

**RULES  
OF  
DEPARTMENT OF INSURANCE  
DIVISION OF INSURANCE**

**CHAPTER 0780-1-44  
RELATING TO REPORTING HOSPITAL CHARGES FOR PATIENTS**

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**0780-1-44-.01 PURPOSE.** The purpose of this rule is to require certain persons to report hospital charges for patients in order to provide information as to patient charges by hospitals.

**Authority:** Chapter 876, Public Acts of 1980. **Administrative History:** Original rule filed August 5, 1980; effective January 1, 1981.

**0780-1-44-.02 DEFINITIONS.** As used in this rule, unless the context otherwise requires, the term:

- (1) "Administrator" means any person, company, corporation, partnership, association or legal entity who collects charges or premiums from, or who adjusts or settles claims on, residents of this state in connection with health insurance coverage.
- (2) "Charge Data" means information and figures concerning the dollar amount billed by hospitals to patients on account of care, services, goods, accommodations, facilities and equipment furnished by or in a hospital; provided, however, that charge data shall only include categorical information and figures and shall not include information and figures concerning individual patients.
- (3) "Commissioner" means the Commissioner of the Department of Insurance.
- (4) "Hospital" means any institution, place, building or agency as defined by Tennessee Code Annotated, Section 53-1301, and subject to the provisions of Tennessee Code Annotated, Chapter 13, Title 53.
- (5) "Insurer" means any person authorized to transact the business of insurance under the provisions of Tennessee Code Annotated, Title 56.
- (6) "Major Purchasers" means persons who have health insurance coverage and who consists of one hundred employees or more under a group plan of insurance; or any experience rated group regardless of size.

**Authority:** Chapter 876, Public Acts of 1980. **Administrative History:** Original rule filed August 5, 1980; effective January 1, 1981.

**0780-1-44-.03 SCOPE.** Require insurers and administrators to provide charge data by hospital and diagnostic category when reasonably available as determined by the Commissioner to their major purchasers.

**Authority:** Chapter 876, Public Acts of 1980. **Administrative History:** Original rule filed August 5, 1980; effective January 1, 1981.

**0780-1-44-.04 APPLICABILITY.**

- (A) Insurers and administrators shall print and make available charge data information annually. The report shall contain the previous calendar year's data and nothing is to preclude an insurer or administrator from printing this information more frequently. The report should be printed and made available by March 1, of each year.
- (B) The report shall include all in-patient and non-governmental hospital claims, utilizing the first three digits of the International Classification of Diseases coding system (ICD), which represent the twenty-five most frequent diagnoses as determined by the Commissioner. The report will be run by diagnosis with a frequency of ten or more within each hospital. The format will show the name and address of the hospital, nomenclature for the twenty-five most frequent diagnosis, the number of cases for each diagnosis, and the reported hospital average charge for each diagnosis.
- (C) An insurer or administrator may charge a fee for the report. Such fee shall not exceed the cost of producing the report.

**Authority:** Chapter 876, Public Acts of 1980. **Administrative History:** Original rule filed August 5, 1980; effective January 1, 1981.

**0780-1-44-.05 EFFECTIVE DATE.** The effective date of this rule shall be January 1, 1981.

**Authority:** Chapter 876, Public Acts of 1980. **Administrative History:** Original rule filed August 5, 1980; effective January 1, 1981.