



UTAH STATE SENATE

UTAH STATE CAPITOL COMPLEX • 320 STATE CAPITOL
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February 7, 2013

Mr. President:

The Health and Human Services Committee reports a favorable recommendation on **S.B. 166**, HOSPITAL PROVIDER ASSESSMENT AMENDMENTS, by Senator L. Hillyard, with the following amendments and recommends it be considered read for the second time and placed on the Consent Calendar.

1. *Page 4, Line 111 through Page 5, Line 121:*

111 26-36a-203. Calculation of assessment.
112 ~~[(1) The division shall calculate the inpatient upper payment limit gap for hospitals~~
 for
113 ~~each state fiscal year.]~~
114 ~~[(2)]~~ (1) (a) An annual assessment is payable on a quarterly basis for each hospital in
115 an amount calculated at a uniform assessment rate for each hospital discharge, in
 accordance
116 with this section.
117 (b) The uniform assessment rate shall be determined using the total number of
 hospital
118 discharges for assessed hospitals divided into the total nonfederal portion ~~[of the upper~~
119 ~~payment limit gap]~~ in an amount {~~equal to the \$154 million~~} consistent with
 26-36a-205 that is needed to support capitated
120 rates for accountable care organizations for purposes of hospital services provided to
 Medicaid
121 enrollees.

Bill Number



SB0166

Action Class



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Action Code



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2. *Page 8, Line 242 through Page 9, Line 245:*

242 Quarterly assessments imposed by this chapter shall be paid to the division within
243 [~~10~~]
244 15 business days after the [~~hospital receives its Medicaid inpatient hospital access~~
245 ~~payment due~~
244 ~~for the applicable quarter under Section 26-36a-205]~~ original invoice date that
245 appears on the invoice issued by
245 the division.

3. *Page 9, Lines 247 through 253:*

247 26-36a-205. Medicaid hospital adjustment under accountable care organization
248 rates.
249 [~~(1)~~] To preserve and improve access to [~~hospitals~~] hospital services, the division
250 shall
251 [~~make Medicaid inpatient hospital access payments to hospitals in accordance with this~~
252 ~~section,~~
251 ~~Section 26-36a-204, and Subsection 26-36a-203(7)],~~ for accountable care organization
252 rates
252 effective on or after April 1, 2013, incorporate an annualized amount equal to \$154
253 million into the
253 accountable care organization rate structure calculation consistent with the certified
253 actuarial rate range.

4. *Page 11, Line 328 through Page 12, Line 340:*

328 Section 7. Section **26-36a-207** is amended to read:
329 26-36a-207. Restricted Special Revenue Fund -- Creation -- Deposits.
330 (1) There is created a restricted special revenue fund known as the "Hospital
331 Provider
331 Assessment Special Revenue Fund."
332 (2) The fund shall consist of:
333 (a) the assessments collected by the department under this chapter;
334 (b) any interest and penalties levied with the administration of this chapter; and
335 (c) any other funds received as donations for the restricted fund and appropriations
336 from other sources.

- 337 (3) Money in the fund shall be used:
338 [~~(a) to make inpatient hospital access payments under Section 26-36a-205; and]~~
339 (a) to support capitated rates consistent with 26-36a-203(1)(d) for accountable
care organizations { in an amount equal to
340 \$154 million } ; and

Respectfully,

Evan J. Vickers
Committee Chair

Voting: 4-0-1

4 SB0166.SC1.WPD markandrews/MDA AKJ/MDA 2/7/13 2:43 pm