

TITLE 414 HOSPITAL COUNCIL

LSA Document #03-277(F)

DIGEST

Adds 414 IAC to set licensure fees for hospitals and ambulatory outpatient surgical centers. Effective 30 days after filing with the secretary of state.

414 IAC

SECTION 1. 414 IAC IS ADDED TO READ AS FOLLOWS:

TITLE 414 HOSPITAL COUNCIL

ARTICLE 1. LICENSURE FEES FOR HOSPITALS AND AMBULATORY OUTPATIENT SURGICAL CENTERS

Rule 1. Fees

414 IAC 1-1-1 Hospital license fees

Authority: IC 16-21-2-12; IC 16-21-2-14

Affected: IC 16-21-1; IC 16-21-2; IC 16-21-6-3

Sec. 1. (a) Each hospital licensed under IC 16-21-2 and 410 IAC 15 shall pay a license fee or annual renewal fee.

(b) An application for a hospital license must be accompanied by a licensing fee at the rate set in the fee schedule in this subsection. Annual renewal fees will be due upon application, as provided by 410 IAC 15-1.3, for an annual renewal of a hospital's license based upon total operating expenses as reported to the state department of health on the most recently filed hospital fiscal report (State Form 49520) required by IC 16-21-6-3. The fee schedule shall be as follows:

Total Operating Expenses	Fee
0 – \$49,999,999	\$1,000
\$50,000,000 – \$99,999,999	\$2,000
\$100,000,000 – \$199,999,999	\$3,000
\$200,000,000 – \$299,999,999	\$4,000
\$300,000,000 and above	\$5,000

(Hospital Council; 414 IAC 1-1-1; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2723)

414 IAC 1-1-2 Ambulatory outpatient surgical center license fees

Authority: IC 16-21-2-12; IC 16-21-2-14

Affected: IC 16-21-1; IC 16-21-2

Sec. 2. (a) Each ambulatory outpatient surgical center licensed under IC 16-21-2 and 410 IAC 15 shall pay a license fee or annual renewal fee.

(b) Ambulatory outpatient surgical center license fees will be due upon initial application for and annual renewal of the ambulatory outpatient surgical center's license based upon total annual procedures performed

as reported to the state department of health in section III, total patients and procedures, on the fourth quarter quarterly utilization review report/ambulatory surgery center (State Form 49933). The fee schedule shall be as follows:

Total Annual Procedures	Fee
0 – 799	\$500
800 – 3,499	\$1,000
3,500 – 6,999	\$2,000
7,000 and above	\$3,000

(Hospital Council; 414 IAC 1-1-2; filed Apr 16, 2004, 10:30 a.m.: 27 IR 2723)

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Approved by Governor: April 8, 2004

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Incorporated Documents Filed with Secretary of State: None