

1 10A NCAC 13B .2101 is adopted with changes under temporary procedures as follows:

2
3 **SECTION .2100 – TRANSPARENCY IN HEALTH CARE COSTS**
4

5 **10A NCAC 13B .2101 DEFINITIONS**

6 ~~The following definitions~~ In addition to the terms defined in G.S. 131E-214.13, the following terms shall apply
7 ~~throughout this section, Section,~~ unless text otherwise indicates to the contrary:

8 ~~(1) “Commission” means the North Carolina Medical Care Commission.~~

9 ~~(2)~~ (1) “Current Procedural Terminology (CPT)” means a medical code set developed by the American
10 Medical Association.

11 ~~(3)~~ (2) “Diagnostic ~~Related Group~~ related group (DRG)” means a system to classify hospital cases assigned
12 by a grouper program based on ICD (International Classification of Diseases) diagnoses,
13 procedures, patient’s age, sex, discharge status, and the presence of complications or co-morbidities.

14 ~~(4)~~ (3) “Department” means the North Carolina Department of Health and Human Services.

15 ~~(5)~~ (4) “~~Financial Assistance~~” assistance” means a policy, including charity care, describing how the
16 organization will provide assistance at its hospital(s) and any other ~~facilities,~~ facilities. Financial
17 assistance includes free or discounted health services provided to persons who meet the
18 organization’s criteria for financial assistance and are unable to pay for all or a portion of the
19 services. Financial assistance does not 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;~~ the patients in Sub-Item (4)(b);
24 or

25 (d) the difference between the cost of care provided under Medicare or other
26 government programs, and the revenue derived therefrom.

27 ~~(6) “Governing Body” means the authority as defined in G.S. 131E-76.~~

28 ~~(7)~~ (5) “Healthcare Common Procedure Coding System (HCPCS)” means a ~~three-tiered~~ three-tiered medical
29 code set consisting of Level I, II and III services and contains the CPT code set in Level I.

30 ~~(8) “Health Insurer” means an entity that writes a health benefit plan as defined in G.S. 131E-~~
31 ~~214.13(a)(3).~~

32 ~~(9) “Hospital” means a medical care facility licensed under Article 5 of Chapter 131E or under Article~~
33 ~~2 of Chapter 122C of the General Statutes.~~

34 ~~(10) “Public or Private Third Party” means the State, federal government, employers, health insurers,~~
35 ~~third party administrators and managed care organizations.~~

1 *History Note:* *Authority G.S. 131E-214.13; S.L. 2013-382(s.10.1); S.L. 2013-382(s.13.1); S.L. ~~2014-100~~; 2014-*
2 *100(s. 12G.2)*;
3 *Temporary Adoption Eff. December 31, 2014.*