

1 10A NCAC 22R .0103 is proposed for adoption as follows:

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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
5 eligible for 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),
7 which is incorporated by reference in 10A NCAC 22Q .0102;

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

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

13 (a) qualification for disproportionate share status of 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.

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

21 *Eff. July 1, 2022;*

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

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