## S.B. 166 HOSPITAL PROVIDER ASSESSMENT AMENDMENTS

| Senate Committee Amendments  | Amendment 3 | FEBRUARY 7, 2013 2:20 PM               |
|------------------------------|-------------|--|
| SERVICE COMMITTEE TWENDWENTS |             | 12000000000000000000000000000000000000 |

Senator Lyle W. Hillyard proposes the following amendments:

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 | $\left[\frac{(2)}{(1)}\right]$ (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.   |  |
|     |  |  |

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

- 242 Quarterly assessments imposed by this chapter shall be paid to the division within [<del>10</del>]
- 243 <u>15</u> business days after the [hospital receives its Medicaid inpatient hospital access payment due
- 244 for the applicable quarter under Section 26-36a-205] <u>original invoice</u> date that appears on the invoice issued by
- 245 <u>the division</u>.
- 3. Page 9, Lines 247 through 253:

247 26-36a-205. Medicaid hospital adjustment under accountable care organization

- rates.
- 249 [(1)] To preserve and improve access to [hospitals] hospital services, the division shall
- 250 [make Medicaid inpatient hospital access payments to hospitals in accordance with this section,
- 251 Section 26-36a-204, and Subsection 26-36a-203(7)], for accountable care organization rates
- 252 <u>effective on or after April 1, 2013, incorporate an</u> <u>annualized</u> <u>amount equal to \$154 million into the</u>
- 253 accountable care organization rate structure <u>calculation</u> consistent with the certified 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 Provider
- 331 Assessment Special Revenue Fund."
- 332 (2) The fund shall consist of:
- 333 (a) the assessments collected by the department under this chapter;
- (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
- 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 <u>\$154 million</u>**} ; and