## GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2017

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## SENATE BILL 368 House Committee Substitute Favorable 6/13/18 Third Edition Engrossed 6/13/18

Short Title: Update False Claims Act/Rare Disease Appt/HIE.

(Public)

Sponsors:	
Referred to:	

March 27, 2017

1		A BILL TO BE ENTITLED
2	ΑΝ ΑCΤ ΤΟ Α	LIGN THE NORTH CAROLINA FALSE CLAIMS ACT WITH THE
3		ALSE CLAIMS ACT; TO EXTEND THE TERMS FOR THE CURRENT
4		F THE ADVISORY COUNCIL ON RARE DISEASES; AND TO EXTEND
5		ION IN THE HIE NETWORK FOR CERTAIN PROVIDERS.
6		mbly of North Carolina enacts:
7		<b>ION 1.</b> G.S. 1-606(7) is repealed.
8		<b>ION 2.</b> G.S. 1-607(a) reads as rewritten:
9		claims; acts subjecting persons to liability for treble damages; costs and
10		enalties; exceptions.
11	-	ty. – Any person who commits any of the following acts shall be liable to the
12		hes the amount of damages that the State sustains because of the act of that
13		who commits any of the following acts also shall be liable to the State for the
14	costs of a civil act	ion brought to recover any of those penalties or damages and shall be liable to
15	the State for a civi	I penalty of not less than five thousand five hundred dollars (\$5,500) and not
16	more than eleven	thousand dollars (\$11,000) (\$11,000), as may be adjusted by Section 5 of the
17	Federal Civil Pena	alties Inflation Adjustment Act of 1990, P.L. 101-410, as amended, for each
18	violation:	
19	"	
20		<b>ION 3.</b> G.S. 1-608(b) reads as rewritten:
21		s by Private Persons. – A person may bring a civil action for a violation of
22		person and for the State, as follows:
23	(1)	The action shall be brought in the name of the State, and the person bringing
24		the action shall be referred to as the qui tam plaintiff. Once filed, the The
25		action may be dismissed voluntarily by the person bringing the action only if
26		the court and Attorney General have given written consent to the
27		dismissal.dismissal and the reasons for consenting.
28	(2)	A copy of the complaint and written disclosure of substantially all material
29		evidence and information the person possesses shall be served on the Attorney
30		General pursuant to applicable rules of the North Carolina Rules of Civil
31		Procedure. The complaint shall be filed in camera, shall remain under seal for
32		at least 120 days, and shall not be served on the defendant until the court so
33		orders. The State may elect to intervene and proceed with the action within
34		120 days after it receives both the complaint and the material evidence and
35		information.



3

	General Assem	bly Of North Carolina	Session 2017
1 2 3 4 5 6 7	(3)	The State may, for good cause shown, move the court time during which the complaint remains under seal under this subsection. Any such motions may be supported be submissions in camera. The defendant shall not be requi complaint filed under this section until 30 days after the of and served upon the defendant pursuant to the North Ca Procedure.	der subdivision (2) of by affidavits or other red to respond to any complaint is unsealed
8 9	(4)	Before the expiration of the 120-day period or any exter subdivision (3) of this subsection, the State shall:	nsions obtained under
0 1 2		<ul><li>a. Proceed with the action, in which case the action by the State; or</li><li>b. Notify the court that it declines to take over the</li></ul>	action, in which case
3		the person bringing the action shall have the action.	right to conduct the
.5 .6 .7 .8 .9 20	<del>(5)</del>	When a person brings an action under this subsection, the Act, 31 U.S.C. § 3729 et seq., or any similar provision state, no person other than the State may intervene or b based on the facts underlying the pending action; pro nothing in this subdivision prohibits a person from amen in another jurisdiction to allege a claim under this subse	t of law in any other bring a related action vided, however, that ding a pending action ction.
21		on brings an action under this subsection, no person other	
22 23		g a related action based on the facts underlying the pendin <b>FION 4.</b> G.S. 1-610(b) reads as rewritten:	g action.
24		the action is one which the court finds to be based prima	rily on disclosures of
25	specific informa	tion, other than information provided by the qui tam	plaintiff, relating to
26 27 28 29 50 51	federal level, <u>h</u> Accounting Offi or investigation, appropriate, but significance of t	unsactions (i) in a <u>State</u> criminal, civil, or administrative h <u>learing, (ii)</u> in a <u>congressional, State</u> legislative, administrative h <u>ce, or Office of the</u> State <u>Auditor's Auditor, or other State</u> or or (iii) from the news media, the court may award such in no case more than ten percent (10%) of the proceeds, ta he information and the role of the qui tam plaintiff in a	ninistrative, General report, hearing, audit, sums as it considers king into account the
82 83	litigation."	FION 5 C.S. 1 611 mode as now mitten.	
53 34		<b>FION 5.</b> G.S. 1-611 reads as rewritten: <b>in actions barred.</b>	
5 6 7 88	(a) No co member of the G acting in their of	burt shall have jurisdiction over an action brought under G eneral Assembly, a member of the judiciary, or a senior exe fficial capacity if the action is based on evidence or infor ction was brought.	cutive branch official
89 10	allegations or tra	event may a person bring an action under G.S. 1-608(b ansactions that are the subject of a civil suit or an admin	·
1 2	(c) No ci	ng in which the State is already a party. vil action may be brought under this Article by a person w	-
-3 -4		blic official if the allegations of such action are based sub	stantially upon either
4 5 6	of the following: (1)	Allegations of wrongdoing or misconduct which such obligation to report or investigate within the scope	
17		employment or office.	me or nor public
8	(2)	Information or records to which the person had access as	s a result of his or her
9		public employment or office.	
50	• •	ourt shall have jurisdiction over an action under G.S. 1-6	· / I
51	public disclosure	e of allegations or transactions (i) in a criminal, civil, or a	dministrative hearing

## General Assembly Of North Carolina

1	at the State or federal level, (ii) in a congressional, legislative, administrative, General
2	Accounting Office, or State Auditor's report, hearing, audit, or investigation, or (iii) from the
3	news media, unless the action is brought by the Attorney General, or the person bringing the
4	action is an original source of the information. For purposes of this section, "original source"
5	means an individual who has direct and independent knowledge of the information on which the
6	allegations are based and has voluntarily provided the information to the State before filing an
7	action under G.S. 1-608(b) that is based on the information.
8	(e) Unless opposed by the State, the court shall dismiss an action or claim under this
9	Article if substantially the same allegations or transactions as alleged in the action or claim were
10	publicly disclosed by any of the following:
11	(1) A State criminal, civil, or administrative hearing in which the State or its agent
12	is a party.
13	(2) <u>A State legislative, Office of the State Auditor, or other State report, hearing,</u>
14	audit, or investigation.
15	(3) The news media.
16	This subsection shall not apply to any action brought by the Attorney General or when the
17	person bringing the action is an original source of the information.
18	(f) For the purposes of this section, the term "original source" means an individual who
19	meets one of the following descriptions:
20	(1) Prior to public disclosure under subsection (e) of this section, the individual
21	has voluntarily disclosed to the State the information on which allegations or
22	transactions in a claim are based.
23	(2) The individual (i) has knowledge that is independent of, and materially adds
24	to, the publicly disclosed allegations or transactions and (ii) has voluntarily
25	provided the information to the State before filing an action under this
26	Article."
26 27	<u>Article.</u> " SECTION 6. G.S. 1-613 reads as rewritten:
27	<b>SECTION 6.</b> G.S. 1-613 reads as rewritten:
27 28	<b>SECTION 6.</b> G.S. 1-613 reads as rewritten: "§ 1-613. Private action for retaliation action.
27 28 29	<ul><li>SECTION 6. G.S. 1-613 reads as rewritten:</li><li>"§ 1-613. Private action for retaliation action. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened,</li></ul>
27 28 29 30	<b>SECTION 6.</b> G.S. 1-613 reads as rewritten: " <b>§ 1-613. Private action for retaliation action.</b> Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment
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<ul> <li>27</li> <li>28</li> <li>29</li> <li>30</li> <li>31</li> <li>32</li> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> </ul>	SECTION 6. G.S. 1-613 reads as rewritten: "§ 1-613. Private action for retaliation action. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, or agent on behalf of the employee, contractor, or agent or agent, or associated others in furtherance of an action under this Article, or in furtherance of <u>Article or</u> other efforts to stop one or more violations of <u>G.S. 1-607</u> , including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this Article, <u>G.S. 1-607</u> shall be entitled to all relief necessary to make the employee employee, contractor, or agent whole. Such relief shall include reinstatement with the same seniority status the employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee, contractor, or agent may bring an action may be brought in North Carolina superior court for the relief provided in this section. <u>A civil action under this section may not be brought more than three years after the date when the retaliation occurred.</u> " SECTION 7. G.S. 126-84(a) reads as rewritten: "§ 126-84. Statement of policy. (a) It is the policy of this State that State employees shall be encouraged have a duty to report verbally or in writing to their supervisor, department head, or other appropriate authority, evidence of activity by a State agency or State employee constituting:constituting any of the following:
$\begin{array}{c} 27\\ 28\\ 29\\ 30\\ 31\\ 32\\ 33\\ 34\\ 35\\ 36\\ 37\\ 38\\ 39\\ 40\\ 41\\ 42\\ 43\\ 44\\ 45\\ 46\\ 47\\ 48\\ 49\\ \end{array}$	SECTION 6. G.S. 1-613 reads as rewritten: "§ 1-613. Private action for retaliation action. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, or agent on behalf of the employee, contractor, or agent or agent, or associated others in furtherance of an action under this Article, or in furtherance of <u>Article or</u> other efforts to stop one or more violations of <u>G.S. 1-607</u> , including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this Article, <u>G.S. 1-607</u> shall be entitled to all relief necessary to make the employee employee, contractor, or agent whole. Such relief shall include reinstatement with the same seniority status the employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee, contractor, or agent may bring an-action may be brought in North Carolina superior court for the relief provided in this section. <u>A civil action under this section may not be brought more than three years after the date when the retaliation occurred.</u> " SECTION 7. G.S. 126-84(a) reads as rewritten: "§ 126-84. Statement of policy. (a) It is the policy of this State that State employees shall be encouraged have a duty to report verbally or in writing to their supervisor, department head, or other appropriate authority, evidence of activity by a State agency or State employee constituting:constituting any of the following:
<ul> <li>27</li> <li>28</li> <li>29</li> <li>30</li> <li>31</li> <li>32</li> <li>33</li> <li>34</li> <li>35</li> <li>36</li> <li>37</li> <li>38</li> <li>39</li> <li>40</li> <li>41</li> <li>42</li> <li>43</li> <li>44</li> <li>45</li> <li>46</li> <li>47</li> <li>48</li> </ul>	SECTION 6. G.S. 1-613 reads as rewritten: "§ 1-613. Private action for retaliation action. Any employee, contractor, or agent who is discharged, demoted, suspended, threatened, harassed, or in any other manner discriminated against in the terms and conditions of employment because of lawful acts done by the employee, contractor, or agent on behalf of the employee, contractor, or agent or agent, or associated others in furtherance of an action under this Article, or in furtherance of <u>Article or</u> other efforts to stop one or more violations of <u>G.S. 1-607</u> , including investigation for, initiation of, testimony for, or assistance in an action filed or to be filed under this Article, <u>G.S. 1-607</u> shall be entitled to all relief necessary to make the employee employee, contractor, or agent whole. Such relief shall include reinstatement with the same seniority status the employee, contractor, or agent would have had but for the discrimination, two times the amount of back pay, interest on the back pay, and compensation for any special damages sustained as a result of the discrimination, including litigation costs and reasonable attorneys' fees. An employee, contractor, or agent may bring an action may be brought in North Carolina superior court for the relief provided in this section. <u>A civil action under this section may not be brought more than three years after the date when the retaliation occurred.</u> " SECTION 7. G.S. 126-84(a) reads as rewritten: "§ 126-84. Statement of policy. (a) It is the policy of this State that State employees shall be encouraged have a duty to report verbally or in writing to their supervisor, department head, or other appropriate authority, evidence of activity by a State agency or State employee constituting:constituting any of the following:

1       (4)       Substantial and specific danger to the public health and safety; orsafety.         2       (5)       Gross mismanagement, a gross waste of monies, or gross abuse of authority."         3       SECTION 8.(a)       Notwithstanding the provisions of G.S. 130A-33.65(c) or any other         provision of law, the terms of the current members of the Advisory Council on Rare Diseases are       extended until July 31, 2023.         6       SECTION 8.(b)       This section is effective when it becomes law.         8       SECTION 9.(a)       G.S. 90-414.4 reads as rewritten:         8       90-414.4. Required participation in HIE Network for some providers.       (a)         10       (1)       That controlling escalating health care costs of the Medicaid program and other State-funded health aretrices is of significant importance to the State, its taxpayers, its Medicaid recipients, and other recipients of State-funded health services.         14       (2)       That the State needs timely access to certain demographic and clinical information pertaining to services rendered to Medicaid and other State-funded health care funds in order to assess performance, improve health care outcomes, pinpoint medical expense trends, identify beneficiary health risks, and evaluate how the State is spending money on Medicaid and other State-funded health services.         11       (3)       That making demographic and clinical information available to the State by secure electronic means as set forth in subsection (b) of this section will, with respect to Medicaid and other State-funded hea		General Assemb	oly Of North Carolina	Session 2017
4       provision of law, the terms of the current members of the Advisory Council on Rare Diseases are extended until July 31, 2023.         6       SECTION 8.(b) This section is effective when it becomes law.         7       \$\$90-414.4. Required participation in HIE Network for some providers.         8       "\$ 90-414.4. Required participation in HIE Network for some providers.         9       (a) Findings. The General Assembly makes the following findings:         10       (1) That controlling escalating health care costs of the Medicaid program and other State-funded health services is of significant importance to the State, its taxpayers, its Medicaid recipients, and other recipients of State-funded health services.         14       (2) That the State needs timely access to certain demographic and clinical information pertaining to services rendered to Medicaid and other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds in order to assess performance, improve health care outcomes, pinpoint medical expense trends, identify beneficiary health risks, and evaluate how the State is spending money on Medicaid and other State-funded health care outcomes, increase care quality for such beneficiaries, enable more effective population health margement, reduce duplication of medical services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health care funds in accordance with the following providers and health care funds in accordance with the following time line:         (3) That making demographic and clinical information available to the State by seccre electronic means as set forth in subsectio	2	(5)	Gross mismanagement, a gross waste of monies, or gro	oss abuse of authority."
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<ul> <li>(a) Findings. – The General Assembly makes the following findings:</li> <li>(1) That controlling escalating health care costs of the Medicaid program and other State-funded health services is of significant importance to the State, its taxpayers, its Medicaid recipients, and other recipients of State-funded health services.</li> <li>(2) That the State needs timely access to certain demographic and clinical information pertaining to services rendered to Medicaid and other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds in order to assess performance, improve health care outcomes, pinpoint medical expense trends, identify beneficiary health risks, and evaluate how the State is spending money on Medicaid and other State-funded health services.</li> <li>(3) That making demographic and clinical information available to the State by secure electronic means as set forth in subsection (b) of this section will, with respect to Medicaid and other State-funded health services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health of the population and facilitate health care cortoantimut.</li> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to the HIE Network under G.S. 90-414.2, the following troviders and entities shall be connected to the HIE Network under G.S. 90-414.2, the following roviders and entities shall be connected to the HIE Network under G.S. 90-414.2, the following the HIE Network pertaining to services rendered to Medicaid or other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health c</li></ul>				
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15       information pertaining to services rendered to Medicaid and other         16       State-funded health care program beneficiaries and paid for with Medicaid or         17       other State-funded health care funds in order to assess performance, improve         18       health care outcomes, pinpoint medical expense trends, identify beneficiary         19       health risks, and evaluate how the State is spending money on Medicaid and         20       other State-funded health services.         21       (3)       That making demographic and clinical information available to the State by         22       secure electronic means as set forth in subsection (b) of this section will, with         23       respect to Medicaid and other State-funded health care programs, improve         24       care coordination within and across health systems, increase care quality for         25       such beneficiaries, enable more effective population health management,         26       reduce duplication of medical services, augment syndromic surveillance,         27       allow more accurate measurement of care services and outcomes, increase         28       strategic knowledge about the health of the population, and facilitate health         29       care cost containment.         30       (a)       Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of         31       the HIE Network	13		services.	
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20       other State-funded health services.         21       (3)       That making demographic and clinical information available to the State by secure electronic means as set forth in subsection (b) of this section will, with respect to Medicaid and other State-funded health care programs, improve care coordination within and across health systems, increase care quality for such beneficiaries, enable more effective population health management, reduce duplication of medical services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health of the population, and facilitate health care cost containment.         30       (a1)       Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to the HIE Network and begin submitting data through the HIE Network pertaining to services rendered to Medicaid or other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care leutronic health record system shall begin submitting demographic and clinical data by June 1, 2018:         39       a.       Hospitals as defined in G.S. 131E-176(13).         40       b.       Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.         41       c.       Physician assistants as defined in 21 NCAC 325.0201.         43       d.       Nurse practitioners as defined in 21 NCAC 36.0801.	18		health care outcomes, pinpoint medical expense trend	ds, identify beneficiary
<ul> <li>(3) That making demographic and clinical information available to the State by secure electronic means as set forth in subsection (b) of this section will, with respect to Medicaid and other State-funded health care programs, improve care coordination within and across health systems, increase care quality for such beneficiaries, enable more effective population health management, reduce duplication of medical services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health of the population, and facilitate health care cost containment.</li> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to the HIE Network and begin submitting data through the HIE Network pertaining to services rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds in accordance with the following time line: <ul> <li>(1) The following providers of Medicaid services that have an electronic health record system shall begin submitting demographic and clinical data by June 1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> </ul></li></ul>	19		health risks, and evaluate how the State is spending m	noney on Medicaid and
<ul> <li>secure electronic means as set forth in subsection (b) of this section will, with</li> <li>respect to Medicaid and other State-funded health care programs, improve</li> <li>care coordination within and across health systems, increase care quality for</li> <li>such beneficiaries, enable more effective population health management,</li> <li>reduce duplication of medical services, augment syndromic surveillance,</li> <li>allow more accurate measurement of care services and outcomes, increase</li> <li>strategic knowledge about the health of the population, and facilitate health</li> <li>care cost containment.</li> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of</li> <li>the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to</li> <li>the HIE Network and begin submitting data through the HIE Network pertaining to services</li> <li>rendered to Medicaid or other State-funded health care program beneficiaries</li> <li>and paid for with Medicaid or other State-funded health care funds in accordance with the</li> <li>following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health</li> <li>record system shall begin submitting demographic and clinical data by June</li> <li>1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the</li> <li>General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>(2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>			other State-funded health services.	
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24care coordination within and across health systems, increase care quality for25such beneficiaries, enable more effective population health management,26reduce duplication of medical services, augment syndromic surveillance,27allow more accurate measurement of care services and outcomes, increase28strategic knowledge about the health of the population, and facilitate health29care cost containment.30(a1)31Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of32the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to33rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries34and paid for with Medicaid or other State-funded health care program beneficiaries35and paid for with Medicaid or other State-funded health care funds in accordance with the36(1)The following providers of Medicaid services that have an electronic health37record system shall begin submitting demographic and clinical data by June381, 2018:39a.39a.40b.41General Statutes.42c.43d.44(2)44(2)44(2)44(2)44(3)4546sprovider in subdivision (3), subdivisions (3), (4), and (5) of this			secure electronic means as set forth in subsection (b) of	of this section will, with
<ul> <li>such beneficiaries, enable more effective population health management, reduce duplication of medical services, augment syndromic surveillance, allow more accurate measurement of care services and outcomes, increase strategic knowledge about the health of the population, and facilitate health care cost containment.</li> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to the HIE Network and begin submitting data through the HIE Network pertaining to services rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries and paid for with Medicaid or other State-funded health care funds in accordance with the following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health record system shall begin submitting demographic and clinical data by June 1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>(2) Except as provided in subdivision (3), (4), and (5) of this</li> </ul>			respect to Medicaid and other State-funded health c	are programs, improve
26reduce duplication of medical services, augment syndromic surveillance,27allow more accurate measurement of care services and outcomes, increase28strategic knowledge about the health of the population, and facilitate health29care cost containment.30(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of31the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to32the HIE Network and begin submitting data through the HIE Network pertaining to services33rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries34and paid for with Medicaid or other State-funded health care funds in accordance with the36(1)The following providers of Medicaid services that have an electronic health37record system shall begin submitting demographic and clinical data by June381, 2018:39a.40b.41General Statutes.42c.43d.44(2)44(2)4444	24		care coordination within and across health systems, in	ncrease care quality for
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<ul> <li>care cost containment.</li> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of</li> <li>the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to</li> <li>the HIE Network and begin submitting data through the HIE Network pertaining to services</li> <li>rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries</li> <li>and paid for with Medicaid or other State-funded health care funds in accordance with the</li> <li>following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health</li> <li>record system shall begin submitting demographic and clinical data by June</li> <li>1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the</li> <li>General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>(2) Except as provided in subdivision (3) subdivisions (3), (4), and (5) of this</li> </ul>			allow more accurate measurement of care services a	and outcomes, increase
<ul> <li>(a1) Mandatory Connection to HIE Network. – Notwithstanding the voluntary nature of</li> <li>the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to</li> <li>the HIE Network and begin submitting data through the HIE Network pertaining to services</li> <li>rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries</li> <li>and paid for with Medicaid or other State-funded health care funds in accordance with the</li> <li>following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health</li> <li>record system shall begin submitting demographic and clinical data by June</li> <li>1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the</li> <li>General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>(2) Except as provided in subdivision (3) subdivisions (3), (4), and (5) of this</li> </ul>	28		strategic knowledge about the health of the population	on, and facilitate health
<ul> <li>the HIE Network under G.S. 90-414.2, the following providers and entities shall be connected to</li> <li>the HIE Network and begin submitting data through the HIE Network pertaining to services</li> <li>rendered to Medicaid beneficiaries and to other State-funded health care program beneficiaries</li> <li>and paid for with Medicaid or other State-funded health care funds in accordance with the</li> <li>following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health</li> <li>record system shall begin submitting demographic and clinical data by June</li> <li>1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the</li> <li>General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>				
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<ul> <li>following time line:</li> <li>(1) The following providers of Medicaid services that have an electronic health record system shall begin submitting demographic and clinical data by June 1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>Except as provided in subdivision (3) subdivisions (3), (4), and (5) of this</li> </ul>	33			
<ul> <li>36 (1) The following providers of Medicaid services that have an electronic health record system shall begin submitting demographic and clinical data by June 1, 2018:</li> <li>39 a. Hospitals as defined in G.S. 131E-176(13).</li> <li>40 b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>42 c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>43 d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>44 (2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	34	and paid for with	th Medicaid or other State-funded health care funds i	n accordance with the
<ul> <li>37 record system shall begin submitting demographic and clinical data by June</li> <li>38 1, 2018:</li> <li>39 a. Hospitals as defined in G.S. 131E-176(13).</li> <li>40 b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>42 c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>43 d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>44 (2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	35	following time li	ne:	
<ul> <li>1, 2018:</li> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	36	(1)	The following providers of Medicaid services that ha	ve an electronic health
<ul> <li>a. Hospitals as defined in G.S. 131E-176(13).</li> <li>b. Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.</li> <li>c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	37		record system shall begin submitting demographic an	d clinical data by June
40b.Physicians licensed to practice under Article 1 of Chapter 90 of the General Statutes.41General Statutes.42c.Physician assistants as defined in 21 NCAC 32S.0201.43d.Nurse practitioners as defined in 21 NCAC 36.0801.44(2)Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this	38		1, 2018:	
<ul> <li>41 General Statutes.</li> <li>42 c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>43 d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>44 (2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	39		a. Hospitals as defined in G.S. 131E-176(13).	
<ul> <li>42 c. Physician assistants as defined in 21 NCAC 32S.0201.</li> <li>43 d. Nurse practitioners as defined in 21 NCAC 36.0801.</li> <li>44 (2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this</li> </ul>	40		b. Physicians licensed to practice under Article	1 of Chapter 90 of the
43d. Nurse practitioners as defined in 21 NCAC 36.0801.44(2)Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this	41		General Statutes.	
44 (2) Except as provided in subdivision (3)subdivisions (3), (4), and (5) of this	42		c. Physician assistants as defined in 21 NCAC 32	2S.0201.
	43		d. Nurse practitioners as defined in 21 NCAC 36.	.0801.
45 subsection, all other providers of Medicaid and State-funded health care	44	(2)	Except as provided in subdivision (3)subdivisions (3)	3), (4), and (5) of this
, <u>1</u>	45		subsection, all other providers of Medicaid and Sta	ate-funded health care
46 services shall begin submitting demographic and clinical data by June 1, 2019.	46		services shall begin submitting demographic and clinic	al data by June 1, 2019.
47 (3) The following entities shall submit encounter and claims data, as appropriate,	47	(3)	The following entities shall submit encounter and claim	ms data, as appropriate,
48 in accordance with the following time line:	48		in accordance with the following time line:	
49 a. Prepaid Health Plans, as defined in S.L. 2015-245, by the	49		a. Prepaid Health Plans, as defined in S.I	L. 2015-245, by the
50 commencement date of a capitated contract with the Division of	50		commencement date of a capitated contract	with the Division of

	General Assembly Of North Carolina	Session 2017
1	Health Benefits for the delivery of Medicaid and N	IC Health Choice
2	services as specified in S.L. 2015-245.	
3	b. Local management entities/managed care organizati	ons, as defined in
4	G.S. 122C-3, by June 1, 2020.	
5	(4) <u>The following entities shall begin submitting demographic</u>	and clinical data
6 7	by June 1, 2021: $\Delta$ mbulatory surgical contars as defined in G.S. 121E	2 1/6
8	<ul> <li><u>a.</u> <u>Ambulatory surgical centers as defined in G.S. 131E</u></li> <li><u>b.</u> <u>Dentists licensed under Article 2 of Chapter 90 of the</u></li> </ul>	
9	(5) The following entities shall begin submitting claims data by	
10	<u>a.</u> Pharmacies registered with the North Carolina Bo	
11	under Article 4A of Chapter 90 of the General Statu	
12	(a2) Extensions of Time for Establishing Connection to the HIE	
13	Department of Information Technology, in consultation with the Departme	nt of Health and
14	Human Services, may establish a process to grant limited extensions of the t	-
15	and entities to connect to the HIE Network and begin submitting data as requir	•
16	upon the request of a provider or entity that demonstrates an ongoing good-f	
17	necessary steps to establish such connection and begin data submission as	
18 19	section. The process for granting an extension of time must include a presentation	• •
19 20	or entity to the Department of Information Technology and the Department of H Services on the expected time line for connecting to the HIE Network and o	
20 21	submission as required by this section. Neither the Department of Information	-
22	the Department of Health and Human Services shall grant an extension of time	••
23	or entity that fails to provide this information to both Departments or Department	
24	result in the provider or entity connecting to the HIE Network and commencing	
25	as required by this section later than June 1, 2020.2020, or (iii) that would resu	It in any provider
26	or entity specified in subdivisions (4) and (5) of subsection (a1) of this section	-
27	HIE Network and commencing data submission as required by this section	
28	<u>2021.</u> The Department of Information Technology shall consult with the Department	
29 30	and Human Services to review and decide upon a request for an extension of a section within 20 days after receiving a request for an extension	of time under this
30 31	<ul><li>section within 30 days after receiving a request for an extension.</li><li>(b) Mandatory Submission of Demographic and Clinical Data. – No</li></ul>	twithstanding the
32	voluntary nature of the HIE Network under G.S. 90-414.2 and, except as othe	
33	subsection (c) of this section, as a condition of receiving State funds, including	
34	the following entities shall submit at least twice daily, through the HIE network	
35	and clinical information pertaining to services rendered to Medicaid and o	
36	health care program beneficiaries and paid for with Medicaid or other State-f	unded health care
37	funds, solely for the purposes set forth in subsection (a) of this section:	
38	(1) Each hospital, as defined in G.S. $131E-176(13)$ that has an	electronic health
39	record system.	
40	<ul> <li>(2) Each Medicaid provider.</li> <li>(2) Each annuither that maximum State for the function of</li> </ul>	1
41 42	<ul> <li>(3) Each provider that receives State funds for the provision of</li> <li>(4) Each local management entity/managed care organization</li> </ul>	
42 43	(4) Each local management entity/managed care organizatio G.S. 122C-3.	in, as defined in
44	(c) Exemption for Certain Records. – Providers with patient records t	hat are subject to
45	the disclosure restrictions of 42 C.F.R. § 2 are exempt from the requirements	0
46	of this section but only with respect to the patient records subject to these discl	
47	Providers shall comply with the requirements of subsection (b) of this section	
48	other patient records. A pharmacy shall only be required to submit claims of	data pertaining to
49	services rendered to Medicaid and other State-funded health care program bene	eficiaries and paid
50	for with Medicaid or other State-funded health care funds.	

	General Assembly Of North CarolinaSession 2017	
1	(c1) Exemption from Twice Daily Submission. – A pharmacy shall only be required to	
2	submit claims data once daily through the HIE Network using pharmacy industry standardized	
3	formats.	
4	(d) Method of Data Submissions. – The data submissions required under this section shall	
5	be by connection to the HIE Network periodic asynchronous secure structured file transfer or any	
6	other secure electronic means commonly used in the industry and consistent with document	
7	exchange and data submission standards established by the Office of the National Coordinator	
8	for Information Technology within the U.S. Department of Health and Human Services."	
9	<b>SECTION 9.(b)</b> This section is effective when it becomes law.	
10	<b>SECTION 10.</b> Except as otherwise provided, this act is effective when it becomes	
11	law and applies to actions brought on or after that date.	