

1 10A NCAC 13B .3110 is amended with changes as published in the NCR, Volume 29:01, pps. 3-17, as follows:

2
3 **10A NCAC 13B .3110 ITEMIZED CHARGES**

4 (a) The facility shall either present an itemized list of charges to all discharged patients or the facility shall include
5 on patients' ~~bills, which bills that~~ bills that are not itemized, notification of the right to request an itemized bill within ~~30~~
6 ~~days~~ three years of receipt of the non-itemized ~~bill.~~ bill or so long as the hospital, a collections agency, or other
7 assignee asserts the patient has an obligation to pay the bill.

8 (b) If requested, the facility shall present an itemized list of charges to each ~~patient,~~ patient or the
9 patient's ~~responsible party.~~ representative. This list shall detail in language comprehensible to an ordinary layperson
10 the specific nature of the charges or expenses incurred by the patient.

11 (c) The itemized listing shall ~~include, at a minimum, those charges incurred~~ include each specific chargeable item
12 or service in the following service areas: areas:

- 13 (1) room rate
- 14 (2) laboratory;
- 15 (3) radiology and nuclear medicine;
- 16 (4) surgery;
- 17 (5) anesthesiology;
- 18 (6) pharmacy;
- 19 (7) emergency services;
- 20 (8) outpatient services;
- 21 (9) specialized care;
- 22 (10) extended care;
- 23 (11) prosthetic and orthopedic appliances; and
- 24 (12) professional services provided by the facility. ~~other independently billing medical personnel.~~

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26 *History Note:* *Authority G.S. 131E-79; 131E-91; S.L. 2013-382(s.13.1);*
27 *Eff. January 1, 1996;*
28 *Temporary Amendment Eff. May 1, 2014. 2014;*
29 *Amended Eff. November 1, 2014.*

1 10A NCAC 13B .3502 is amended with changes as published in the NCR, Volume 29:01, pps. 3-17, as follows:

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3 **10A NCAC 13B .3502 REQUIRED POLICIES, RULES, AND REGULATIONS**

4 (a) The governing body shall adopt written policies, rules, and regulations in accordance with all requirements con-
5 tained in this Subchapter and in accordance with the community responsibility of the facility. ~~As a minimum,~~
6 ~~the~~ The written policies, rules, and regulations shall:

- 7 (1) state the ~~general and specific goals~~ purpose of the facility;
- 8 (2) describe the powers and duties of the governing body officers and committees and the
9 responsibilities of the chief executive officer;
- 10 (3) state the qualifications for governing body membership, the procedures for selecting members, and
11 the terms of service for members, officers and committee chairmen;
- 12 (4) describe the authority delegated to the chief executive officer and to the medical staff. No
13 assignment, referral, or delegation of authority by the governing body shall relieve the governing
14 body of its responsibility for the conduct of the facility. The governing body shall retain the right
15 to rescind any such delegation;
- 16 (5) require Board approval of the bylaws of any auxiliary organizations established by the hospital;
- 17 (6) require the governing body to review and approve the bylaws of the medical staff organization;
- 18 (7) establish a procedure for processing and evaluating the applications for medical staff membership
19 and for the granting of clinical privileges;
- 20 (8) establish a procedure for implementing, disseminating, and enforcing a Patient's Bill of Rights
21 as ~~described set forth~~ in Rule .3302 of this Subchapter and in compliance with ~~G.S. 131E-117~~
22 ~~where applicable; and~~ G.S. 131E-117; and
- 23 (9) require the governing body to institute procedures to provide for:
- 24 (A) orientation of newly elected board members to specific board functions and procedures;
- 25 (B) the development of procedures for periodic reexamination of the relationship of the board
26 to the total facility community; and
- 27 (C) the recording of minutes of all governing body and executive committee meetings and the
28 dissemination of those minutes, or summaries thereof, on a regular basis to all members
29 of the governing body.

30 (b) The governing body shall assure written policies and procedures to assure billing and collection practices in
31 accordance with G. S. 131E-91. These policies and procedures shall include:

- 32 (1) a financial assistance policy as defined in {Rule .2101 of the Subchapter;} ~~G.S. 131E-~~
33 214.14(b)(3);
- 34 (2) how a patient may obtain an estimate of the charges for the statewide 100 most frequently
35 reported {DRGs;} ~~Diagnostic Related Groups (DRGs), where applicable, {and} 20 most common~~
36 outpatient imaging procedures, and 20 most common outpatient surgical procedures. The policy

1 shall require that the information be provided to the patient in writing, either electronically or by
2 mail, within three business days;

3 (3) how a patient or patient’s representative may dispute a bill;

4 (4) issuance of a refund within 45 days of the patient receiving notice of the overpayment when a
5 patient has overpaid the amount due to the hospital;

6 (5) providing written notification to the patient or patient’s {representative,} representative at least 30
7 days prior to submitting a delinquent bill to a collections agency;

8 (6) providing the patient or patient’s representative with the facility’s charity care and financial
9 assistance policies, if the facility is required to file a Schedule H, federal form 990;

10 (7) the requirement that a collections agency, entity, or other assignee obtain written consent from the
11 facility prior to initiating litigation against the patient or patient’s representative;

12 (8) a policy for handling debts arising from the provision of care by the hospital involving the
13 doctrine of necessities, in accordance with G.S. 131E-91(d)(5); and

14 (9) a policy for handling debts arising from the provision of care by the hospital to a minor, in
15 accordance with G.S. 131E-91(d)(6).

16 ~~(b)~~ (c) The written policies, rules, and regulations shall be reviewed at least every three years, revised as necessary,
17 and dated to indicate when last reviewed or revised.

18 (d) To qualify for licensure or license renewal, each facility must provide to the Division, upon application, an
19 attestation statement in a form provided by the Division verifying compliance with the requirements of this Rule.

20 (e) On an annual basis, on the license renewal application provided by the Division, the facility shall provide to the
21 Division the direct website address to the facility’s financial assistance policy. This Rule applies only to facilities
22 required to file a Schedule H, federal form 990.

23
24 *History Note:* Authority G.S. 131E-79; S.L. 2013-382(s.10.1), S.L. 2013-382(s.13.1); G.S. 131E-91; ~~G.S. 131E-~~
25 214.13(f); G.S. 131E-214.14.

26 Eff. January 1, 1996;

27 Temporary Amendment Eff. May 1, 2014. 2014;

28 Amended Eff. November 1, 2014.

1 10A NCAC 13C .0202 is amended with changes as published in the NCR, Volume 29:01, pps. 3-17, as follows:

3 **10A NCAC 13C .0202 REQUIREMENTS FOR ISSUANCE OF LICENSE**

4 (a) Upon application for a license from a facility never before licensed, a representative of the Department shall
5 make an inspection of that facility. Every building, ~~institution~~ institution, or establishment for which a license has
6 been issued shall be inspected for compliance with the rules found in this Subchapter. An ambulatory surgery
7 facility shall be deemed to meet licensure requirements if the ambulatory surgery facility is accredited by The Joint
8 Commission (formerly known as "JCAHO"), ~~JCAHO~~, AAAHC or AAAASF. Accreditation does not exempt a
9 facility from statutory or rule requirements for licensure nor does it prohibit the Department from conducting
10 inspections as provided in this Rule to determine compliance with all requirements.

11 (b) If the applicant has been issued a Certificate of Need and is found to be in compliance with the Rules found in
12 this ~~Subchapter~~ Subchapter, then the Department shall issue a license to expire on December 31 of each year.

13 (c) The Department shall be notified at the time of:

- 14 (1) any change of the owner or operator; ~~as to the person who is the operator or owner of an~~
15 ~~ambulatory surgical facility;~~
- 16 (2) any change of location;
- 17 (3) any change as to a lease; and
- 18 (4) any transfer, ~~assignment~~ assignment, or other disposition or change of ownership or control of 20
19 percent or more of the capital stock or voting rights thereunder of a corporation ~~which that~~ is the
20 operator or owner of an ambulatory surgical facility, or any transfer, assignment, or other
21 disposition of the stock or voting rights thereunder of such corporation ~~which that~~ results in the
22 ownership or control of more than 20 percent of the stock or voting rights thereunder of such
23 corporation by any person.

24 A new application shall be submitted to the Department in the event of such a change or changes.

25 (d) The Department shall not grant a license until the plans and specifications, specifications ~~which that~~ are stated in
26 Section .1400 of this Subchapter, covering the construction of new buildings, additions, or material alterations to
27 existing buildings are approved by the Department.

28 (e) The facility design and construction shall be in accordance with the licensure rules for ambulatory surgical
29 facilities found in this Subchapter, the North Carolina State Building Code, and local municipal codes.

30 (f) Submission of ~~Plans~~ Plans.

- 31 (1) Before construction is begun, schematic plans and specifications and final plans and specifications
32 covering construction of the new buildings, alterations, ~~renovations~~ renovations, or additions to
33 existing ~~buildings~~, buildings shall be submitted to the Division for approval.
- 34 (2) The Division shall review the plans and notify the licensee that said buildings, alterations,
35 additions, or changes are approved or disapproved. If plans are disapproved the Division shall
36 give the applicant notice of deficiencies identified by the Division.

1 ~~(3)~~ In order to avoid unnecessary expense in changing final plans, as a preliminary step, proposed
 2 plans in schematic form shall be reviewed by the Division.

3 ~~(4)~~ (3) The plans shall include a plot plan showing the size and shape of the entire site and the location of
 4 all existing and proposed facilities.

5 ~~(5)~~ (4) Plans shall be submitted in duplicate. ~~duplicate in order that the~~ The Division ~~may~~ shall distribute
 6 a copy to the Department of Insurance for review of the North Carolina State Building
 7 Code ~~requirements.~~ requirements if required by the North Carolina State Building Code which is
 8 hereby incorporated by reference, including all subsequent amendments. Copies of the {code}
 9 Code may be {purchased from the International Code Council online
 10 at <http://www.icesafe.org/Store/Pages/default.aspx> at a cost of \$527.00 or} accessed
 11 electronically
 12 free of charge at
 13 http://www.ecodes.biz/ecodes_support/Free_Resources/2012NorthCarolina/12NorthCarolina_main.html.
 14

15 (g) To qualify for licensure or license renewal, each facility {must} shall provide to the Division, {upon} with
 16 its application, an attestation statement in a form provided by the Division verifying compliance with the
 17 requirements defined in Rule .0301(d) of this Subchapter.

19 *History Note:* Authority G.S. 131E-91; G.S. 131E-147; 131E-149; ~~S.L. 2013-382;~~ S.L. 2013-382(s.13.1);

20 Eff. October 14, 1978;

21 Amended Eff. April 1, 2003- 2003;

22 Temporary Amendment Eff. May 1, 2014;

23 Amended Eff. Nov. 1, 2014.

1 10A NCAC 13C .0205 is amended with changes as published in the NCR, Volume 29:01, pps. 3-17, as follows:

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3 **10A NCAC 13C .0205 ITEMIZED CHARGES**

4 (a) The facility shall either present an itemized list of charges to all discharged patients or ~~the facility shall~~ include
5 on patients' bills ~~which that~~ are not itemized notification of the right to request an itemized bill within ~~30 days~~ three
6 years of receipt of the non-itemized ~~bill~~ bill or so long as the facility, collections agency, or other assignee asserts
7 the patient has an obligation to pay the bill.

8 (b) If requested, the facility shall present an itemized list of charges to each ~~patient,~~ patient or his or
9 her representative. ~~responsible party.~~ This list shall detail in language comprehensible to an ordinary layperson the
10 specific nature of the charges or expenses incurred by the patient.

11 (c) The listing shall ~~include, at a minimum, those charges incurred in the following service areas:~~ include each
12 specific chargeable item or service in the following service areas:

- 13 (1) Surgery (facility fee);
14 (2) Anesthesiology;
15 (3) Pharmacy;
16 (4) Laboratory;
17 (5) Radiology;
18 (6) Prosthetic and Orthopedic appliances; and
19 (7) Other professional services.

20 (d) The facility shall indicate on the initial or renewal license application that patient bills are itemized, or that each
21 patient or ~~responsible party~~ his or her representative is formally advised of the patient's right to request an itemized
22 listing within ~~30 days~~ three years of receipt of a non-itemized bill.

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24 *History Note:* Authority G.S. 131E-91; G.S. 131E-147.1; S.L. 2013-382(s.13.1);
25 Eff. December 1, 1991; 1991;
26 Temporary Amendment Eff. May 1, 2014;
27 Amended Eff. Nov. 1, 2014.

1 10A NCAC 13C .0301 is amended with changes as published in the NCR, Volume 29:01, pps. 3-17, as follow

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3 **10A NCAC 13C .0301 GOVERNING AUTHORITY**

4 (a) The facility's governing authority shall adopt bylaws or other ~~appropriate~~ operating policies and
5 procedures ~~which shall:~~ to assure that:

6 (1) ~~specify by name the person to whom responsibility for operation and maintenance of the facility is~~
7 ~~delegated and methods established by the governing authority for holding such individuals~~
8 ~~responsible;~~

9 a named individual is identified who is responsible for the overall operation and maintenance of
10 the facility. The governing authority shall have methods in place for the oversight of the
11 individual's performance.

12 (2) ~~provide for~~ at least annual meetings of the governing authority are conducted if the governing
13 authority consists of two or more individuals. Minutes shall be maintained of such meetings;

14 (3) ~~maintain a policies and procedures manual which is designed to ensure professional and safe care~~
15 ~~for the patients. The manual shall be reviewed, and revised when necessary, at least~~
16 ~~annually.~~ a policy and procedure manual is created {which}that is designed to ensure

17 professional and safe care for the patients. The manual shall be reviewed annually and revised
18 when necessary. The manual shall include provisions for administration and use of the facility,
19 compliance, personnel quality assurance, procurement of outside services and consultations,
20 patient care policies and services offered; and

21 (4) ~~provide for annual reviews and evaluations of the facility's policies, management, and~~
22 ~~operation.~~ annual reviews and evaluations of the facility's policies, management, and operation are
23 conducted.

24 (b) When services such as dietary, laundry, or therapy services are purchased from others, the governing authority
25 shall be responsible to assure the supplier meets the same local and state standards the facility would have to meet if
26 it were providing those services itself using its own staff.

27 (c) The governing authority shall provide for the selection and appointment of the professional staff and the
28 granting of clinical privileges and shall be responsible for the professional conduct of these persons.

29 (d) The governing authority shall establish written policies and procedures to assure billing and collection practices
30 in accordance with G. S. 131E-91. These policies and procedures shall include:

31 (1) a financial assistance policy as defined in {Rule .0103 of the Subchapter;} G.S. 131E-
32 214.14(b)(3);

33 (2) how a patient may obtain an estimate of the charges for the statewide 20 most common outpatient
34 imaging procedures and 20 most common outpatient surgical procedures based on the
35 primary {CPT code} Current Procedure Code (CPT). The policy shall require that the
36 information be provided to the patient in writing, either electronically or by mail, within three
37 business days;

- 1 (3) how a patient or patient’s representative may dispute a bill;
- 2 (4) issuance of a refund within 45 days of the patient receiving notice of the overpayment when a
- 3 patient has overpaid the amount due to the facility;
- 4 (5) providing written notification to the patient or patient’s representative, at least 30 days prior to
- 5 submitting a delinquent bill to a collections agency;
- 6 (6) providing the patient or patient’s representative with the facility’s charity care and financial
- 7 assistance policies, if the facility is required to file a Schedule H, federal form 990;
- 8 (7) the requirement that a collections agency, entity, or other assignee obtain written consent from the
- 9 facility prior to initiating litigation against the patient or patient’s representative;
- 10 (8) a policy for handling debts arising from the provision of care by the ambulatory surgical facility
- 11 involving the doctrine of necessities, in accordance with G.S. 131E-91(d)(5); and
- 12 (9) a policy for handling debts arising from the provision of care by the ambulatory surgical facility to
- 13 a minor, in accordance with G.S. 131E-91(d)(6).

14

15

16 *History Note:* Authority G.S. 131E-91; G.S. 131E-147.1; G.S. 131E-149; S.L. 2013-382(s.10.1), S.L. 2013-382

17 (s.13.1); G.S. 131E 214.13(f); G.S. 131E 214.14;

18 Eff. October 14, 1978;

19 Amended Eff. November 1, 1989; November 1, 1985; December 24, 1979; 1979;

20 Temporary Amendment Eff. May 1, 2014;

21 Amended Eff; Nov. 1, 2014.

1 10A NCAC 13D .2402 is amended with changes as published in the NCR Volume 29, Issue 01, pps. 17-18, as
 2 follows:

3
 4 **10A NCAC 13D .2402 PRESERVATION OF MEDICAL RECORDS**

5 (a) ~~The manager of medical records~~ A facility shall ensure that keep ~~medical records~~ records, whether original,
 6 ~~computer media or microfilm, be kept~~ on file for ~~a minimum of~~ five years following the discharge of an adult
 7 patient.

8 (b) ~~The manager of medical records shall ensure that if~~ Notwithstanding Paragraph (c) of this Rule, if ~~{If}~~ the
 9 patient is a minor when discharged from the nursing facility, then the records shall be kept on file until his or her
 10 19th birthday and for the timeframe specified in G.S. 1-17(b) for commencement of an action on behalf of a minor.
 11 ~~and, then, for five years.~~

12 (c) If a facility discontinues operation, the licensee shall ~~make known to~~ inform the Division of Health Service
 13 Regulation where its records are stored. Records ~~are to~~ shall be stored ~~in~~ with a business offering medical record
 14 storage and retrieval services for ~~at least~~ at least ~~44~~ five years after the closure date.

15 ~~(d) The manager of medical records {A facility} may authorize the microfilming {copying} of medical records.~~
 16 ~~Microfilming {Copying} may be done on or off the premises. If done off the premises, the facility shall take~~
 17 ~~precautions to ensure the confidentiality and safekeeping of the records. The original of the microfilmed medical~~
 18 ~~records shall not be destroyed until the manager of medical records has had an opportunity to review the processed~~
 19 ~~film for content.~~

20 (e) ~~Nothing in this Subchapter shall be construed to prohibit the use of automation of medical records, provided that~~
 21 ~~all of the provisions in this Rule are met and the medical record is readily available for use in patient care.~~

22 (f) ~~{(e)}~~ (d) All medical records are confidential. ~~Only authorized personnel shall have access to the records. Signed~~
 23 ~~authorization forms concerning approval or disapproval of release of medical information outside the facility shall~~
 24 ~~be a part of each patient's medical record.~~ The facility shall be compliant with 42 CFR Parts 160,162 and 164 of the
 25 Health Insurance Portability and Accountability Act. Representatives of the Department shall be notified at the time
 26 ~~of inspection of the name and record number of any patient who has denied medical record access to the~~
 27 ~~Department.~~

28 ~~{(f)}~~ (e) At the time of the inspection, the facility shall inform the surveyor of the name of any patient who has
 29 ~~denied the Department access to {their} his or her medical {record.} record~~ pursuant to G.S. 131E-105.

30 (g) ~~Medical records are the property of the facility, and they shall not be removed from the facility except through a~~
 31 ~~court order. Copies shall be made available for authorized purposes such as insurance claims and physician review.~~

32
 33 *History Note: Authority G.S. 131E-104; 131E-105;*

34 *Eff. January 1, 1996.*

35 *Amended Eff. November 1, 2014.*

1 10A NCAC 13D .2503 is amended with changes as published in the NCR Volume 29, Issue 01, pps. 17-18, as
2 follows:

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4 **10A NCAC 13D .2503 USE OF NURSE PRACTITIONERS AND PHYSICIAN ASSISTANTS**

5 (a) ~~If a~~ **Any** facility ~~that~~ employs ~~physician assistants or~~ nurse practitioners ~~or physician assistants~~ ~~it~~ shall maintain
6 the following information for each nurse practitioner and physician assistant:

7 (1) ~~a statement of verification of current approval to practice as a nurse practitioner by the Board of~~
8 ~~Medical Examiners~~ Medical Board and Board of Nursing for each practitioner, or ~~a statement~~
9 ~~verification~~ of current approval to practice as a physician assistant by the ~~Board of Medical~~
10 ~~Examiners~~ Medical Board for each physician assistant; ~~and~~

11 ~~(2) — verification of current approval to practice; and~~

12 ~~(3)~~ (2) a copy of instructions or written protocols signed by the nurse practitioner or physician assistant
13 and the supervising physicians.

14 (b) The privileges of the nurse practitioner or physician assistant shall be ~~clearly~~ defined by the facility's policies
15 and procedures and shall be limited to those privileges authorized in 21 NCAC 32M and 21 NCAC 36 .0800 for the
16 nurse practitioner or ~~21 NCAC 32O~~ 21 NCAC 32S for the physician assistant.

17

18 *History Note: Authority G.S. 131E-104;*

19 *Eff. ~~January 1, 1996.~~ January 1, 1996;*

20 *Amended Eff. November 1, 2014.*