



CHAPTER 108A

ARTICLE 7B - HOSPITAL ASSESSMENT ACT

N.C.G.S. § 108A-146.9.

Fee-for-service component.

SOURCE General Statutes of North Carolina, as published by the General Assembly	LAST AMENDMENT IN THIS TEXT No amendment history on record	RETRIEVED 21 September 2026, 03:01 UTC	SOURCE FINGERPRINT 5d05aaaf4f38b8a0b2801e4 - 5f25185cfe20f06fc5c51b03 - 20a1dff408232e1
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§ 108A-146.9(a) The fee-for-service component is an amount of money that is a portion of all the Medicaid fee-for-service payments made to acute care hospitals during the previous data collection period for claims with a date of service on or after July 1, 2021, excluding claims attributable to newly eligible individuals. The fee-for-service component is calculated by adding the subcomponent pertaining to claims for which there is no third-party coverage under subsection (b) of this section and the subcomponent pertaining to claims for which there is third-party coverage under subsection (c) of this section.

§ 108A-146.9(b) The subcomponent pertaining to claims for which there is no third-party coverage is the sum of the inpatient amount and the outpatient amount described in this subsection:

- (1) The inpatient amount is the product of the total fee-for-service payments for claims not attributable to newly eligible individuals for which there is no third-party coverage made to all acute care hospitals for inpatient hospital services multiplied by the inpatient hospital financing percentage and multiplied by the nonfederal share for not newly eligible individuals.
- (2) The outpatient amount is the product of the total fee-for-service payments for claims not attributable to newly eligible individuals for which there is no third-party coverage made to all acute care hospitals for outpatient hospital services multiplied by the outpatient hospital financing percentage and multiplied by the nonfederal share for not newly eligible individuals.

§ 108A-146.9(c)

The subcomponent pertaining to claims for which there is third-party coverage is the product of the total fee-for-service payments for claims not attributable to newly eligible individuals for which there is third-party coverage made for inpatient hospital services and outpatient hospital services to (i) public acute care hospitals, (ii) private acute care hospitals, (iii) critical access hospitals, and (iv) rural emergency hospitals multiplied by the nonfederal share for not newly eligible individuals.

§ 108A-146.9(d)

Repealed by Session Laws 2023-7, s. 1.7(e), effective April 1, 2023, and applicable to assessments imposed on or after that date. (2021-61, s. 2; 2023-7, s. 1.7(e); 2024-28, s. 5.3(d).)

END OF SECTION TEXT

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APPARATUS III

Citation

FULL SECTION

N.C. Gen. Stat. § 108A-146.9 (2026).

PINPOINT

N.C. Gen. Stat. § 108A-146.9(a) (2026).

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