

**249M.2 Definitions.**

As used in this chapter, unless the context otherwise requires:

1. “*Assessment*” means the hospital health care access assessment imposed pursuant to this chapter.
2. “*Department*” means the department of human services.
3. “*Net patient revenue*” means all revenue reported by a hospital on the hospital’s 2008 Medicare cost report for acute patient care and services, but does not include contractual adjustments, charity care, bad debt, Medicare revenue, or other revenue derived from sources other than hospital operations including but not limited to nonoperating revenue, other operating revenue, skilled nursing facility revenue, physician revenue, and long-term care revenue.
4. “*Nonoperating revenue*” means income from activities not relating directly to the day-to-day operations of a hospital such as gains from disposal of a hospital’s assets, dividends and interests from security investments, gifts, grants, and endowments.
5. “*Other operating revenue*” means income from nonpatient care services including but not limited to tax levy receipts, laundry services, gift shop operations, meal services to individuals other than patients, and vending machine commissions.
6. “*Participating hospital*” means a nonstate-owned hospital licensed under chapter 135B that is paid on a prospective payment system basis by Medicare and the medical assistance program for inpatient and outpatient services.
7. “*Program*” means the hospital health care access assessment program created in this chapter.
8. “*Trust fund*” means the hospital health care access trust fund created in section 249M.4.
9. “*Upper payment limit*” means the maximum ceiling imposed by federal regulation on a participating hospital’s medical assistance program reimbursement for inpatient services under 42 C.F.R. § 447.272 and outpatient services under 42 C.F.R. § 447.321, calculated separately for hospital inpatient and outpatient services, and excluding from the calculation medical assistance program disproportionate share hospital payments.

2010 Acts, ch 1135, §3, 9

For contingency provisions relating to implementation of this chapter and collection of hospital health care access assessment; see 2010 Acts, ch 1135, §7 - 9

NEW section