

MEDICAID HOSPITAL SUPPLEMENTAL PAYMENT PROGRAM
CERTIFICATION OF GOVERNMENTAL ENTITY PARTICIPATION

On behalf of _____, a _____ organized under the laws of the State of Nevada (hereinafter referred to as "the Governmental Entity"), I, _____, affirm and certify the following:

1. *Legal Authorization.*

- a. The Governmental Entity is legally authorized to levy and collect ad valorem taxes, generate public revenue, or receive and expend appropriated public funds ("Public Funds");
- b. The Governmental Entity is legally authorized to enter into and has entered into Low Income and Needy Care Collaboration Agreements with one or more private hospitals ("the Participating Hospitals") for, among other purposes, providing low income and needy care in the community served by the Governmental Entity.

2. *Public Adoption and Access.*

- a. The governing body of the Governmental Entity adopted the conditions described in this certification in a manner that complies with Nevada law;
- b. Copies of all Low Income and Needy Care Collaboration Agreements will be made available as required by Nevada law, and will be provided to DHHS on request.

3. *Funding of Supplemental Payments.*

- a. The Governmental Entity has or has agreed to transfer Public Funds to the Nevada Department of Health and Human Services ("DHHS") for use as the non-federal share of supplemental Medicaid payments (the "Supplemental Payments") to the Participating Hospitals in accordance with the terms of the Nevada Medicaid State Plan ("the Supplemental Payment Program"). These Public Funds are from a permissible source of funding for the non-Federal share of Medicaid payments and are used solely for the purpose of funding the non-Federal share.
- b. All transfers of Public Funds by the Governmental Entity to DHHS to support the Supplemental Payments to the Participating Hospitals under the Supplemental Payment Program comply with:
 - i. The applicable laws that govern provider-related donations codified at section 1903(w) of the Social Security Act (42 U.S.C. §1396b(w)), and Title 42, Code of Federal Regulations, Part 433, subpart B, sections

433.52 and 433.54, as well as the applicable federal laws that govern other impermissible sources of funds, including recycled Medicaid payments, Federal dollars excluded from use as State match, and impermissible taxes;

- ii. The conditions approved by the federal Centers for Medicare and Medicaid Services ("CMS") for governmental entities' and private hospitals' participation in the Supplemental Payment Program; and
- iii. DHHS administrative rules codified at _____;

4. Assurances and Representations.

- a. The Governmental Entity does not and will not at any time receive any part of the supplemental Medicaid payments that are made by DHHS to the Participating Hospitals under the Supplemental Payment Program;
- b. The Governmental Entity has not entered and will not enter into any agreement to condition either the amount of the Public Funds transferred by the Governmental Entity or the amount of Medicaid supplemental payments a Participating Hospital receives on the amount of low income and needy care the Participating Hospital has provided or will provide;
- c. The Governmental Entity has not entered and will not enter into any agreement to condition the amount of any Participating Hospital's low income and needy care obligation on either the amount of Public Funds transferred by the Governmental Entity to DHHS or the amount of Supplemental Payment a Participating Hospital may be eligible to receive;
- d. With regard to any escrow, trust or other financial mechanism (an "Account") utilized in connection with the Public Funds transfer for the Medicaid Supplemental Payment, the following representations are true and correct:
 - i. The amount of any Account is not conditioned or contingent on the amount of low income and needy care services that a Participating Hospital provided or will provide;
 - ii. The Governmental Entity has disclosed the existence of any Account to DHHS; and
 - iii. Any such Account will not be used to effect a quid pro quo for the provision of low income and needy care services by or on behalf of the Participating Hospitals;

- e. The Governmental Entity has not received and will not receive refunds of payments the Governmental Entity made or makes to a Participating Hospital for any purpose in consideration for a contribution of Public Funds by the Governmental Entity to DHHS to support the Supplemental Payments;
- f. The Governmental Entity will not receive any cash or in-kind transfers from a Participating Hospital or any other entity acting on behalf of a Participating Hospital or group of Participating Hospitals other than transfers and transactions that:
 - i. Following the date this Certification was executed, are unrelated to the administration of the Supplemental Payment Program or the delivery of low income and needy care services under a Low Income and Needy Care Collaboration Agreement;
 - ii. Constitute fair market value for goods or services rendered or provided by the Governmental Entity to a Participating Hospital; and
 - iii. Represent independent, bona fide transactions negotiated at arms-length and in the ordinary course of business between the Participating Hospital and the Governmental Entity;
- g. The Governmental Entity will not:
 - i. Following the date this Certification was executed, assigned or agreed to assign a contractual or statutory obligation of the Governmental Entity to a Participating Hospital or any other entity acting on behalf of a Participating Hospital or group of Participating Hospitals; or
 - ii. Authorized or consented to the assumption of a statutory or contractual obligation of the Governmental Entity by a Participating Hospital or any other entity acting on behalf of a Participating Hospital or group of Participating Hospitals.

5. Evaluation.

- a. Consistent with its constitutional, statutory, and fiduciary obligations, the Governmental Entity may evaluate a private hospital's historical experience in providing low income and needy care in the community or performance under a Low Income and Needy Care Collaboration Agreement including the impact and amount of low income and needy care provided by the hospital, for the following purposes:
 - i. To determine whether the Governmental Entity will enter into a Low Income and Needy Care Collaboration Agreement with a private hospital;

- ii. To determine whether a Participating Hospital's participation benefited the community and whether its continued participation in the collaboration is likely to continue to benefit the community; and/or
 - iii. To provide accountability to taxpayers;
- b. The Governmental Entity's evaluation under this paragraph 5 may:
- i. Occur on a schedule determined by the Governmental Entity, but not more often than once each calendar quarter;
 - ii. Be documented in a manner sufficient to confirm achievement of the Governmental Entity's mission and provide an appropriate and constitutional basis on which to transfer the Public Funds to DHHS; and
 - iii. Not include consideration of matters prohibited under paragraph 4 of this Certification.

On behalf of the Governmental Entity, I hereby certify that I have read and understood the above statements; that the statements are true, correct, and complete; and that I am authorized to bind the Governmental Entity and to certify to the above.

Signature

Date

Name and Title

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