

Part 1 General Provisions

26-36a-101 Title.

This chapter is known as the "Hospital Provider Assessment Act."

Enacted by Chapter 179, 2010 General Session

26-36a-102 Legislative findings.

- (1) The Legislature finds that there is an important state purpose to improve the access of Medicaid patients to quality care in Utah hospitals because of continuous decreases in state revenues and increases in enrollment under the Utah Medicaid program.
- (2) The Legislature finds that in order to improve this access to those persons described in Subsection (1):
 - (a) the rates paid to Utah hospitals shall be adequate to encourage and support improved access; and
 - (b) adequate funding shall be provided to increase the rates paid to Utah hospitals providing services pursuant to the Utah Medicaid program.

Amended by Chapter 297, 2011 General Session

26-36a-103 Definitions.

As used in this chapter:

- (1) "Accountable care organization" means a managed care organization, as defined in 42 C.F.R. Sec. 438, that contracts with the department under the provisions of Section 26-18-405.
- (2) "Assessment" means the Medicaid hospital provider assessment established by this chapter.
- (3) "Discharges" means the number of total hospital discharges reported on worksheet S-3 Part I, column 15, lines 12, 14, and 14.01 of the 2552-96 Medicare Cost Report or on Worksheet S-3 Part I, column 15, lines 14, 16, and 17 of the 2552-10 Medicare Cost Report for the applicable assessment year.
- (4) "Division" means the Division of Health Care Financing of the department.
- (5) "Hospital":
 - (a) means a privately owned:
 - (i) general acute hospital operating in the state as defined in Section 26-21-2; and
 - (ii) specialty hospital operating in the state, which shall include a privately owned hospital whose inpatient admissions are predominantly:
 - (A) rehabilitation;
 - (B) psychiatric;
 - (C) chemical dependency; or
 - (D) long-term acute care services; and
 - (b) does not include:
 - (i) a residential care or treatment facility as defined in Section 62A-2-101;
 - (ii) a hospital owned by the federal government, including the Veterans Administration Hospital; or
 - (iii) a hospital that is owned by the state government, a state agency, or a political subdivision of the state, including:
 - (A) a state-owned teaching hospital; and

(B) the Utah State Hospital.

(6) "Medicare cost report" means CMS-2552-96 or CMS-2552-10, the cost report for electronic filing of hospitals.

(7) "State plan amendment" means a change or update to the state Medicaid plan.

Amended by Chapter 32, 2013 General Session