

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