| 1 | 10A NCAC 22Q .0102 is proposed as a temporary rule as follows: |
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| 3 | 10A NCAC 22Q .0102 DEFINITIONS |
| 4 | (a) "Certifying Hospitals" means an institution that meets all of the following criteria: |
| 5 | (1) is defined 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 |
| 8 | Participation in accordance with 42 CFR 433.51(b), which is incorporated by reference, |
| 9 | including subsequent amendments and editions. This document may be accessed at |
| 10 | https://www.ecfr.gov at no charge. |
| 11 | (b) "Department" means the North Carolina Department of Health and Human Services. |
| 12 | (c) "Outpatient services" means those services as defined by 42 CFR 440.20(a), which is hereby |
| 13 | incorporated by reference, including subsequent amendments and editions. This document can be |
| 14 | accessed at https://www.ecfr.gov at no charge. |
| 15 | (d) "Uninsured patient" means medical care recipients who do not have health insurance, Medicaid or |
| 16 | Medicare, or other third-party coverage. State or local government payments made to a hospital for |
| 17 | services provided to indigent patients shall not be considered a source of third-party coverage. |
| 18 | (e) "Hospital Uncompensated Care Fund" means the fund established by G.S. 143C-9-9 and governed by |
| 19 | <u>10A NCAC 22R.</u> |
| 20 | (f) "Payment period" means the 12-month term ending September 30th of each year. |
| 21 | |
| 22 | History Note: Authority G.S. 108A-54; 143C-9-9; |
| 23 | Temporary Adoption Eff. December 29, 2021. |
| 24 | |

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| 1 | 10A NCAC 22Q .0104 is proposed as a temporary rule as follows: |
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| 2 | |
| 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 |
| 6 | 433.51; and |
| 7 | (2) An amount equal to the hospital's proportionate share, calculated pursuant to Rule .0106 or |
| 8 | this Section, of the available funds based on the hospital's share of outpatient costs for |
| 9 | uninsured patients as a percentage of the Statewide aggregate of outpatient costs for |
| 10 | uninsured patients. To be eligible for a proportionate share, a hospital shall file with the |
| 11 | Department 90 days prior to the date of payment as determined by the Departmen |
| 12 | Department, a form prescribed by the Department attesting to the hospital's: |
| 13 | (a) Qualification for disproportionate share status under the "Disproportionate Share |
| 14 | Hospital (DSH) Payment" section of the North Carolina Medicaid State Plan |
| 15 | Attachment 4.19-A; |
| 16 | (b) Unreimbursed charges and payments for outpatient services provided to uninsured |
| 17 | patients; and |
| 18 | (c) Aggregate Medicaid outpatient cost-to-charge ratio. |
| 19 | |
| 20 | History Note: Authority G.S. 108A-54; 143C-9-9; |
| 21 | Temporary Adoption Eff. December 29, 2021. |
| 22 | |

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| 1 | 10A NCAC 22R .0105 is proposed as a temporary rule as follows: | | | |
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| 2 | | | | |
| 3 | 10A NCAC 22R .0105 DISTRIBUTION OF AVAILABLE FUNDS | | | |
| 4 | (a) An eligi | ble hospital satisfying the requirements of Rule .0103 of this Section shall be eligible for a | | |
| 5 | payment from funds available under this Subchapter. In a payment period, an eligible hospital shall receive | | | |
| 6 | a proportional payment of the available funds based on the eligible hospital's share of outpatient costs f | | | |
| 7 | uninsured patients as a percentage of the aggregate of outpatient costs for uninsured patients for all eligib | | | |
| 8 | hospitals. | | | |
| 9 | (b) Based on | the availability of funds, payments authorized by this Rule shall be made at least annually or | | |
| LO | a frequency determined by the Department in consultation with certifying hospitals. | | | |
| l1 | (c) To confirm the hospital's eligibility to receive payments pursuant to this Subchapter and the accuracy | | | |
| L2 | of the hospital's attestation to unreimbursed charges for outpatient services provided to uninsured patient | | | |
| L3 | and the hospital's Medicaid outpatient cost-to-charge ratios, the Department may-cause audit a hospital | | | |
| L4 | receiving more than two million dollars (\$2,000,000) to be audited for compliance with the requirement | | | |
| L 5 | of this Subchapter. Upon completion of the audit, the following shall occur when applicable: | | | |
| L 6 | <u>(1)</u> | If a hospital received payments pursuant to Paragraph (a) of this Rule in excess of the | | |
| L7 | | percentage determined by the audit, the excess payments shall be refunded to the Department | | |
| L8 | <u>(2)</u> | The Department shall distribute any refunded amounts to eligible hospitals within 12 months | | |
| L9 | | of receipt using the distribution method set forth Paragraph (a) of this Rule. | | |
| 20 | <u>(3)</u> | No additional payment shall be made to eligible hospitals in connection with the audit excep | | |
| 21 | | for the redistribution of amounts refunded after an audit conducted by the Division of Health | | |
| 22 | | Benefits. | | |
| 23 | | | | |
| 24 | <u>History Note:</u> | <u>Authority G.S. 108A-54; 143C-9-9;</u> | | |
| 25 | | Temporary Adoption Eff. December 29, 2021. | | |

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