

Health Care Cost Reduction and Transparency Quarterly Report

No Data to Report

This form must be submitted on a quarterly basis

Facility Name: _____

Licensure Number: _____

Site Address: _____

Reporting Period (Please list months and year): _____

The facility is a hospital / ambulatory surgical facility as defined in NCGS §131E-214.13.

In accordance with NCGS §131E-214.13, a facility is required to report data related to the 100 most common DRGs, 20 most common outpatient imaging procedures, and 20 most common outpatient surgical procedures to the certified statewide data processor for DHHS.

This facility does not perform the 20 most common outpatient imaging procedures, or 20 most common outpatient surgical procedures, and has no data to report in relation to the 100 most common DRGs as listed on the Department's website at <http://www.ncdhhs.gov/dhsr/ahc/hb834/index.html>. This facility has no data to report in accordance with the reporting requirements of NCGS §131E-214.13, 10 NCAC 13C .0206, or 10A NCAC 13B .2102. This documentation is submitted to the statewide data processor as an acceptable format for reports from a facility that does not perform the 20 most common outpatient imaging procedures, 20 most common outpatient surgical procedures, or the 100 most common DRGs.

AUTHENTICATING SIGNATURE: This attestation statement is to validate the information contained within is true and accurate to the best of my knowledge. I further acknowledge if circumstances of the facility change resulting in a requirement to report data under NCGS §131E-214.13, the facility is obligated to fully participate in the data submission program created by the statewide data processor for reporting the data. Please contact Jamey Motter at Truven Health Analytics for details in reporting data.

Signature: _____ **Date:** _____

PRINT NAME

OF APPROVING OFFICIAL _____

EMAIL TO: Jamey.motter@truvenhealth.com AND DHSR.AcuteTransparency@dhhs.nc.gov