

Effective 5/8/2018

Superseded 2/11/2019

26-36b-103 Definitions.

As used in this chapter:

- (1) "Assessment" means the inpatient hospital assessment established by this chapter.
- (2) "CMS" means the Centers for Medicare and Medicaid Services within the United States Department of Health and Human Services.
- (3) "Discharges" means the number of total hospital discharges reported on:
 - (a) Worksheet S-3 Part I, column 15, lines 14, 16, and 17 of the 2552-10 Medicare cost report for the applicable assessment year; or
 - (b) a similar report adopted by the department by administrative rule, if the report under Subsection (3)(a) is no longer available.
- (4) "Division" means the Division of Health Care Financing within the department.
- (5) "Enhancement waiver program" means the program established by the Primary Care Network enhancement waiver program described in Section 26-18-416.
- (6) "Health coverage improvement program" means the health coverage improvement program described in Section 26-18-411.
- (7) "Hospital share" means the hospital share described in Section 26-36b-203.
- (8) "Medicaid 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.
- (9) "Medicaid waiver expansion" means a Medicaid expansion in accordance with Section 26-18-415.
- (10) "Medicare cost report" means CMS-2552-10, the cost report for electronic filing of hospitals.
- (11)
 - (a) "Non-state government hospital" means a hospital owned by a non-state government entity.
 - (b) "Non-state government hospital" does not include:
 - (i) the Utah State Hospital; or
 - (ii) a hospital owned by the federal government, including the Veterans Administration Hospital.
- (12)
 - (a) "Private hospital" means:
 - (i) a general acute hospital, as defined in Section 26-21-2, that is privately owned and operating in the state; and
 - (ii) a privately owned specialty hospital operating in the state, including a privately owned hospital whose inpatient admissions are predominantly for:
 - (A) rehabilitation;
 - (B) psychiatric care;
 - (C) chemical dependency services; or
 - (D) long-term acute care services.
 - (b) "Private hospital" does not include a facility for residential treatment as defined in Section 62A-2-101.
- (13) "State teaching hospital" means a state owned teaching hospital that is part of an institution of higher education.
- (14) "Upper payment limit gap" means the difference between the private hospital outpatient upper payment limit and the private hospital Medicaid outpatient payments, as determined in accordance with 42 C.F.R. Sec. 447.321.