

28 **26-36a-203. Calculation of assessment.**

29 (1) The division shall calculate the inpatient upper payment limit gap for hospitals for
30 each state fiscal year.

31 (2) (a) An annual assessment is payable on a quarterly basis for each hospital in an
32 amount calculated at a uniform assessment rate for each hospital discharge, in accordance with
33 this section.

34 (b) The uniform assessment rate shall be determined using the total number of hospital
35 discharges for assessed hospitals divided into the total non-federal portion of the upper
36 payment limit gap.

37 (c) Any quarterly changes to the uniform assessment rate shall be applied uniformly to
38 all assessed hospitals.

39 (d) (i) Except as provided in Subsection (2)(d)(ii), the annual uniform assessment rate
40 may not generate more than the non-federal share of the annual upper payment limit gap for the
41 fiscal year.

42 ~~[(ii) (A) For fiscal year 2010 the assessment may not generate more than the
43 non-federal share of the annual upper payment limit gap for the fiscal year.]~~

44 ~~[(B) For fiscal year 2010-11 the department may generate an additional amount from
45 the assessment imposed under Subsection (2)(d)(i) in the amount of \$2,000,000 which shall be
46 used by the department and the division as follows:]~~

47 ~~[(F) \$1,000,000 to offset Medicaid mandatory expenditures; and]~~

48 ~~[(H) \$1,000,000 to offset the reduction in hospital outpatient fees in the state program.]~~

49 ~~[(E)]~~ (ii) For fiscal years 2011-12 and 2012-13 the department may generate an
50 additional amount from the assessment imposed under Subsection (2)(d)(i) in the amount of ~~Ŝ~~ :

50a **(A) ←Ŝ**

51 \$1,000,000 to offset Medicaid mandatory expenditures ~~Ŝ~~ ; **and**

51a **(B) the non-federal share to seed amounts needed to support capitated rates for**

51b **Accountable Care Organizations ←Ŝ** .

52 (3) (a) For state fiscal years 2010 and 2011, discharges shall be determined using the
53 data from each hospital's Medicare Cost Report contained in the Centers for Medicare and
54 Medicaid Services' Healthcare Cost Report Information System file as of April 1, 2009, for
55 hospital fiscal years ending between October 1, 2007, and September 30, 2008.

56 (b) If a hospital's fiscal year Medicare Cost Report is not contained in the Centers for
57 Medicare and Medicaid Services' Healthcare Cost Report Information System file dated March
58 31, 2009:

152 (b) for state fiscal year 2012~~[-using state fiscal year 2009 paid Medicaid inpatient~~
 153 ~~claims data; and];~~

154 (i) the amount of \$825 per Medicaid fee for service day, to a hospital that:

155 (A) is not a specialty hospital; and

156 (B) has less than 300 select access inpatient cases during the state fiscal year 2008; and

157 (ii) inpatient hospital access payments as determined by dividing the remaining

158 spending room available in the current year upper payment limit, after offsetting the payments

159 authorized under Subsection (3)(a)(i), by the total 2009 Medicaid inpatient hospital payments,

160 multiplied by the hospital's Medicaid inpatient payments for state fiscal year 2009 ~~↗~~ **↗** [-exclusive of

161 medical education and Medicaid disproportionate share payments] ~~↖~~ **↖** ; and

162 (c) for state fiscal year 2013~~[-using state fiscal year 2010 paid Medicaid inpatient~~
 163 ~~claims data.];~~

164 (i) the amount of \$825 per Medicaid fee for service day, to a hospital that:

165 (A) is not a specialty hospital; and

166 (B) has less than 300 select access inpatient cases during the state fiscal year 2008; and

167 (ii) inpatient hospital access payments as determined by dividing the remaining

168 spending room available in the current year upper payment limit, after offsetting the payments

169 authorized under Subsection (3)(a)(i), by the total 2010 Medicaid inpatient hospital payments,

170 multiplied by the hospital's Medicaid inpatient payments for state fiscal year 2010 ~~↗~~ **↗** [-exclusive of

171 medical education and Medicaid disproportionate share payments] ~~↖~~ **↖** .

172 ~~[(4) For both state fiscal years 2012 and 2013, the division shall submit adjustments to~~
 173 ~~the payment rates in Subsection (3)(a) to the Hospital Policy Review Board for their review.]~~

174 ~~[(5)]~~ (4) Medicaid inpatient hospital access payments shall be made:

175 (a) on a quarterly basis for inpatient hospital services furnished to Medicaid individuals
 176 during each quarter; and

177 (b) within 15 days after the end of each quarter.

178 ~~[(6)]~~ (5) A hospital's Medicaid inpatient access payment shall not be used to offset any

179 other payment by Medicaid for hospital inpatient or outpatient services to Medicaid

180 beneficiaries, including a:

181 (a) fee-for-service payment;

182 (b) per diem payment;