

1 10A NCAC 13B .2101 is proposed for adoption as follows:
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3 **SECTION .2100 – TRANSPARENCY IN HEALTH CARE COSTS**
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6 **10A NCAC 13B .2101 DEFINITIONS**

7 The following definitions shall apply throughout this section, unless text otherwise indicates to the contrary:

- 8 (1) “Commission” means the North Carolina Medical Care Commission.
9 (2) “Current Procedural Terminology (CPT)” means a medical code set developed by the American
10 Medical Association.
11 (3) “Diagnostic Related Group (DRG)” means a system to classify hospital cases assigned by a grouper
12 program based on ICD (International Classification of Diseases) diagnoses, procedures, patient’s
13 age, sex, discharge status, and the presence of complications or co-morbidities.
14 (4) “Department” means the North Carolina Department of Health and Human Services.
15 (5) “Financial Assistance” means a policy, including charity care, describing how the organization will
16 provide assistance at its hospital(s) and any other facilities. Financial assistance includes free or
17 discounted health services provided to persons who meet the organization’s criteria for financial
18 assistance and are unable to pay for all or a portion of the services. Financial assistance does not
19 include:
20 (a) bad debt;
21 (b) uncollectable charges that the organization recorded as revenue but wrote off due
22 to a patient’s failure to pay;
23 (c) the cost of providing such care to such patients;
24 (d) the difference between the cost of care provided under Medicare or other
25 government programs, and the revenue derived therefrom.
26 (6) “Governing Body” means the authority as defined in G.S. 131E-76.
27 (7) “Healthcare Common Procedure Coding System (HCPCS)” means a three tiered medical code set
28 consisting of Level I, II and III services and contains the CPT code set in Level I.
29 (8) “Health Insurer” means service benefit plans, managed care organizations, or other parties that are
30 by statute, contract, or agreement, legally responsible for payment of a claim for a health care item
31 or service as a condition of doing business in the State. This excludes self-insured plans and
32 group health plans as defined in section 607(1) of the Employee Retirement Income Security Act
33 of 1974.
34 (9) “Hospital” means a medical care facility licensed under Article 5 of Chapter 131E or under Article
35 2 of Chapter 122C of the General Statutes.
36 (10) “Public or Private Third Party” means the State, federal government, employers, health insurers,
37 third-party administrators and managed care organizations.
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1 History Note: Authority G.S. 131E-214.7; S.L. 2013-382(s.10.1),(s.13.1);
2 Eff. November 1, 2014.
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