## Health Care Costs Reduction and Transparency Act of 2013 Hospital and Ambulatory Surgical Center Temporary Rules Public Comments - Data Reporting Comment Period 9/25/14 - 10/17/14

Commenter	Rule	Comment Summary	Agency Response
Wilmington	ASC	The nature of the data requested would	The law specifies the reporting data
Gastroenterology	10A NCAC 13C .0103	put another regulatory burden on the	requirements. Providers will need to
	10A NCAC 13C .0206	facility that would be difficult to comply	determine the most efficient method to
		with because the requested data is not	derive the data required from their billing
		easily reported from their electronic	systems for quarterly reporting to be in
		billing system and/or electronic health	compliance with the law.
		record. It would require a manual	
		calculation by reviewing each case and tabulating the results by hand.	
North Carolina Hospital Association	Hospital 10A NCAC 13B .2102 (b)	Certain hospitals including critical access and acute rehabilitation hospitals do not operate under the DRG based CMS inpatient payment system, therefore have no specific DRG values that can be compared with those values reported by hospitals on the DRG payment system. Recommends modifications to rule to reflect those differences or exemption from inpatient reporting.  Recommends DHSR and NC MCC establish a reporting process enabling hospitals to submit data directly that does not require additional fees paid by provider for data submission due to hospital's significant compliance cost for reporting.	The law defines a hospital as "a medical care facility licensed under Article 5 of this Chapter or under Article 2 of 122C of the General Statutes." The law does not grant authority for exemptions to reporting requirements. The Division is at the table with a study workgroup to recommend exceptions from certain requirements of the Act pursuant to Section 12G.3 of Senate Bill 744 where this can be addressed.  Data will be reported to the certified statewide data processor for both hospitals and ASCs. There is no appropriation of staff or funding in DHSR for the direct submission of data to take place.

10A NCAC 13B .2102 (c)	Hospitals and ASC's facing challenges in compling charges and payments related to the specific procedures on the statewide 20 most common outpatient surgical procedures list. There is not a way to accurately extract codes and values that pertain to multiple procedures that are bundled to reflect the total payment for the procedure. ASCs may be reimbursed by some insurers using a global payment system, which cannot be accurately be adjusted in a reported payment.	The law requires reporting of the costs of the top 100 DRG's, 20 most common surgical procedures and 20 most common imaging procedures. The main procedure code will be reported. The NHCA and several providers (hospital and ASC) are forming a workgroup to provide a guidance document on this issue.
10A NCAC 13B .2102 (e)	The law requires quarterly collection of data. The regulation requires only reporting accounts that were paid in full (zero balance) during that specific quarter. However that may be a comparison of claims that may be years old and based on different charge levels, doesn't take into account for the date care was actually provided. It also lowers the volume of cases reported. Some hospitals have ITS systems to automatically extract data, others will extract data manually for the top 20 surgical and imaging procedures, which is time consuming. Recommends extending the reporting process that is inclusive of the care episode, billings and collected payments.	The law does not grant authority for exemptions to reporting requirements. The Division is at the table with a study workgroup to recommend exceptions from certain requirements of the Act pursuant to Section 12G.3 of Senate Bill 744 where this can be addressed.