The medicaid plan amendment, which increases the rates of payments made to skilled nursing care facilities for providing services pursuant to the federal medicaid program and which is proposed for approval for purposes of subsections (a) through (f) is not approved by the federal centers for medicare and medicaid services; or
- (B) the rates of payments made to skilled nursing care facilities for providing services pursuant to the federal medicaid program are reduced below the rates calculated on June 30, 2010, increased by revenues in the quality care fund and matched by federal financial participation and rebasing as provided for in K.S.A. 2009 Supp. 75-5958, and amendments thereto.
- (g) If the provisions of subsections (a) through (f) are repealed, expire or become null and void and have no further force and effect, all moneys in the quality care fund which were paid under the provisions of subsections (a) through (f) shall be returned to the skilled nursing care facilities which paid such moneys on the basis on which such payments were assessed and paid pursuant to subsections (a) through (f).
  - (h) The authority may adopt rules and regulations necessary to im-

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plement the provisions of this section.

- For purposes of administering and selecting the reimbursements of moneys in the quality care assessment fund, the quality care improvement panel is hereby established. The panel shall consist of the following members: Two persons appointed by Kansas association of homes and services for the aging; two persons appointed by the Kansas health care association; one person appointed by Kansas advocates for better care; one person appointed by the Kansas hospital association; one person appointed by the governor who is a member of the Kansas adult care executive association appointed by the governor; an executive of a Kansas adult care home and whose employing home is not affiliated with any of the trade organizations specified in this subsection; one person appointed by the Kansas foundation for medical care; one person appointed by the governor from the department on aging; and one person appointed by the governor from the Kansas health policy authority. The panel shall meet as soon as possible subsequent to the effective date of this act and shall elect a chairperson from among the members appointed by the trade organizations specified in this subsection. The members of the quality care improvement panel shall serve without compensation or expenses. The quality care improvement panel shall report annually on or before January 10 to the legislature concerning the activities of the panel during the preceding calendar year and any recommendations which the panel may have concerning the administration of and expenditures from the quality care assessment fund.
- (j) The authority shall certify to the director of the budget of the department of administration the date upon which the provisions of this section are implemented. The provisions of this section shall expire four years subsequent to the implementation of this section.
- Sec. 2. This act shall take effect and be in force from and after its publication in the Kansas register.