10A NCAC 13B .2102 is adopted with changes under temporary procedures as follows:

10A NCAC 13B .2102 REPORTING REQUIREMENTS

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

(b) All information required by Paragraphs (a), (c) and (d) of this Rule shall be posted on the Department's website at: http://www.ncdhhs.gov/dhsr/ahc and may be accessed at no cost.

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

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

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

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

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

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

(4) the amount of Medicare reimbursement for each ~~DRG~~ DRG, CPT code, or procedure; and

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

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

(B) the lowest amount of payment shall be reported as the lowest payment from each of the five insurers on the ~~DRG~~ DRG, CPT code, or procedure;

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

(D) the highest amount of payment shall be reported as the highest payment from each of the five insurers on the ~~DRG~~ DRG, CPT code, or procedure; and

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

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

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

~~(g)~~ (h) The information submitted in the report shall be in compliance with the federal ~~"Health~~ Health Insurance Portability and Accountability Act of ~~1996."~~ 1996, 45 CFR Part 164.

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

(1) "Academic Medical Center Teaching Hospital," means a hospital as defined in Policy AC-3 of the N.C. State Medical Facilities Plan. The N.C. State Medical Facilities Plan ~~can~~ may be accessed ~~at the Division's website at: http://www.ncdhhs.gov/dhsr/ncsmfp.~~ at: http://www.ncdhhs.gov/dhsr/ncsmfp at no cost.

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

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

(4) "Critical Access Hospital," means a hospital defined in the Centers for Medicare & Medicaid Services' State Operations Manual, Chapter 2 – The Certification Process, 2254D – Requirements for Critical Access Hospitals (Rev. 1, 05-21-04), including all subsequent updates and revisions. The manual may be accessed ~~at no cost~~ at the ~~internet~~ website: http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_a_hospitals.pdf at no cost.

(5) "Mental Health Hospital," means a hospital providing psychiatric services ~~as defined in~~ pursuant to G.S. 131E-176(21).

History Note: *Authority G.S.131E-214.4; 131E-214.13; S.L. 2013-382(s.10.1); S.L. ~~2014-100;~~ 2014-100(s. 12G.2);*
Temporary Adoption Eff. December 31, 2014.