

1 10A NCAC 22Q .0101 is adopted as published in 36:18 NCR 1496 as follows:  
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3 **CHAPTER 22 MEDICAL ASSISTANCE ELIGIBILITY**

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5 **SUBCHAPTER 22Q DISTRIBUTION OF FEDERAL DISPROPORTIONATE SHARE ADJUSTMENT**

6 **RECEIPTS ARISING FROM CERTIFIED PUBLIC EXPENDITURES**

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8 **10A NCAC 22Q .0101 SCOPE**

9 This Subchapter establishes the requirements for the distribution of federal disproportionate share adjustment  
10 receipts as established by 42 CFR 447.298 arising from certified public expenditures.

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12 History Note: Authority G.S. 108A-54; 143C-9-9;

13 Temporary Adoption Eff. December 29, 2021;

14 Eff. August 1, 2022.

1 10A NCAC 22Q .0102 is adopted as published in 36:18 NCR 1496 with changes as follows:::

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3 **10A NCAC 22Q .0102 DEFINITIONS**

4 (a) “Certifying ~~Hospitals~~Hospital” means an institution that meets all of the following criteria:

5 (1) \_\_\_\_\_ meets the definition in G.S. 131E-176(13);

6 (2) \_\_\_\_\_ is licensed by the State of North Carolina; and

7 (3) \_\_\_\_\_ certifies as a public agency that its expenditures are eligible for Federal Financial Participation in  
8 accordance with 42 CFR 433.51(b), which is incorporated by reference, including subsequent  
9 amendments and editions. This document may be accessed at <https://www.ecfr.gov> at no charge.

10 (b) “Department” means the North Carolina Department of Health and Human Services.

11 (c) “Outpatient services” means those services as defined by 42 CFR 440.20(a), which is hereby incorporated by  
12 reference, including subsequent amendments and editions. This document can be accessed at  
13 <https://www.ecfr.gov> at no charge.

14 (d) “Uninsured patient” means medical care recipients who do not have health insurance, Medicaid or Medicare, or  
15 other third-party coverage. State or local government payments made to a hospital for services provided to  
16 indigent patients shall not be considered a source of third-party coverage.

17 (e) “Hospital Uncompensated Care Fund” means the fund established by G.S. 143C-9-9 and governed by 10A NCAC  
18 22R.

19 (f) “Payment period” means the 12-month term ending September 30th of each year.

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21 *History Note: Authority G.S. 108A-54; 143C-9-9;*

22 *Temporary Adoption Eff. December 29, 2021;*

23 *Eff. August 1, 2022.*

1 10A NCAC 22Q .0103 is adopted as published in 36:18 NCR 1496 as follows:::

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3 **10A NCAC 22Q .0103 DISTRIBUTIONS**

4 After distributions are made pursuant to an act appropriating funds for the operation of the North Carolina Medicaid  
5 Program and the "Basic Disproportionate Share Hospital (DSH) Payment" section of the North Carolina Medicaid  
6 State Plan, Attachment 4.19-A, which is incorporated by reference, including subsequent amendments and editions,  
7 and may be accessed free of charge at <https://medicaid.ncdhhs.gov/media/973/download?attachment>, the Department  
8 shall make distributions of the remaining DSH funds in the following order to:

9 (1) Certifying hospitals; and

10 (2) The Hospital Uncompensated Care Fund.

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12 *History Note: Authority G.S. 108A-54; 143C-9-9;*

13 *Temporary Adoption Eff. December 29, 2021;*

14 *Eff. August 1, 2022.*

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1 10A NCAC 22Q .0104 is adopted as published in 36:18 NCR 1496 as follows::

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3 **10A NCAC 22Q .0104 CERTIFYING HOSPITAL DISTRIBUTION**

4 The Department shall distribute available funds to certifying hospitals in two parts:

5 (1) An amount equal to 10 percent of expenditures certified by the hospital pursuant to 42 CFR 433.51;

6 and

7 (2) An amount equal to the hospital's proportionate share, calculated pursuant to Rule .0106 of this

8 Section, of the available funds based on the hospital's share of outpatient costs for uninsured patients

9 as a percentage of the Statewide aggregate of outpatient costs for uninsured patients. To be eligible

10 for a proportionate share, a hospital shall file with the Department 90 days prior to the date of payment

11 as determined by the Department, a form prescribed by the Department attesting to the hospital's:

12 (a) Qualification for disproportionate share status under the "Disproportionate Share Hospital

13 (DSH) Payment" section of the North Carolina Medicaid State Plan, Attachment 4.19-A;

14 (b) Unreimbursed charges and payments for outpatient services provided to uninsured patients;

15 and

16 (c) Aggregate Medicaid outpatient cost-to-charge ratio.

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18 *History Note: Authority G.S. 108A-54; 143C-9-9;*

19 *Temporary Adoption Eff. December 29, 2021;*

20 *Eff. August 1, 2022.*

1 10A NCAC 22Q .0105 is adopted as published in 36:18 NCR 1496 with changes as follows::

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3 **10A NCAC 22Q .0105 CERTIFYING HOSPITALS' OUTPATIENT COSTS**

4 (a) A certifying hospital's outpatient costs for uninsured patients will be determined by multiplying the hospital's  
5 outpatient cost-to-charge ratio in Rule .0104(2)(c) of this Section by the hospital's outpatient charges for uninsured  
6 patients from Rule .0104(2)(b) of this Section.

7 (b) From the product calculated in Paragraph (a) of this Rule, the Department will then subtract payments that the  
8 hospital received from uninsured patients for outpatient services in Rule .0104(2)(b) of this Section.

9 (c) The Department will bring the uncompensated care cost data forward to the end of the payment period by applying  
10 the applicable Centers for Medicare and Medicaid Services' Prospective Payment System Hospital Input Price Indices,  
11 which are incorporated by reference, including subsequent amendments and editions and available at no cost at  
12 [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData)  
13 [Reports/MedicareProgramRatesStats/MarketBasketData](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData).

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15 History Note: Authority G.S. 108A-54; 143C-9-9;

16 Temporary Adoption Eff. December 29, 2021;

17 Eff. August 1, 2022.

1 10A NCAC 22Q .0106 is adopted as published in 36:18 NCR 1497 with changes as follows::

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3 **10A NCAC 22Q .0106 CERTIFYING HOSPITAL'S PROPORTIONATE SHARE**

4 The Department shall calculate the certifying hospital's proportionate share of outpatient costs as follows:

5 (1) Adding the certifying hospitals' outpatient costs and each of the eligible hospitals' ~~as~~ as-defined in  
6 10A NCAC 22R-~~0103~~.0103, eligible outpatient costs under 10A NCAC 22R .0104. The sum  
7 represents the total of the outpatient costs.

8 (2) The sum of all certifying hospitals' outpatient costs under Rule .0105 of this Section shall be divided  
9 by the total outpatient costs in Item (1) of this Rule. The quotient represents the certifying hospitals'  
10 proportionate share, expressed as a decimal.

11 (3) The amount of available funds shall be multiplied by the certifying hospitals' proportionate share in  
12 Item (2) of this Rule. The product represents the funds available for distribution to individual  
13 certifying hospitals.

14 (4) A certifying hospital shall be eligible for a payment from funds available for distribution in Item (3)  
15 of this Rule. In each payment period, a certifying hospital shall receive a proportional payment of the  
16 available funds based on the certifying hospital's share of outpatient costs for uninsured patients as a  
17 percentage of the aggregate of outpatient costs for uninsured patients for certifying hospitals.

18 (5) Hospitals receiving payments pursuant to this Subchapter shall be subject to the audit and reporting  
19 requirements of the North Carolina Medicaid State Plan, Attachment 4.19-A.

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21 History Note: Authority G.S. 108A-54; 108A-55(c); 143C-9-9;

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1 10A NCAC 22R .0101 is adopted as published in 36:18 NCR 1497 as follows::

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**CHAPTER 22 MEDICAL ASSISTANCE ELIGIBILITY**

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**SUBCHAPTER 22R DISTRIBUTION OF HOSPITAL UNCOMPENSATED CARE FUND**

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**10A NCAC 22R .0101 SCOPE**

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This Subchapter establishes the requirements for the distribution of funds allocated to the Hospital Uncompensated

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Care Fund pursuant to G.S. 143C-9-9 after distributions of available funds have been made pursuant to 10A NCAC

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22Q.

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*History Note: Authority G.S. 108A-54; 143C-9-9;*

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*Temporary Adoption Eff. December 29, 2021;*

14

*Eff. August 1, 2022.*

1 10A NCAC 22R .0102 is adopted as published in 36:18 NCR 1497 with changes as follows::

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3 **10A NCAC 22R .0102 DEFINITIONS**

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

5 (b) “Eligible hospital” means an institution that meets the requirements of Rule .0103 of this Section.

6 (c) “Eligible hospital cost” means the values calculated pursuant to Rule .0104 of this Section.

7 (d) **“Hospital Uncompensated Care Fund” means the fund established by G.S. 143C-9-9 and governed by 10A NCAC**  
8 **22R. “Outpatient services” means the medical care and items as defined by 42 CFR 440.20(a), which is incorporated**  
9 **by reference in 10A NCAC 22Q .0102.**

10 (e) **“Outpatient services” means the medical care and items as defined by 42 CFR 440.20(a), which is incorporated**  
11 **by reference in 10A NCAC 22Q .0102. “Uninsured patient” means a recipient of medical care who has no health**  
12 **insurance, Medicaid or Medicare, or other third party coverage. State and local government payments made to a**  
13 **hospital for services provided to indigent patients shall not be considered third party coverage.**

14 (f) **“Payment period” means the 12 month term ending September 30<sup>th</sup> of each year. “Uninsured patient” means a**  
15 **recipient of medical care who has no health insurance, Medicaid or Medicare, or other third-party coverage. State and**  
16 **local government payments made to a hospital for services provided to indigent patients shall not be considered third-**  
17 **party coverage.**

18 (g) **“Payment period” means the 12-month term ending September 30<sup>th</sup> of each year.**

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20 *History Note: Authority G.S. 108A-54; 143C-9-9;*

21 *Temporary Adoption Eff. December 29, 2021;*

22 *Eff. August 1, 2022.*



1 10A NCAC 22R .0103 is adopted as published in 36:18 NCR 1497 as follows::

2

3 **10A NCAC 22R .0103 ELIGIBLE HOSPITAL**

4 An institution licensed by the State of North Carolina that meets the definition in G.S. 131E-176 (13) is eligible for  
5 reimbursement from the Hospital Uncompensated Care Fund if it:

6 (1) is not a public agency qualified to certify expenditures in accordance 42 CFR 433.51(b), which is  
7 incorporated by reference in 10A NCAC 22Q .0102;

8 (2) received payment for more than 50 percent of their Medicaid inpatient discharges under the North  
9 Carolina Medicaid State Plan, Attachment 4.19-A discharge Diagnosis Related Groups methodology  
10 for the most recent payment period;

11 (3) files with the Department 90-days prior to the date of payment under this Subchapter forms prescribed  
12 by the Department attesting to the hospital's:

13 (a) qualification for disproportionate share status of the "Disproportionate Share Hospital (DSH)  
14 Payment" section of the North Carolina Medicaid State Plan, Attachment 4.19-A;

15 (b) unreimbursed charges and payments for outpatient services provided to uninsured patients;  
16 and

17 (c) aggregate Medicaid outpatient cost-to-charge.

18

19 History Note: Authority G.S. 108A-54; 143C-9-9;

20 Temporary Adoption Eff. December 29, 2021;

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1 10A NCAC 22R .0104 is adopted as published in 36:18 NCR 1497 with changes as follows:

2

3 **10A NCAC 22R .0104 ELIGIBLE OUTPATIENT COSTS**

4 (a) An eligible hospital's eligible outpatient costs for uninsured patients will be determined by multiplying the  
5 hospital's outpatient cost-to-charge ratio in Rule .0103(3)(c) of this Section by the hospital's outpatient charges for  
6 uninsured patients from Rule .0103(3)(b) of this Section.

7 (b) From the product calculated in Paragraph (a) of this Rule, the Department will then subtract payments that the  
8 hospital received from uninsured patients for outpatient services from Rule .0103(3)(b) of this Section.

9 (c) The Department will bring the uncompensated care cost data forward to the end of the payment period by applying  
10 the applicable Centers for Medicare and Medicaid Services' Prospective Payment System Hospital Input Price Indices,  
11 which are **incorporated by reference, including subsequent amendments and editions and** available at **no cost at**  
12 [https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData)  
13 [Reports/MedicareProgramRatesStats/MarketBasketData](https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareProgramRatesStats/MarketBasketData).

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15 History Note: Authority G.S. 108A-54; 143C-9-9;

16 Temporary Adoption Eff. December 29, 2021;

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1 10A NCAC 22R .0105 is adopted as published in 36:18 NCR 1498 with changes as follows:

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3 **10A NCAC 22R .0105 DISTRIBUTION OF AVAILABLE FUNDS**

4 (a) An eligible hospital satisfying the requirements of Rule .0103 of this Section shall be eligible for a payment from  
5 funds available under this Subchapter. In a payment period, an eligible hospital shall receive a proportional payment  
6 of the available funds based on the eligible hospital's share of outpatient costs for uninsured patients as a percentage  
7 of the aggregate of outpatient costs for uninsured patients for all eligible hospitals.

8 (b) Based on the availability of funds, payments authorized by this Rule shall be made at least annually on a frequency  
9 determined by the Department in consultation with certifying hospitals.

10 (c) To confirm the hospital's eligibility to receive payments pursuant to this Subchapter and the accuracy of the  
11 hospital's attestation to unreimbursed charges for outpatient services provided to uninsured patients and the hospital's  
12 Medicaid outpatient cost-to-charge ratios, the Department may audit a hospital receiving more than two million dollars  
13 (\$2,000,000) for compliance with the requirements of this Subchapter. Upon completion of the audit, the following  
14 shall occur when applicable:

15 (1) If a hospital received payments pursuant to Paragraph (a) of this Rule in excess of the percentage  
16 determined by the audit, the excess payments shall be refunded to the Department.

17 (2) The Department shall distribute any refunded amounts to eligible hospitals, excluding eligible  
18 hospitals from whom excess distributions were recovered pursuant to Paragraph (c)(1) of this rule,  
19 within 12 months of receipt using the distribution method set forth Paragraph (a) of this Rule.

20 (3) No additional payment shall be made to eligible hospitals in connection with the audit except for the  
21 redistribution of amounts refunded after an audit conducted by the Division of Health Benefits.

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23 History Note: Authority G.S. 108A-54; 143C-9-9;

24 Temporary Adoption Eff. December 29, 2021;

25 Eff. August 1, 2022.

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