

57 **26-36d-103. Definitions.**58 As used in this chapter:59 (1) "Accountable care organization" means a managed care organization, as defined in
60 42 C.F.R. Sec. 438, that contracts with the department under the provisions of Section61 26-18-405.62 (2) "Assessment" means the Medicaid hospital provider assessment established by this
63 chapter.64 (3) "Discharges" means the number of total hospital discharges reported on ~~§~~→ [worksheet]64a **Worksheet** ←~~§~~65 S-3 Part I, column 15, lines 12, 14, and 14.01 of the 2552-96 Medicare Cost Report or on66 Worksheet S-3 Part I, column 15, lines 14, 16, and 17 of the 2552-10 Medicare Cost Report for
67 the applicable assessment year.68 (4) "Division" means the Division of Health Care Financing of the department.69 (5) "Hospital":70 (a) means a privately owned:71 (i) general acute hospital operating in the state as defined in Section 26-21-2; and72 (ii) specialty hospital operating in the state, which shall include a privately owned
73 hospital whose inpatient admissions are predominantly:74 (A) rehabilitation;75 (B) psychiatric;76 (C) chemical dependency; or77 (D) long-term acute care services; and78 (b) does not include:79 (i) a human services program, as defined in Section 62A-2-101;80 (ii) a hospital owned by the federal government, including the Veterans Administration
81 Hospital; or82 (iii) a hospital that is owned by the state government, a state agency, or a political
83 subdivision of the state, including:84 ~~§~~→ [(iv)] (A) ←~~§~~ a state-owned teaching hospital; and85 ~~§~~→ [(v)] (B) ←~~§~~ the Utah State Hospital.86 (6) "Medicare Cost Report" means CMS-2552-96 or CMS-2552-10, the cost report for
87 electronic filing of hospitals.

150 ending between July 1, 2010, and June 30, 2011;

151 (iii) for state fiscal year 2015, the hospital's cost report data for the hospital's fiscal year
 152 ending between July 1, 2011, and June 30, 2012;

153 (iv) for state fiscal year 2016, the hospital's cost report data for the hospital's fiscal year
 154 ending between July 1, 2012, and June 30, 2013; and

155 (v) for each subsequent state fiscal year, the hospital's cost report data for the hospital's
 156 fiscal year that ended in the state fiscal year two years prior to the assessment fiscal year.

157 (b) If a hospital's fiscal year Medicare Cost Report is not contained in the Centers for
 158 Medicare and Medicaid Services' Healthcare Cost Report Information System file:

159 (i) the hospital shall submit to the division a copy of the hospital's Medicare Cost
 160 Report applicable to the assessment year; and

161 (ii) the division shall determine the hospital's discharges.

162 (c) If a hospital is not certified by the Medicare program and is not required to file a
 163 Medicare Cost Report:

164 (i) the hospital shall submit to the division its applicable fiscal year discharges with
 165 supporting documentation;

166 (ii) the division shall determine the hospital's discharges from the information
 167 submitted under Subsection (2)(c)(i); and

168 (iii) the failure to submit discharge information shall result in an audit of the hospital's
 169 records and a penalty equal to 5% of the calculated assessment.

170 (3) Except as provided in Subsection (4), if a hospital is owned by an organization that
 171 owns more than one hospital in the state:

172 (a) the assessment for each hospital shall be separately calculated by the department;
 173 and

174 (b) each separate hospital shall pay the assessment imposed by this chapter.

175 (4) Notwithstanding the requirement of Subsection (3), if multiple hospitals use the
 176 same Medicaid provider number:

177 (a) the department shall calculate the assessment in the aggregate for the hospitals
 178 using the same Medicaid provider number; and

179 ~~§~~ ~~(5)~~ ~~(b)~~ ~~←~~ ~~§~~ the hospitals may pay the assessment in the aggregate.

180 Section 7. Section ~~26-36d-204~~ is repealed and reenacted to read:

212 (B) any unpaid penalty assessment.

213 ~~§~~ → [(3)] (c) ← ~~§~~ Upon making a record of its actions, and upon reasonable cause shown, the
213a division

214 may waive, reduce, or compromise any of the penalties imposed under this part.

215 Section 10. Section ~~26-36d-207~~ is repealed and reenacted to read:

216 **26-36d-207. Hospital Provider Assessment Expendable Revenue Fund.**

217 (1) There is created an expendable special revenue fund known as the "Hospital
218 Provider Assessment Expendable Revenue Fund."

219 (2) The fund shall consist of:

220 (a) the assessments collected by the department under this chapter;

221 (b) any interest and penalties levied with the administration of this chapter; and

222 (c) any other funds received as donations for the fund and appropriations from other
223 sources.

224 (3) Money in the fund shall be used:

225 (a) to support capitated rates consistent with Subsection ~~26-36d-203~~(1)(d) for
226 accountable care organizations; and

227 (b) to reimburse money collected by the division from a hospital through a mistake
228 made under this chapter.

229 Section 11. Section ~~26-36d-208~~ is repealed and reenacted to read:

230 **26-36d-208. Repeal of assessment.**

231 (1) The repeal of the assessment imposed by this chapter shall occur upon the
232 certification by the executive director of the department that the sooner of the following has
233 occurred:

234 (a) the effective date of any action by Congress that would disqualify the assessment
235 imposed by this chapter from counting toward state Medicaid funds available to be used to
236 determine the federal financial participation;

237 (b) the effective date of any decision, enactment, or other determination by the
238 Legislature or by any court, officer, department, or agency of the state, or of the federal
239 government that has the effect of:

240 ~~§~~ → [(c)] (i) ← ~~§~~ disqualifying the assessment from counting towards state Medicaid funds
240a available

241 to be used to determine federal financial participation for Medicaid matching funds; or

242 ~~§~~ → [(d)] (ii) ← ~~§~~ creating for any reason a failure of the state to use the assessments for the
242a Medicaid

243 program as described in this chapter;

244 ~~§~~ → [(e)] (c) ← ~~§~~ the effective date of:

245 (i) an appropriation for any state fiscal year from the General Fund for hospital
 246 payments under the state Medicaid program that is less than the amount appropriated for state
 247 fiscal year 2012;

248 (ii) the annual revenues of the state General Fund budget return to the level that was
 249 appropriated for fiscal year 2008;

250 (iii) a division change in rules that reduces any of the following below July 1,
 250a 2011 ~~§~~ → , ← ~~§~~
 251 payments:

252 (A) aggregate hospital inpatient payments;

253 (B) adjustment payment rates; or

254 (C) any cost settlement protocol; or

255 (iv) a division change in rules that reduces the aggregate outpatient payments below
 256 July 1, 2011 ~~§~~ → , ← ~~§~~ payments; and

257 ~~§~~ → [(f)] (d) ← ~~§~~ the sunset of this chapter in accordance with Section [63I-1-226](#).

258 (2) If the assessment is repealed under Subsection (1), money in the fund that was
 259 derived from assessments imposed by this chapter, before the determination made under
 260 Subsection (1), shall be disbursed under Section [26-36d-205](#) to the extent federal matching is
 261 not reduced due to the impermissibility of the assessments. Any funds remaining in the special
 262 revenue fund shall be refunded to the hospitals in proportion to the amount paid by each
 263 hospital.

264 Section 12. Section **63I-1-226** is amended to read:

265 **63I-1-226. Repeal dates, Title 26.**

266 (1) Section [26-1-40](#) is repealed July 1, 2019.

267 (2) Title 26, Chapter 9f, Utah Digital Health Service Commission Act, is repealed July
 268 1, 2025.

269 (3) Section [26-10-11](#) is repealed July 1, 2020.

270 (4) Subsection [26-18-417](#)(3) is repealed July 1, 2020.

271 (5) Title 26, Chapter 33a, Utah Health Data Authority Act, is repealed July 1, 2024.

272 (6) Title 26, Chapter 36b, Inpatient Hospital Assessment Act, is repealed July 1, 2024.

273 (7) Title 26, Chapter 36c, Medicaid Expansion Hospital Assessment Act, is repealed

274 July 1, 2024.

275 (8) Title 26, Chapter 36d, Hospital Provider Assessment Act, is repealed July 1, [2019]

276 2024.

277 ~~§→ [(9) Title 26, Chapter 56, Hemp Extract Registration Act, is repealed January 1, 2019.~~

278 ~~————(10)] (9) ←§~~ Title 26, Chapter 63, Nurse Home Visiting Pay-for-Success Program, is
278a repealed

279 July 1, 2026.

280 Section 13. **Retrospective operation -- Effective date.**

281 This bill has retrospective operation to December 1, 2018, except that the amendments

282 to Section [63I-1-226](#) take effect on May 14, 2019.