

Health Care Costs Reduction and Transparency Act of 2013
 Hospital and Ambulatory Surgical Center
 Temporary Rules Public Comments - Data Reporting
 Comment Period 9/25/14 – 10/17/14

Commenter	Rule	Comment Summary	Agency Response
<p>Wilmington Gastroenterology</p>	<p>ASC 10A NCAC 13C .0103 10A NCAC 13C .0206</p>	<p>The nature of the data requested would put another regulatory burden on the facility that would be difficult to comply with because the requested data is not easily reported from their electronic billing system and/or electronic health record. It would require a manual calculation by reviewing each case and tabulating the results by hand.</p>	<p>The law specifies the reporting data requirements. Providers will need to determine the most efficient method to derive the data required from their billing systems for quarterly reporting to be in compliance with the law.</p>
<p>North Carolina Hospital Association</p>	<p>Hospital 10A NCAC 13B .2102 (b)</p>	<p>Certain hospitals including critical access and acute rehabilitation hospitals do not operate under the DRG based CMS inpatient payment system, therefore have no specific DRG values that can be compared with those values reported by hospitals on the DRG payment system. Recommends modifications to rule to reflect those differences or exemption from inpatient reporting.</p> <p>Recommends DHSR and NC MCC establish a reporting process enabling hospitals to submit data directly that does not require additional fees paid by provider for data submission due to hospital’s significant compliance cost for reporting.</p>	<p>The law defines a hospital as “a medical care facility licensed under Article 5 of this Chapter or under Article 2 of 122C of the General Statutes.” The law does not grant authority for exemptions to reporting requirements. The Division is at the table with a study workgroup to recommend exceptions from certain requirements of the Act pursuant to Section 12G.3 of Senate Bill 744 where this can be addressed.</p> <p>Data will be reported to the certified statewide data processor for both hospitals and ASCs. There is no appropriation of staff or funding in DHSR for the direct submission of data to take place.</p>

