

1 10A NCAC 13B .2102 is proposed for temporary adoption as follows:

2  
3 **10A NCAC 13B .2102 REPORTING REQUIREMENTS**

4 (a) The Department shall establish the lists of the statewide 100 most frequently reported DRGs, 20 most common  
5 outpatient imaging procedures, and 20 most common outpatient surgical procedures performed in the hospital setting  
6 to be used for reporting the data required in Paragraphs (b) through (d) of this Rule. The lists shall be determined  
7 based on data provided by the certified statewide data processor. The Department shall make the lists available on its  
8 website at: <http://www.ncdhhs.gov/dhsr/ahc>.

9 (b) In accordance with G.S. 131E-214.13 and quarterly per year all licensed hospitals shall report the data required in  
10 Paragraph (d) of this Rule related to the statewide 100 most common DRGs to the certified statewide data processor  
11 in a format provided by the certified statewide processor. The data reported shall be from the quarter ending three  
12 months previous to the date of reporting and includes all sites operated by the licensed hospital.

13 (c) In accordance with G.S. 131E-214.13 and quarterly per year all licensed hospitals shall report the data required in  
14 Paragraph (d) of this Rule related to the statewide 20 most common outpatient imaging procedures and the statewide  
15 20 most common outpatient surgical procedures to the certified statewide data processor in a format provided by the  
16 certified statewide processor. This report shall include the related primary CPT and HCPCS codes. The data reported  
17 shall be from the quarter ending three months previous to the date of reporting and includes all sites operated by the  
18 licensed hospital.

19 (d) The reports as described in Paragraphs (b) and (c) of this Rule shall be specific to each reporting hospital and shall  
20 include:

21 (1) the average gross charge for each DRG or procedure if all charges are paid in full without any  
22 portion paid by a public or private third party;

23 (2) the average negotiated settlement on the amount that will be charged for each DRG or procedure as  
24 required for patients defined in Paragraph (d)(1) of this Rule. The average negotiated settlement is  
25 to be calculated using the average amount charged all patients eligible for the hospital's financial  
26 assistance policy, including self-pay patients;

27 (3) the amount of Medicaid reimbursement for each DRG or procedure, including all supplemental  
28 payments to and from the hospital;

29 (4) the amount of Medicare reimbursement for each DRG or procedure; and

30 (5) on behalf of patients who are covered by a Department of Insurance licensed third-party and teachers  
31 and State employees, report the lowest, average, and highest amount of payments made for each  
32 DRG or procedure by each of the hospital's top five largest health insurers.

33 (A) each hospital shall determine its five largest health insurers based on the dollar volume of  
34 payments received from those insurers;

35 (B) the lowest amount of payment shall be reported as the lowest payment from each of the  
36 five insurers on the DRG or procedure;

1 (C) the average amount of payment shall be reported as the arithmetic average of each of the  
2 five health insurers payment amounts;

3 (D) the highest amount of payment shall be reported as the highest payment from each of the  
4 five insurers on the DRG or procedure; and

5 (E) the identity of the top five largest health insurers shall be redacted prior to submission.

6 (e) The data reported, as defined in Paragraphs (b) through (d) of this Rule, shall reflect the payments received from  
7 patients and health insurers for all closed accounts. For the purpose of this Rule, closed accounts are patient accounts  
8 with a zero balance at the end of the data reporting period.

9 (f) A minimum of three data elements shall be required for reporting under Paragraphs (b) and (c) of this Rule.

10 (g) The information submitted in the report shall be in compliance with the federal “Health Insurance Portability and  
11 Accountability Act of 1996.”

12 (h) The Department shall provide the location of each licensed hospital and all specific hospital data reported pursuant  
13 to this Rule on its website. Hospitals shall be grouped by category on the website. On each quarterly report, hospitals  
14 shall determine one category that most accurately describes the type of facility. The categories are:

15 (1) “Academic Medical Center Teaching Hospital,” means a hospital as defined in Policy AC-  
16 3 of the N.C. State Medical Facilities Plan. The N.C. State Medical Facilities Plan can be  
17 accessed at the Division’s website at: <http://www.ncdhhs.gov/dhsr/ncsmfp>.

18 (2) “Teaching Hospital,” means a hospital that provides medical training to individuals  
19 provided that such educational programs are accredited by the Accreditation Council for  
20 Graduated Medical Education to receive graduate medical education funds from the  
21 Centers for Medicare & Medicaid Services.

22 (3) “Community Hospital,” means a general acute hospital that provides diagnostic and medical  
23 treatment, either surgical or nonsurgical, to inpatients with a variety of medical conditions, and that  
24 may provide outpatient services, anatomical pathology services, diagnostic imaging services,  
25 clinical laboratory services, operating room services, and pharmacy services, that is not defined by  
26 the categories listed in this Subparagraph and Subparagraphs (h)(1), (2), or (5) of this Rule.

27 (4) “Critical Access Hospital,” means a hospital defined in the Centers for Medicare & Medicaid  
28 Services’ State Operations Manual, Chapter 2 – The Certification Process, 2254D – Requirements  
29 for Critical Access Hospitals (Rev. 1, 05-21-04), including all subsequent updates and revisions.  
30 The manual may be accessed at no cost at the internet website: [http://www.cms.gov/Regulations-](http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf)  
31 and-Guidance/Guidance/Manuals/downloads/som107ap\_a\_hospitals.pdf

32 (5) “Mental Health Hospital,” means a hospital providing psychiatric services as defined in G.S.  
33 131E-176(21).

34  
35 History Note: Authority G.S.131E-214.4; 131E-214.13; S.L. 2013-382(s.10.1); S.L. 2014-100;

36 Temporary Adoption Eff. January 31, 2015.