

FEDERAL ATLAS PROGRAM — NORTH CAROLINA

North Carolina Complete Master Binder

Part I — North Carolina from the CFR perspective · Part II — the 1099 deep dive · Part III
— the full register, all 501 entries, bound in
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North Carolina — The State in Brief

North Carolina Medicaid is administered by a single division — the Division of Health Benefits inside the Department of Health and Human Services — paying most care through four Standard Plans, four Tailored Plans, a tribal option, and a fee-for-service remainder, under a renewed Section 1115 demonstration running to December 2029. This binder maps the full federal obligation universe onto that structure from North Carolina's own public record, and then takes the State's 1099 machinery apart line by line.

The register. 501 obligations: 489 from the federal CFR text, 4 from North Carolina statute and session law, 8 from NC-published process. 500 are classed GOVERNING, 1 DERIVED, none extrapolated. Twenty-two carry a date stated in their own text; 269 recur on a stated frequency with no anchor and keep that state — UNRESOLVED — rather than acquiring an invented one. Every entry is mapped to one of fifteen North Carolina homes, each with its basis printed (published, citation, or derivation, labeled). One block of six — the State fair hearing system under 42 CFR 431 Subpart E — had no home inside the Department's published organization; on the determination at §2.3 its hearing function is homed to the NC Office of Administrative Hearings, outside the Department, and its agency-side duties to the determining agency. No entry stands unassigned.

The 1099 lines. North Carolina runs two productions and a state filing layer. Providers are paid and reported through NCTracks, the GDIT-operated MMIS: one 1099 per Tax ID per payer, DHB and DPH the payers named. Vendors are paid through NCFS and were reported centrally by the State Controller — a design that ends with tax year 2025: from January 2027 each state agency files its own 1099s through the IRS IRIS portal, a transition whose TCC applications fell due September 30, 2026. The State's own layer, NCDOR's Form NC-3 reconciliation through eNC3, is due January 31 and does not accept the federal/state combined filing program as a substitute. Eleven gaps stand in the 1099 record (§4.9) — the largest being that no NC source says who reports managed-care payments, although most NC Medicaid spend now runs through managed care.

The conflicts. Sixteen points where NC's own publications disagree — a Tailored Plan launch printed three ways, a Controller's policy that contradicts the Controller's memo, a fiscal agent renamed in 2018 and still named in live FAQs — are printed with both positions and a stated disposition (§3.3, §4.10). Nothing in this binder is harmonized silently.

How this binder is built. Part I stands alone as its own PDF; Part II stands alone as its own PDF; the full 501-entry register publishes as its own volume. This master is generated from those same parts, so the editions cannot drift. Every factual claim traces to a North Carolina public source retrieved October 21, 2026, or — in §4.6 only — to the federal layer shared across states, labeled where it stands. Where the public record does not reach, the binder says NOT ESTABLISHED and names the sources searched. South Carolina's build served as the methodological pattern for this binder; none of its state facts are carried here.

Inside

What it establishes

Part I (§§1–3)	The obligation universe applied to NC · NC Medicaid as it stands · the structure mapping, including the fair-hearing determination at §2.3 · the dated set · the conflicts
Part II (§4)	The provider line (NCTracks) · the vendor line (NCFS/OSC, and its 2026 break) · DHHS's position · the NCDOR layer · the federal floor · the year-end calendar · 11 gaps · 6 systems conflicts
Register volume	All 501 entries with citations, levels, cadences, anchor states, homes, and bases
Sources	The NC public sources relied on, with publishers and retrieval date

Part I • North Carolina from the CFR Perspective

1.1 The obligation universe, applied to North Carolina

The register behind this part carries **501 obligations**. Four hundred eighty-nine arise from the federal text itself — the Code of Federal Regulations provisions that govern every state Medicaid program — carried from the Atlas federal obligation universe and re-grounded to North Carolina in this build. Twelve arise from North Carolina's own sources: four from North Carolina statute and session law, eight from processes the State itself publishes. South Carolina's state-dictated entries from the pattern build do not transfer and are not carried; a state binder stands on its own state's sources. **FEDERAL** **NC-STATUTE** **NC-AGENCY**

Evidence classes grade the obligation and its date, never the mapping. Of the 501: **500 GOVERNING** (the source states the duty and, where a date prints, the date), **1 DERIVED** (the Medicaid Advisory Committee beneficiary-advisor date, derived from the rule's applicability structure), and **zero EXTRAPOLATED**. Where the South Carolina register carried one extrapolated line, this register carries none: no entry in this build rests on an extrapolation, and none is mixed into any count.

By dictating source	Count	By cadence	Count	By obligated level	Count
CFR (federal text)	489	Recurring	288	Agency	407
NC statute / session law	4	Event-triggered	134	Federal-facing state report	50
NC agency-published process	8	Fixed	79	Division / section	20
				MCO / plan	18
				Provider	6

Two hundred sixty-nine recurring entries state a frequency and no calendar anchor — annually, quarterly, monthly, every five years — and keep the anchor state the pattern build established: **UNRESOLVED**. No anchor was invented for them in this build; a frequency is not a date. The dated set — obligations whose own text states a date — is 22 events, printed in §3.1.

How the federal entries were grounded. Each federal entry's citation, cadence, and clocks are the CFR's own and do not change by state. What changes by state, and what this build supplies from North Carolina sources, is threefold: the organizational home (Part 2 of this binder's front half), the State's implementation facts (§1.2–§1.4), and the NC-dictated entries (§1.5). Entry-level evidence assessment against NC's internal records was not performed in this build — the register says so on every federal entry rather than implying a check that did not happen.

1.2 North Carolina Medicaid as it stands

The agency. Medicaid in North Carolina is administered by the Division of Health Benefits (DHB) inside the Department of Health and Human Services — the State Plan itself "outlines the organization and function of the Division of Health Benefits." The Division of Medical Assistance ceased to exist as a separate division on August 1, 2018, when DMA and DHB combined under the DHB name; federal correspondence still occasionally addresses the old name, and that conflict is printed at NC-4 rather than smoothed. The Secretary is Dev Sangvai. The Medicaid agency head's published title is Deputy Secretary for NC Medicaid — Melanie Bush, interim from March 2026, named April 21, 2026 with the announcement stating the appointment "remains contingent upon confirmation by the North Carolina General Assembly"; the confirmation outcome date was not established in the sources reached (Conflict NC-8). Sarah A. Gregosky serves as Assistant Secretary and Deputy Medicaid Director; Gina Hamilton as Deputy Director, Member Operations Oversight. The predecessor, Jay Ludlam, held the seat through 2025.

Expansion. North Carolina expanded Medicaid on December 1, 2023, covering adults 19–64 up to 138 percent of the federal poverty level; the Department expected roughly 600,000 newly eligible North Carolinians. Expansion followed the March 2023 legislation and the October 3, 2023 budget enactment that the legislation required before go-live.

CHIP. Approximately 55,000 children in NC Health Choice moved to NC Medicaid on April 1, 2023, under Session Law 2022-74's direction to combine the programs — gaining EPSDT and non-emergency medical transportation and losing enrollment fees and copays. The State Plan Public Notices page nonetheless still lists a separate "NC Health Choice State Plan — Child Health Plan under Title XXI" (Conflict NC-5). The Part 457 obligations in the register are therefore mapped to a live, if residual, Title XXI structure inside DHB — not written off, and not described as eliminated.

Managed care. NC Medicaid Managed Care launched July 1, 2021, transitioning an estimated 1.6–1.8 million beneficiaries. The Standard Plans began as five prepaid health plans — AmeriHealth Caritas, Healthy Blue, UnitedHealthcare, WellCare, and Carolina Complete Health. On April 1, 2026, WellCare of North Carolina merged into Carolina Complete Health; beneficiaries now choose among four Standard Plans, with Carolina Complete Health statewide. The EBCI Tribal Option, the primary care case management entity created by the Cherokee Indian Hospital Authority, also launched July 1, 2021 — the nation's first Indian managed care entity. Beneficiaries outside managed care remain in NC Medicaid Direct, the fee-for-service remainder, where Community Care of North Carolina still provides care management for much of the population.

Tailored Plans. The Behavioral Health and I/DD Tailored Plans launched July 1, 2024 — after printed launch dates of July 1, 2022 and October 1, 2023 did not hold (Conflict NC-2) — covering roughly 200,000 beneficiaries with serious mental illness, severe substance use disorders, intellectual and developmental disabilities, or traumatic brain injury, including Innovations and TBI waiver enrollees. Only the LME/MCOs could bid; the four are Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health. A fifth managed care product, the Children and Families Specialty Plan — Healthy Blue Care Together,

operated by Blue Cross and Blue Shield of North Carolina for children and youth in the child welfare system — launched December 1, 2025.

The demonstration. The NC Medicaid Reform Demonstration (11-W-00313/4), first approved in October 2018, is the authority under which managed care and the Healthy Opportunities Pilots operate. CMS approved the renewal on December 10, 2024, running to December 9, 2029 — not the November-to-October period the application requested (Conflict NC-3). The Healthy Opportunities Pilots, the nation's first comprehensive test of non-medical interventions (housing, food, transportation, interpersonal safety) with up to \$650 million in authorized federal funding, suspended operations after July 1, 2025, when the General Assembly provided no further funding; the same agency page records \$9 million in SFY27 restart funding and continuing renewal negotiations, and no restart service date was established in the sources reached (Conflict NC-10). Authority and operations are different facts, and this binder prints them separately.

Waivers. The 1915(c) Innovations Waiver (I/DD) and the Traumatic Brain Injury Waiver are served through the Tailored Plans; the TBI Waiver does not operate in all geographic areas, and the two secondary statements of its operator and counties do not frame it identically (Conflict NC-9). The Community Alternatives Program waivers run through NC Medicaid Direct.

1.3 The federal-facing rhythm

North Carolina's recurring outputs to and for CMS, as the State itself publishes them:

Output	NC's published form	Cadence as published
Medicaid Annual Report and Tables	By state fiscal year; SFY 2025 latest as reached. Finance Section is the published contact.	Annual, SFY basis; no publication month/day printed on the index page — anchor UNRESOLVED (NC-007)
External Quality Review	Program-wide EQR Technical Report across all PHPs; EQRO is Health Services Advisory Group, Inc. (HSAG). Encounter Data Validation reports publish alongside.	Annual; publication observed March/April (NC-010)
Annual Quality Report	Assesses performance against the Quality Strategy's aims; 2021–2023 report, June 2025.	Multi-year, as published (NC-012)
Quality Strategy	NC Medicaid Managed Care Quality Strategy — first published 2018, updated 2023.	Maintained; no fixed interval established (NC-012)
MLR	PHPs calculate and report aggregate MLR annually, aligned to the rating year; the Department publishes CMS-defined and Department-defined MLR. NC's statutory minimum is 88 percent (G.S. §108D-65).	Annual (NC-009)
PHP Performance Metrics	Report to the General Assembly under Session Law 2023-134, §9E.20; SFY 2025 report dated April 6, 2026.	Annual, SFY basis (NC-008)

1115 monitoring	Quarterly monitoring reports (Managed Care/HOP and SUD) plus an annual monitoring report by Demonstration Year.	Quarterly + annual (NC-011)
T-MSIS	CMS lists North Carolina as updated for the July 2026 reporting period. NC's own published submission cadence was not established in sources reached.	GAP NC cadence not published in sources reached
State Plan Amendments	Posted on the Medicaid State Plan Public Notices page under a 10-day public posting before submission, then listed as sent to CMS.	Per SPA (NC-002)
Medicaid Bulletins	Articles post as approved in a weekly blog flow; the Monthly Bulletin Digest compiles each month; the archive runs to 1997.	Weekly flow; monthly digest (NC-001)

1.4 Anchors and cycles NC publishes

Provider reverification. North Carolina cites the federal rule on its own pages: actively enrolled providers "are required to complete the re-verification process through NCTracks at least every five (5) years" (42 CFR 455.414). Notifications begin 70 days before the due date; the provider has 70 days from the initial notification; the Active Provider Reverification Report refreshes monthly with twelve months of due dates. Due dates are provider-specific and notices are staggered — North Carolina publishes no single statewide resumption date, and none is printed here (NC-004). The application fee — the federal amount plus \$100 under G.S. §108C-2.1 — is charged again at each five-year recredentialing (NC-005).

The checkwrite. NCTracks pays on a published weekly cycle: claims cutoff Thursday (portal claims to 11:59 p.m., batch by 6:00 p.m.), checkwrite normally the following Tuesday — the date the State approves and releases funds and the date on the Remittance Advice — and EFT effective Wednesday, shifting on the published holiday and quarter/year-end rule. The annual schedules print as PDFs for 2025, 2026, and 2027 (NC-006). GDIT operates NCTracks as the State's fiscal-agent contractor; the Division of Health Benefits is the program owner.

What NC does not publish. No NC page reached publishes a monthly PHP capitation payment day. The register records that absence rather than inferring a date from the rating-year structure (Lane A §4). The same discipline applies to the T-MSIS cadence above and to the Annual Report's publication date: a pattern observed is printed as a pattern, never promoted to a rule.

1.5 The twelve NC-dictated entries

Entries NC-001 through NC-012 arise from North Carolina's own law and published practice, and print in the register with their NC citations: bulletin issuance and the Monthly Digest (NC-001) · the SPA 10-day posting (NC-002) · the G.S. §108A-54.2 coverage-policy procedure — 45 days' publication and comment, 15 days' re-notice if modified (NC-003) · five-year reverification with its monthly report (NC-004) · the G.S. §108C-2.1 fee (NC-005) · the weekly checkwrite (NC-006) · the SFY Annual Report (NC-007) · the §9E.20 PHP Performance Metrics

report (NC-008) · the G.S. §108D-65 88-percent MLR floor (NC-009) · the annual EQR Technical Report (NC-010) · 1115 quarterly monitoring (NC-011) · Quality Strategy maintenance with the Annual Quality Report (NC-012). Four rest on statute or session law; eight rest on the State's published process. All twelve are classed GOVERNING — they are the State's own stated duties, not derivations from another state's build.

The Structure the Obligations Land On

2.1 North Carolina's published organization

The Department of Health and Human Services is headed by the Secretary, organizes into **33 divisions and offices**, and groups them in six service areas: Health · Opportunity and Well-Being · Policy and External Affairs · Operations · Behavioral Health and Developmental Disabilities · and a sixth area that two Department documents name differently — "External Affairs and Licensing and Facilities" on the Overview page, "Health Equity" in the EEO Plan (Conflict NC-6). Medicaid sits inside one division: the **Division of Health Benefits**, the single Medicaid agency, whose major functions include Medicaid coverage and reimbursement policy, managed care oversight, provider enrollment, program integrity, clinical policy, and pharmacy.

DHB does not publish a full organizational chart in text form on the sources reached. What it publishes — and what this mapping stands on — is a set of named functions and the pages they speak from:

Published unit or function	How NC publishes it
Finance Section	Named section; published contact/owner for the Annual Reports and Tables.
Office of Compliance and Program Integrity (OCPI)	A division within DHB by name; itself publishes division-level fact sheets (Payment Error Rate Measurement, program-integrity functions; a TPL responsibility is documented in an EBCI-facing OCPI document).
Provider Enrollment	Published as a function — the named contact for provider enrollment issues and the process NCTracks executes.
Quality Management and Improvement	Named unit; publishes the Quality Strategy, the Annual Quality Report, EQR Technical Reports, and MLR material.
Pharmacy / Pharmacy Benefit Administrator	A published DHB function; the PBA services NC Medicaid Direct only, operates under DHB's pharmacy policies, and performs pharmacy and drug rebate administration and drug utilization review.
Third Party Recovery / TPL	Published process and named contact ("Third Party Recovery"); recoveries run through the State's vendor arrangement.
Medicaid Communications	Published contact for Medicaid Bulletins.

Two operating arms complete the structure. **NCTracks**, operated by GDIT as fiscal agent, is the multi-payer claims system: provider enrollment and recredentialing, the weekly checkwrite, remittance, and the portal through which most provider-facing duties execute. **Eligibility** sits outside DHB: 100 county departments of social services determine eligibility under State supervision, in NC FAST.

What the record does not give: a full DHB org chart in text form; named owners for the managed care, policy, CHIP, and waiver functions as sections; and any published home inside the Department for the State fair hearing system as an organizational unit. Each of those absences lands somewhere in the mapping below — the first two as stated bases on the mapped

rows; the third is resolved by the determination at §2.3, which homes the hearing function outside the Department, at the NC Office of Administrative Hearings.

2.2 The mapping and its bases

Every one of the 489 federal entries and 12 NC-dictated entries carries a home and a printed basis. Fifteen homes resulted. The bases fall in three kinds, and the kind is printed with every assignment in the register: **published** (NC names the unit that does this work), **citation** (the federal text itself fixes the level — contract administration, the single-state-agency structure), and **derivation** (a title- or part-level derivation from the federal part to NC's published function, labeled as a derivation on the register's face — never dressed as a published assignment).

NC home	Entries	Basis, in brief
DHB — Managed Care oversight	76	Citation + derivation: Parts 438/441's managed care titles; oversight sits with the Deputy Secretary by NC's own leadership page
DHB — Finance Section	74	Published section; derivation: Part 447 payment titles and Part 433 financial administration, less the pharmacy and TPL carve-outs printed below
DHB — NC Health Choice (Title XXI)	74	Citation: Part 457 in whole; the program's residual structure inside DHB (Conflict NC-5 on the face)
DHB — Policy function	62	Derivation: benefit, coverage, and State Plan titles (Parts 440, 441 policy, 430–431 plan administration)
Agency level — NC DHHS / DHB	49	Citation: the single-state-agency duties themselves (Part 431 administration, Part 434 contracts, confidentiality, the demonstration) — including, on the §2.3 determination, the agency-side Subpart E duties (notice; aid pending appeal) for DHHS/DHB and the county departments of social services as determining agency
Eligibility — county DSS / NC FAST	38	Published structure: county determination under State supervision; the Part 435 eligibility titles
DHB — Provider Operations	32	Published function (Provider Enrollment) + derivation: Part 455 Subpart E screening and enrollment, Part 424 conditions
DHB — OCPI	27	Published division: Part 455 program integrity, fraud control, PERM/MEQC measurement cycles
DHB — Waivers (with Tailored Plans / LME-MCOs)	18	Published program operation: the 1915(b)/(c) titles; waiver programs run through the Tailored Plans and Medicaid Direct
DHB — Pharmacy and the PBA	15	Published function: the drug-benefit, rebate, and DUR titles — the PBA's published duties name rebate administration and DUR
Systems — NCTracks (GDIT)	13	Published system: the API and HIPAA transaction obligations (Parts 431/457 interoperability, 45 CFR 162)
DHB — Quality (QMI)	12	Published unit: Core Sets, quality assessment titles, EQR and the Quality Strategy

DHB — Third Party Liability	7	Published function (Third Party Recovery), with OCPI's documented TPL role printed as the secondary home
NC Office of Administrative Hearings	4	Determination (§2.3): the Subpart E hearing function, conducted by OAH under G.S. §§ 108A-70.9A/70.9B and Chapter 108D; 26 NCAC 03 . 0401-.0402
UNASSIGNED	0	Closed on the §2.3 determination — no entry stands unassigned

The carve-outs matter as much as the rules. Part 433's third-party-liability titles went to TPL, not to Finance, because NC publishes a TPL function. Part 447's drug titles went to Pharmacy, not Finance, because NC publishes a pharmacy function whose contractor performs rebate administration. Part 456's titles split on the CFR's own line: quality assessment, evaluation, medical care, and drug-use-review duties to Quality and Pharmacy; control and audit duties to OCPI. Where two NC documents touch the same duty — TPL is the case, with OCPI's EBCI-facing document overlapping Third Party Recovery — both homes print, lead and secondary, rather than one silently winning.

2.3 The fair-hearing determination — where the Subpart E block lands

Six entries — the whole of the State fair hearing system under 42 CFR 431 Subpart E — are the one block this build first printed without a home. They print here in full, with the home each carries on the determination below:

Entry	Obligation	Citation	Home on the determination
CFR-431-022	NF and ICF/IID appeals — evidentiary hearing; informal reconsideration	42 CFR 431.151–431.153	NC Office of Administrative Hearings
CFR-431-023	Maintain fair hearing system and inform of hearing rights	42 CFR 431.200, 431.206	NC Office of Administrative Hearings (the agency-side duty to inform prints as the secondary home)
CFR-431-024	Notice content and advance notice before adverse action	42 CFR 431.206, 431.210–431.211	Agency level — DHHS/DHB and county DSS as the determining agency
CFR-431-025	Grant hearings; expedited appeals	42 CFR 431.220–431.221, 431.224	NC Office of Administrative Hearings
CFR-431-026	Maintain and reinstate services pending hearing (aid paid pending)	42 CFR 431.230–431.231	Agency level — DHHS/DHB and county DSS as the determining agency
CFR-431-027	Hearing conduct, decision timelines, corrective action	42 CFR 431.233, 431.240–431.246	NC Office of Administrative Hearings (corrective action on the decision is executed agency-side, printed as the secondary home)

Why the build first printed UNASSIGNED. The CFR assigns these duties to the State agency's fair hearing system, including evidentiary hearings in nursing facility and ICF/IID appeals. North Carolina's published organization, in the sources first reached, names no DHB unit, office of hearings, or appeals office as the home of that system: beneficiary assistance in NC runs through the NC Medicaid Ombudsman and the Enrollment Broker, and county DSS handles eligibility appeals at the first level, but neither is published as the State's 42 CFR 431 Subpart E hearing authority, and this build does not assign by analogy. The block therefore stood UNASSIGNED with that reason printed — because the search had been scoped to the Department's own organization, and the hearing authority sits outside it.

The determination. Determined October 21, 2026, on the verified designation surfaced in the post-build simmer (finding F-1) and adopted the same day; the register entries carry this determination in their printed bases. **Basis:** the NC Office of Administrative Hearings publishes the authority itself — its Medicaid Recipient Appeal regulatory procedures rest on G.S. §§ 108A-70.9A and 108A-70.9B (contested Medicaid Recipient Appeals involving DHHS) and G.S. Chapter 108D (appeals involving an MCO), with hearing procedures at 26 NCAC 03 .0401-.0402; its filing page has the beneficiary return the hearing request to OAH (within 30 days of the adverse decision on the DHHS track; the State Fair Hearing Request on the MCO track), and an Administrative Law Judge conducts the hearing. **The split:** the hearing function — the system itself, the granting and conduct of hearings, facility appeals — is homed at OAH (CFR-431-022, -023, -025, -027); the duties that belong to the agency that took the adverse action — notice content and timing (CFR-431-024) and aid pending appeal (CFR-431-026) — are homed agency-side, to DHHS/DHB and, for eligibility determinations, the county departments of social services. **Record location:** OAH's published pages, cited in the Sources; the determination and its basis print on each register entry. One companion instrument remains not found — a DHHS-side designation of OAH (KB wanted source W-17) — and the determination does not rest on it: it rests on the statute and the Administrative Code as OAH publishes them. Effect: UNASSIGNED 6 → 0, and the map stands at fifteen homes.

2.4 What the mapping cannot see

Three structural limits ride with this part. **First**, no full DHB organizational chart in text form was established in the sources reached; the mapping stands on named functions and published pages, and a chart, when produced, may refine — or move — derivation-based assignments. **Second**, NC publishes no named section for managed care, policy, CHIP, or waivers: those four homes are labeled functions in this binder, and their bases say so. **Third**, the Deputy Secretary's confirmation status (Conflict NC-8) and the sixth service area's name (Conflict NC-6) are open on the public record itself; the binder prints both namings and moves on. None of these limits changes a count: the register's 501 entries each carry the basis their assignment actually rests on, so a reader can re-grade any row without taking this chapter's word for it.

The Compliance Calendar and the Conflicts

3.1 The dated set — 22 events whose own text states a date

A date prints in this table only where the obligation's own source states it: a CFR applicability or reporting date (which binds North Carolina as it binds every state), or a cycle North Carolina itself publishes. Everything else in the register recurs without an anchor and stays in §3.2.

Date	Obligation	Entry	Class
Weekly — Thu cutoff → Tue checkwrite → Wed EFT	NCTracks weekly checkwrite cycle	NC-006	GOVERNING
Jan 1, 2027	Patient Access API; Provider Access API and payer-to-payer exchange; prior authorization requirements	CFR-431-013, -014, -016	GOVERNING
Jan 1, 2027	CHIP Patient Access and Provider Access APIs; prior authorization API requirements	CFR-457-055, -060	GOVERNING
Jan 1 (annual)	CHIP annual report to the Secretary	CFR-457-057	GOVERNING
Mar 31 (annual)	Prior authorization metrics posted	CFR-440-005	GOVERNING
Apr 30 (annual)	EQR technical report due to CMS	CFR-438-045	GOVERNING
Jun 30 (annual)	DSH audit submissions complete; independent certified audits	CFR-447-045	GOVERNING
Jul 1 (biennial)	FFS access — biennial payment rate analysis	CFR-447-028	GOVERNING
Jul 1, 2027	Pass-through payment phase-out complete	CFR-438-007	GOVERNING
Jul 9, 2027	Appointment wait time standards effective	CFR-438-026	GOVERNING
Jul 9, 2027	Critical incident management system operational	CFR-441-046	GOVERNING
Jul 9, 2027	HCBS incident management (companion applicability)	CFR-441-061	GOVERNING
Jul 10, 2027	Medicaid Advisory Committee — 25 percent beneficiary advisors	CFR-431-002	DERIVED
Jul 9, 2028	Annual secret shopper surveys begin	CFR-438-027	GOVERNING
Sep 1 (annual)	Core Set state-plan-requirement exemption requests	CFR-437-003	GOVERNING
Sep 1, 2028	Managed care quality rating — initial display for the first mandatory measure set	CFR-438-048	GOVERNING

Oct 1 (annual)	Provider enrollment application fee adjusted by CPI-U	CFR-447-012	GOVERNING
Dec 31 (annual)	Mandatory Core Sets annual reporting	CFR-437-001	GOVERNING
Dec 31, 2028	Quality rating system technical specifications via subregulatory guidance	CFR-438-048	GOVERNING
Jul 9, 2029	Incident management — electronic incident management system	CFR-441-046	GOVERNING
Jul 9, 2030	80 percent of HCBS payments to direct care workers	CFR-441-050	GOVERNING

The one DERIVED date in the set is labeled where it stands: the July 10, 2027 beneficiary-advisor threshold is derived from the 2024 Access Rule's applicability structure, exactly as the pattern build derived it, and it is counted as DERIVED in every total in this binder.

3.2 The 269 without anchors

Two hundred seventy-nine register entries are recurring; ten of them carry a stated date or a published cycle and print in §3.1. The remaining **269** state a frequency — annually, quarterly, monthly, weekly, every five years — with no calendar anchor in their source. They keep the anchor state **UNRESOLVED**. This is the register's largest single fact about calendars, and it is a fact about the sources, not a defect of this build: the CFR and NC's published processes overwhelmingly govern by frequency and trigger, not by date. A calendar product that printed dates for them would be inventing them. Where NC practice adds a visible pattern without a rule — the EQR report's March/April appearance, the SFY Annual Report's annual arrival — the register prints the pattern as a pattern, in the entry's own text, and the anchor stays UNRESOLVED (NC-007, NC-008, NC-010).

3.3 Conflicts between NC sources — flagged, never harmonized

Ten points where North Carolina's own public sources disagree with each other, or with the federal record, print here in full. Six further conflicts inside the 1099 record print at §4.10, where they belong to the systems they describe. In each case the binder states both positions and says which one governs — it does not average them.

#	Subject	The two positions	Disposition in this binder
NC-1	Carolina Complete Health regions (2021 era)	2021-era sources state the plan's footprint as "regions 3, 4, and 5" (NCDHHS/Cherokee release summary) and as "Regions 3 & 5 only" (HRSA narrative).	Historical. The current statewide footprint after the April 1, 2026 merger governs.
NC-2	Tailored Plan launch date	Launched July 1, 2024 (NCTracks launch notice; DHB fact sheets) — vs. October 1, 2023 printed in an EVV Q&A and the original July 1, 2022 date in a DY5 monitoring report.	The 2024 date governs; the earlier dates print as the delay history.

NC-3	1115 renewal period	Approved: December 10, 2024 – December 9, 2029 — vs. requested: November 1, 2024 – October 31, 2029.	Approved dates govern authority; requested dates are application history.
NC-4	Division name in federal correspondence	DMA combined into DHB effective August 1, 2018 — vs. CMS SPA approvals in 2025 still addressing the "Division of Medical Assistance."	DHB governs; the CMS addressing is letterhead lag, flagged.
NC-5	NC Health Choice — combined vs. still listed	~55,000 children moved to Medicaid on April 1, 2023 under Session Law 2022-74 — vs. the Public Notices page still listing a separate Title XXI Child Health Plan.	Both print. Part 457 maps to a live residual structure; "CHIP eliminated" is never printed.
NC-6	The sixth service area's name	"External Affairs and Licensing and Facilities" (Overview page) — vs. "Health Equity" (EEO Plan). Both claim 33 divisions and offices.	Both namings print in §2.1. No count turns on it.
NC-7	Tailored Plan name variant	"Vaya Health" (NCTracks; DHB eligibility page) — vs. "Vaya Total Care" (NC Justice FAQ and secondary listings).	"Vaya Health" is used; the variant is noted.
NC-8	Deputy Secretary status timing	October 2026 listings and a September 25, 2026 CMS letter use "Deputy Secretary" without "Interim" — vs. the March 19, 2026 "Interim" signature and the April 21, 2026 announcement's contingency on General Assembly confirmation, whose outcome date was NOT ESTABLISHED.	Current title used; contingency and the unestablished date print.
NC-9	TBI Waiver geography and operator	Handbook: served through a Tailored Plan, not in all areas, county list — vs. FAQ: "Alliance Health is the only Tailored Plan that currently offers TBI Waiver services." No single DHB page states operator and counties together.	Both framings print; the gap is carried as a named research item.
NC-10	Healthy Opportunities Pilots — authorized vs. operating	Suspended after July 1, 2025 for lack of General Assembly funding (HOP page) — vs. the same page's renewal negotiations and \$9M SFY27 restart funding, with no restart service date established.	Authority and operations print as separate facts; HOP is never listed as operating for the suspension period without the qualifier.

3.4 Reading the register

The full register — all 501 entries with citation, obligated level, cadence, anchor state, NC home, assignment basis, and NC evidence status — publishes as its own volume alongside this binder, generated from the same register file, so the two cannot drift. Read a register row this

way: the **citation** is the authority; the **evidence class** grades the obligation and its date; the **basis** grades the mapping (published, citation, or derivation — labeled); the **anchor state** tells you whether a date exists at all. A row whose basis says "derivation" is an honest row, not a weak one: it tells you exactly how far the public record reached and where judgment began.

Part II · The North Carolina 1099 Deep Dive

4.1 The systems map, in five lines

1. **Provider line:** NCTracks — the multi-payer MMIS operated by GDIT as fiscal agent for the Department of Health and Human Services — sends provider 1099s: one per Tax ID per payer (DHB and DPH are the payers named), when payments to the NPIs under a Tax ID reach \$600.
2. **Vendor line, through tax year 2025:** NCFS — the North Carolina Financial System, live October 2023 — holds the State's supplier payment data; the Office of the State Controller transmitted one electronic file to the IRS for all NCFS agencies, while each agency printed and mailed its own forms and filed its own 1099 information with the NC Department of Revenue.
3. **Vendor line, from tax year 2026:** the IRS retired FIRE; OSC no longer files for agencies — each agency files its own 1099s through the IRS IRIS portal, from an NCFS-supplied file by form type (NEC, MISC, G), under its own Transmitter Control Code.
4. **State layer:** Form NC-3, the Annual Withholding Reconciliation, with the state's copies of W-2 and 1099 statements, is due electronically through eNC3 by January 31; the federal/state combined filing program does not satisfy North Carolina — required statements are filed directly with NCDOR.
5. **TIN data:** the vendor line runs on the OSC Substitute W-9 and IRS TIN Matching under OSC Policy 1200.02; the provider line runs on the NCTracks provider record — TIN, legal name, and a TIN-standardized 1099 address — with no published TIN-matching or B-notice owner on that line.

How to read this part. Every fact below is North Carolina's own published record, retrieved October 21, 2026, unless it sits in §4.6 — the federal floor, which is shared across states and labeled as such. Where NC's record does not establish a point, this part prints NOT ESTABLISHED and names the sources searched (§4.9). Nothing is filled by analogy to another state, to federal practice, or to a commercial filing vendor.

4.2 The provider line — NCTracks

Who sends. NC publishes no single sentence naming an issuer of provider 1099s. What it publishes is an operational chain. NCTracks sends the form: "NCTracks will send a 1099 if all payments to NPI(s) listed under a given tax ID add up to \$600.00 or more. If you have multiple NPIs you will only receive one 1099 per Tax ID per payer (DHB/DPH)." GDIT operates NCTracks as "the State contractor for NCTracks, the multipayer Medicaid Management Information System (MMIS)," under contract to DHHS; GDIT succeeded CSRA as fiscal agent on April 2, 2018 — though live FAQ text still directs correspondence to "CSRA" at the same Raleigh post office box (Conflict NC-14). The State Controller is not named anywhere in the provider line: any OSC role in provider 1099s is **NOT ESTABLISHED**. A named accountable owner of the production is likewise not published (Gap G-01).

Form and box. The current NCTracks FAQs and announcements say "1099" throughout and never name the form number or box. The only NC statement naming the form is a 1999 DMA bulletin ("correct issuance of 1099 MISC forms"), which predates NCTracks, the DMA-to-DHB combination, and the federal 1099-NEC split. The current production's form and box are **NOT ESTABLISHED** (Gap G-06); the federal medical-payments convention is not imported into NC's record.

Threshold, aggregation, and the record. The trigger is \$600.00 in aggregate payments to the NPIs under one Tax ID, one form per Tax ID per payer — a provider paid over \$600 by both DHB and DPH receives two forms. Income is reported to the Tax ID on the provider record that received payment, and "the name on the 1099 matches the name on the enrolled NPI." Since August 2015, all NPIs sharing a TIN carry the same "1099 Reporting/Pay-To Address" and the same Organization Name — the legal name for the TIN — standardized by the system from the most recent record; one Manage Change Request for one NPI replicates to every NPI on the TIN. Where NCTracks and the IRS disagree, the IRS record controls: the provider is directed to establish what the IRS holds (CP575 or a verification letter) and conform the other record to it. NC's FAQ warns of "28% withheld" while a mismatch is unresolved — that figure is NCTracks's published wording on that page; the current federal backup withholding rate is 24 percent (\$4.6), and the difference prints here rather than being silently conformed.

Mailing and reprints. There is no standing published mailing date; each cycle is announced. For the 2025 cycle, the announcement (December 30, 2025) set mailing on Tuesday, January 20, 2026 — Monday being the Martin Luther King Jr. holiday — to the 1099 Reporting/Pay-To Address on file, with seven to ten business days allowed for delivery. Reprints, including prior years back to 2013, run through one channel: the portal's Contact Us form with subject "1099 Not Received" and the mailing address in the message field; allow ten business days. The published phone contact for an incorrect EIN is the general Call Center, 800-688-6696; no 1099-specific number is published. The standing FAQs disagree with each other on the non-receipt trigger (ten business days; "second Friday of February"; February 10 in the 2013/2014 announcements) — Conflict NC-15.

Corrections — a posture of limits. NC's published correction posture for provider 1099s is mostly what cannot be done. A 1099 "cannot be regenerated due to a name change" (a legal name change updates the record prospectively, on documentation). Payments made to a record listed as an individual rather than the organization are fixed by the recipient filing a nominee/middleman return — a new Form 1099 and Form 1096 naming itself as payer and the true owner as recipient — not by a corrected NCTracks form. A closed year "is not a correctable item." And no published process for correcting a 1099 amount, or for NCTracks issuing a corrected form, was found in the FAQs or announcements reached: **NOT ESTABLISHED** (Gap G-07).

Coverage. NCTracks supports DHB, the Division of Mental Health, Developmental Disabilities and Substance Use Services, the Division of Public Health, and the Office of Rural Health — but only DHB and DPH are named as 1099 payers; whether the other divisions' payments generate 1099s under their own payer identities is **NOT ESTABLISHED** (Gap G-11). No separate NC Health Choice 1099 production is named anywhere (the program's beneficiaries moved to Medicaid on April 1, 2023). One exclusion is published: "Since LME's are local government agencies, neither they nor their rendering providers would receive a 1099."

4.3 The vendor line — NCFS and the State Controller

The system. The North Carolina Financial System (NCFS), built on Oracle Financials Cloud, replaced NCAS for general accounting including Accounts Payable, serving agencies, universities, and other government units and the more than 3,000 employees who manage state financial operations. NC publishes two go-live dates — October 2, 2023 in OSC's key-information sheet, October 10, 2023 ("deploy") on DHHS's page — and the difference is flagged, not resolved (Conflict NC-13). Vendors enter through supplier registration and the OSC Substitute W-9; DHHS's own NCFS page directs that sub-W-9 and electronic payment forms be completed through division contacts before invoices are submitted.

The central process, through tax year 2025. OSC Official Memorandum NCFS 26-1 (October 13, 2025) is the controlling operational document. Annual processing begins in early December. OSC "will transmit one file for the NCFS agencies' 1099 data to the IRS. Each agency will be reported under its own Federal ID number and is responsible for its data but is not responsible for transmitting the original electronic file. There should be no direct reporting of original NCFS 1099 data by the agencies to the IRS." For the 2025 cycle, OSC filed on Friday, January 30, 2026. Agencies procured their own supplies, printed from NCFS, and mailed forms to recipients by January 31, 2026 — "OSC will not supply envelopes." Agencies, not OSC, filed their own 1099 information to NCDOR, and state withholding from NCFS payments "will not be reflected on the IRS 1099 forms that are printed from NCFS." Because reporting is centralized, the memo imposes a monthly duty: review the NCFS AP-022 1099 Maintenance Report for accuracy each month. Foreign nationals are not 1099 recipients — their transactions receive Form 1042-S, issued out of Sprintax Calculus — and P-Card payments are kept out of NCFS to avoid duplicate reporting of transactions reportable on Form 1099-K. Corrections recorded in NCFS from February 2, 2026 (zero-dollar invoices) were filed centrally on March 30, 2026; after that date, corrections travel as agency-built text files to OSC under IRS Publication 1220 specifications.

The policy layer, and its two open tensions. OSC's Statewide Policy 1200.02 (Tax Compliance) assigns agencies compliance with IRS rules on information reporting, B notices, and backup withholding; describes TIN Matching against the name/TIN data on the OSC Substitute W-9, IRS Form W-9, or W-8 forms; and states that OSC, as central processor, "will submit the electronic 1099-MISC file to the IRS and the NC Department of Revenue in a timely manner." Two tensions stand inside OSC's own publications. First, the policy names only a 1099-MISC central file, while the production it governs is broader — by tax year 2026 published as NEC, MISC, and G — with no conforming policy text reached (Conflict NC-12). Second, the policy has OSC submitting to NCDOR, while Memo 26-1 — the later, operational document — makes each agency responsible for its own NCDOR filing (Conflict NC-11). Both statements stand in OSC's publications as retrieved; the memo governs operations, and the binder prints the conflict rather than choosing silently.

The tax-year-2026 break. OSC's July 29, 2026 memo, "1099 Process Changes for Tax Year 2026," changes the architecture: "The IRS has retired the FIRE (Filing Information Returns Electronically) system currently used by OSC to file 1099s electronically on behalf of NCFS agencies. Starting tax year 2026, the IRS is requiring that 1099s be submitted to their new IRIS (Information Returns Intake System) portal." OSC determined central filing is "no longer reasonable": IRIS offers only application-to-application filing — rejected as infeasible across

more than 40 legal entities — or template upload, and central filing would require OSC access to each agency's portal. From January 2027, each NCFS agency files its own 1099s in IRIS, uploading an NCFS-supplied csv by form type (NEC, MISC, G); corrections are made manually in the portal; and the portal itself prints IRS-approved forms in real time once a file is submitted. OSC's continuing role is support: the csv, the RPT-AP-022 report, information sessions, and the TCC process. Under OSC's Agency Steps memo (August 25, 2026), each agency names at least two Responsible Officials, up to two Authorized Delegates, and at least two Contacts; each user obtains an individual ID.me account; a Responsible Official applies for the agency's IRIS Transmitter Control Code with the agency's EIN — role "Issuer," method "Portal," and "No" to Combined Federal/State Filing participation — and both the TCC application and a new Delegation of Disbursement Authority were due by September 30, 2026, with an OSC ticket by October 1, 2026. The IRS may take up to 45 calendar days to approve a TCC. OSC's October 2026 newsletter confirms agency CFOs "should have completed" the TCC application by September 30.

TIN data in NCFS. The collection instrument is the OSC Substitute W-9 — TIN type and nine-digit number, legal name as registered with the IRS or Social Security Administration, DBA separately, addresses, entity classification. Supplier registration is a joint agency-OSC effort whose first agency-facing step is "TIN matching and initial approval," with formatting rules (no punctuation in names or Tax IDs; supplier names in capitals) published in OSC's October 2026 newsletter. Ongoing accuracy is invoice-level: agencies flag invoices for 1099 reporting and validate on report RPT-AP-022 throughout the year. Beyond that, the internal supplier-master schema and who runs TIN Matching for which agency are **NOT ESTABLISHED** in sources reached.

4.4 DHHS's own position

DHHS sits on both lines at once. Its program payments flow through NCTracks, where DHB and DPH are named payers; and DHHS is itself an NCFS agency — one of the more than 40 legal entities reported under its own Federal ID — which for tax year 2026 must hold its own IRIS TCC and file its own vendor 1099s. OSC's memos are addressed to all NCFS agency CFOs and publish no DHHS carve-out. What DHHS does not publish, in the sources reached, is a 1099 instruction set of its own: no departmental procedure distinct from OSC's statewide memos and the NCTracks provider material (Gap G-08). Its published NCFS material is the deployment notice and the hosted Substitute W-9 instructions. Whether DHHS reconciles a payee who appears on both of its sides — an NCTracks provider who is also an NCFS vendor — is the de-duplication question, and it is open (Gap G-04).

4.5 The state filing layer — NCDOR and Form NC-3

The reconciliation. Under G.S. §105-163.7, every employer annually files an informational return reconciling the North Carolina income tax withheld shown on W-2 and 1099 statements with the tax reported as withheld for the year. That return is **Form NC-3, Annual Withholding Reconciliation**, filed in the Secretary's prescribed format: one NC-3 per withholding account ID, with the state's copy of each required W-2 and 1099 statement, electronically through the **eNC3 and Information Reporting Application**, due **on or before January 31** of the succeeding year. Statements may be uploaded separately from the NC-3 provided both arrive by the due date. Corrections that change NC withholding previously reported go on Form NC-3X

through a "New Amended Submission," with corrected statements; corrections that change no withholding figures (name, SSN) may be filed as corrected statements alone. A terminating business files by the last day of the month following the quarter of closure, with any unavailable statements following no later than the next January 31.

Who owes what. A filer must file NC-3 if required to withhold, or if it voluntarily withheld, NC income tax. The statements that must accompany it turn on withholding: W-2s are required with or without NC withholding (for NC residents, or non-residents for NC services); 1099-R and 1042-S have their own NC-nexus triggers; and under a standing Secretary's waiver, federal 1099-MISC and 1099-NEC statements that report no NC withholding need not be submitted with NC-3 — "This waiver will continue until further notice" — while any statement reporting NC withholding must be filed as part of the NC-3. Filers with no NC-3 duty may still owe statements directly: anyone who "directly or indirectly pays or controls the payment of any income to any taxpayer in North Carolina" must file certain W-2 and 1099 statements with the Department, a duty NCDOR ties to G.S. §105-154(b). Statements without NC withholding can be filed through eNC3 or on paper to the Department's Raleigh post office box — without an NC-3, without a cover page, and without a withholding account ID.

CF/SF does not satisfy North Carolina. NCDOR's current FAQ answers the substitution question directly: "No. The required W-2 and 1099 statements must be filed directly with the Department." The 2018 specifications frame the same rule from the other side — NC "participates" in the Combined Federal/State Filing Program, yet originals, voids, and corrections of the listed forms (1099-K; 1099-R and 1099-MISC where NC withholding or specified boxes and an NC address are present; the NC-specific NC-1099NRS, NC-1099PS, and NC-1099ITIN forms; and, for NC-address recipients not filed via CF/SF, 1099-B, DIV, INT, OID, G, and W-2G) must be filed directly with NCDOR. The operative rule is one rule; the framing differs by document age (Conflict NC-16). OSC's instruction that state agencies answer "No" to CF/SF participation on their IRIS TCC applications is consistent with it.

Penalties. In the NC-3 lane, G.S. §105-236(a)(10) carries \$50 per day, to a maximum of \$1,000, for failure to file the informational return by its due date, and a \$200 penalty for failure to file NC-3 in the prescribed (electronic) format; late and wrong-format penalties can both apply. The automatic waiver of the \$200 format penalty that had run since 2020 no longer applies to returns due on or after January 1, 2022. Waiver is by Form NC-5501. Filers not required to file NC-3 are not subject to the informational-return penalties, including when they file statements on paper. Form 1099-K sits on a separate NC track: payment settlement entities file a duplicate of their federal 1099-K information with NCDOR by **March 31** under G.S. §105-251.2 (Session Law 2017-204), electronically, with no statutory waiver of the electronic requirement; the 2018 specifications state a \$1,000 penalty for an untimely report, and no later NCDOR page reached restates that amount.

The format position, as published now. NCDOR already accepts the IRS IRIS XML format in eNC3: its eNC3 FAQ states that XML filing is supported now for Forms 1099-B, DIV, G, INT, K, MISC, NEC, OID, and R and Form W-2G for tax years 2024–2026, and for Form 1042-S for tax years 2025–2026, under file-layout specifications at Rev. 09-30-2026; the TIN Type is required as Individual_TIN or Business_TIN and "Unknown" is rejected; manual entry continues, and Form NC-3 and Form W-2 continue in text format. NC-3's January 31 date, note, is North

Carolina's own: it coincides with the federal recipient-copy date, but it binds in NC by NC statute and is administered by NCDOR through eNC3 — a state duty, not a federal echo.

4.6 The federal floor — shared across states

Label. This section is the federal layer. It is the same for every state in this program, is carried from the program's federal research rather than from North Carolina sources, and is printed here because NC's two lines operate on top of it. Where an NC source independently confirms a federal point, the NC confirmation is named — NC's Controller, for instance, states the FIRE retirement in NC's own memo (§4.3), so that point is NC-established as well as federal.

Thresholds. For payments in 2025, most 1099 reporting thresholds stand at \$600. Under the One Big Beautiful Bill Act (P.L. 119-21, §70433), the general threshold rises to **\$2,000 for payments in 2026**, inflation-indexed from 2027. Attorney gross proceeds remain reportable at \$600 and royalties at \$10; medical and health care payments (Form 1099-MISC, box 6) remain reportable even when the payee is a corporation. NC's provider line is calibrated to the old world: NCTracks' published \$600 trigger is the 2025 threshold, and no NC source reached restates the trigger for the \$2,000 era — the register carries that as an observation, not a gap in NC's compliance, since the threshold is the payer's federal duty to track.

Dates. Form 1099-NEC: recipient and IRS copies both January 31 — for the 2026 cycle that date falls on a Sunday, making **February 1, 2027** the operative deadline. Form 1099-MISC: recipient copies January 31; the IRS copy March 31 when filed electronically. Electronic filing is mandatory at 10 or more information returns in aggregate. The IRS intake route is IRIS, succeeding FIRE — which NC's own Controller confirms from the state side: OSC's July 2026 memo states FIRE is retired and IRIS is required starting tax year 2026. The one disagreement the pattern build carried on this point does not arise in NC's record: NC's sources settle it.

Penalties and the mismatch machinery. Federal late/incorrect information-return penalties run \$60 / \$130 / \$340 / \$680 per form by lateness tier (intentional disregard higher), assessed separately for the IRS copy and the payee statement. The mismatch machinery: a fall CP2100 notice from the IRS obliges the payer to send a B notice within 15 business days and to begin 24 percent backup withholding within 30 business days if the payee does not cure; a second B notice requires Social Security Administration validation or an IRS Letter 147C rather than a payee-furnished W-9; withheld tax is reported on Form 945. IRS TIN Matching is the pre-filing check the machinery assumes. On NC's vendor line, Policy 1200.02 assigns this machinery to the agencies with OSC as central processor. On NC's provider line, no part of it is published (§4.7).

4.7 Correction and mismatch machinery on North Carolina's lines

The two lines could hardly differ more. **Vendor line:** corrections are a designed process with dates — record them in NCFS from February 2, 2026 with zero-dollar invoices (report AP-41), in paid and accounted status by midnight March 29; OSC files the central correction file March 30 and correction forms print the same day (AP-42); later corrections go as agency-built

Publication 1220 text files through OSC. From tax year 2026 the design changes with the architecture: corrections are made manually in the IRIS portal and, in OSC's words, "can be filed immediately within the IRIS portal rather than waiting for the OSC determined correction filing date." TIN Matching is policy-assigned (Policy 1200.02), and supplier registration's first gate is a TIN-matching approval. **Provider line:** corrections are a set of published limits (\$4.2) — no regeneration for name changes, nominee returns for wrong-record payments, closed years uncorrectable, and no published amount-correction process at all. No NCTracks or NC Medicaid source reached names a TIN-matching operator for providers, states whether provider TINs are run through IRS TIN Matching, or assigns B-notice receipt or handling to GDIT, DHB, or anyone else. The only published mismatch handling is the provider's own: get the IRS's record, conform NCTracks to it, call the Call Center. Extending OSC's vendor-line policy across to NCTracks providers would be analogy; this binder does not do it, and the point stands as Gap G-02.

4.8 The NC year-end calendar

Every dated step below is stated by an NC source as a step in NC's process. Federal dates are not restated here; where an NC date coincides with a federal one, the NC source is the citation.

Date	Step	Line
Monthly, all year	Review the NCFS AP-022 1099 Maintenance Report; validate and update 1099 information	Vendor
Early December	Annual 1099 processing in NCFS begins (Memo 26-1 wording)	Vendor
December 31	Calendar-year reporting period ends; "Deadline To Pay 1099 Invoices For CY2026" (NCFS Important Dates)	Vendor
January (announced per cycle)	Provider 1099s mailed to the 1099 Reporting/Pay-To Address — 2025 cycle: January 20, 2026; allow 7-10 business days	Provider
January 1-31	1099 forms available for printing in NCFS (AP-39); forms postmarked to suppliers by January 31	Vendor
January 29, 2026, midnight	Last changes to 1099 data in NCFS before OSC generates the original IRS file (TY2025 cycle)	Vendor
January 30, 2026	OSC transmits the original electronic 1099 file to the IRS for all NCFS agencies (TY2025 cycle)	Vendor
January 31	Form NC-3 + required W-2 and 1099 statements due to NCDOR, electronically via eNC3	State layer
February 2, 2026	Agencies may begin recording 1099 corrections in NCFS (zero-dollar invoices)	Vendor
Second Friday of February (FAQ wording)	Provider non-receipt trigger in the current Wrong Address FAQ — one of three triggers in print (Conflict NC-15)	Provider
10 business days after request	Provider 1099 reprint delivery allowance (Contact Us, "1099 Not Received")	Provider

March 29, 2026, midnight	Last corrections entered in NCFS for the central correction file	Vendor
March 30, 2026	OSC submits the electronic corrections file; correction forms available for printing (AP-42); later corrections by agency text file per Publication 1220	Vendor
March 31	Payment settlement entities file duplicate 1099-K information with NCDOR (G.S. §105-251.2)	State layer
September 30, 2026	Each NCFS agency's IRIS TCC application and new Delegation of Disbursement Authority due (TY2026 transition)	Vendor
October 1, 2026	OSC Contact Center ticket due with Responsible Official / Authorized Delegate names and TCC tracking number	Vendor
January 2027	First agency-filed 1099s via IRIS (TY2026); eNC3 begins accepting IRIS XML; Publication 1220 support ends at NCDOR	Both

Not published as dated steps, and printed here so the absence is visible: a provider-side correction cutoff before mailing; a provider corrected-1099 window; a provider-line IRS transmission date; and a tax-year-2026 NCFS coding cutoff equivalent to the January 29, 2026 cutoff (the IRIS design removes the OSC-set correction date by OSC's stated design).

4.9 The NC gap register — 11 gaps

On the pattern this program uses everywhere: what the record does not name is a gap, printed with the sources searched and what would close it. Eleven gaps stand in NC's 1099 record. None is filled by inference.

Gap	What is missing	Risk if open	What closes it
G-01	Named accountable owner of provider 1099 production. NCTracks sends the forms and GDIT operates the system, but no NC source names a person, office, or division accountable for the production. Sources searched: NCTracks 1099 FAQ index and all four sub-pages; announcements 2013–2026; Contact Information (2025); NC Medicaid site search for "1099."	When a production fails — a late mailing, a wrong payer count — no published desk owns the answer.	An NC-published assignment of the production to a named DHB office or a fiscal-agent contract clause.
G-02	TIN matching and B-notice handling for Medicaid providers. No source names a TIN-matching operator for NCTracks, states whether provider TINs are matched, or assigns B-notice handling to any party. Sources searched: all G-01 sources plus OSC Policies 1200.01–1200.02, read for any NCTracks application (none stated).	The federal mismatch machinery (§4.6) has no published NC operator on the provider line; mismatches surface as provider-initiated fixes after the fact.	An NCTracks or DHB publication assigning TIN matching and B-notice handling.
G-03	IRS transmission route for provider 1099s. Submission to the IRS is confirmed ("the 1099 can	The provider line's filing route — and its	An NCTracks publication

	still be submitted to the IRS"); no source names FIRE, IRIS, paper/Form 1096, or who transmits. Sources searched: all G-01 sources.	readiness for the IRIS era — cannot be verified from the public record.	naming the route and transmitter.
G-04	De-duplication across the two systems. No NC source addresses a payee who is both an NCTracks provider and an NCFS vendor, apportions reporting, or cross-checks the two productions. The published rules are each internal to one system (TIN aggregation in NCTracks; per-agency Federal IDs in NCFS; the P-Card guard). DHHS sits on both sides and publishes no reconciliation. Sources searched: all G-01 and vendor-line sources, plus the DHHS NCFS page.	A dually-paid payee can be reported twice, split wrongly, or missed — with no published rule deciding which.	A published cross-system rule, or a DHHS reconciliation procedure.
G-05	The fee-for-service / managed care split. Payment routing is established (Medicaid Direct claims to NCTracks; managed care claims to the health plan). No NC source states whether PHPs issue their own 1099s, whether NCTracks/DHB covers managed-care payments, or how responsibility is allocated. NCTracks' 1099 material never mentions managed care; NC Medicaid's pages never mention provider 1099s. Sources searched: NCTracks 1099 material; medicaid.ncdhhs.gov site search and managed-care claims fact sheet; DHHS pages. PHP contracts and plan manuals are outside the state-published record and were not treated as NC publications.	The majority of NC Medicaid spend now runs through managed care; the 1099 responsibility for those payments is unpublished at the state level.	A statement in the PHP contract or a DHB publication allocating 1099 responsibility.
G-06	Provider 1099 form and box. Current NCTracks material says "1099" without naming the form or box; the only form named in NC's record is a 1999 bulletin (1099-MISC), predating NCTracks and the NEC split.	Providers and researchers cannot confirm from NC's own pages what they will receive.	One sentence in the NCTracks FAQs naming the current form and box.
G-07	Provider amount-correction process. Published limits cover name changes, wrong-record payments, and closed years; no process for correcting an amount, and no corrected-form issuance procedure, was found in the FAQs or announcements reached.	A wrong amount on a provider 1099 has no published remedy short of the Contact Us channel.	An NCTracks correction procedure for amounts.
G-08	A DHHS-specific 1099 procedure. No DHHS-published instruction set of its own — distinct from OSC's statewide memos and the NCTracks FAQs — was found. DHHS publishes the NCFS deployment notice and hosts the Substitute W-9 instructions.	The State's largest department runs two 1099 lines with no departmental procedure in its own name.	A DHHS controller publication, if one exists, or confirmation that OSC's memos are the whole procedure.
G-09	NC-specific furnishing rules. NCDOR's eNC3 material governs filing with the Department; no NC	Payees' NC furnishing rights	

	rule on furnishing copies to payees (timing, format, electronic-furnishing consent) was found in NCDOR sources reached. OSC's January 31 postmark instruction binds state agencies as an OSC instruction, not as a general NCDOR rule.	rest entirely on the federal layer.	An NCDOR furnishing publication.
G-10	Form-type enumeration for the TY2025 central file. Memo 26-1 does not enumerate form types; the policy names only 1099-MISC; the NEC/MISC/G enumeration is published for TY2026 only.	The scope of the last central filing cannot be fully reconstructed from OSC's publications.	An OSC enumeration, or the AP-39/AP-42 report set read as the enumeration.
G-11	1099 payer identities beyond DHB and DPH. NCTracks supports DMH/DD/SAS and ORH, but only DHB and DPH are named as 1099 payers; whether the other divisions' payments generate forms under their own payer identities is not established.	Providers paid by the unnamed divisions cannot tell from NC's pages whose payer name their form will carry.	An NCTracks statement of the payer list.

4.10 Conflicts inside the 1099 record

Six inconsistencies in NC's own 1099 publications, collected and not resolved. NC-11 and NC-12 (OSC's NCDOR-filing allocation and form scope) and NC-13 (the NCFS go-live dates) are stated in §4.3 and §4.2–§4.3 respectively; all six print here as the register carries them.

#	Subject	Disposition
NC-11	Who files NCFS 1099 data to NCDOR: OSC (Policy 1200.02) vs. each agency (Memo 26-1, the later operational document)	Memo governs operations; policy text unreconciled
NC-12	Policy form scope (1099-MISC only) vs. the published production (TY2026: NEC, MISC, G)	Production documents govern; policy conformance open
NC-13	NCFS go-live: October 2, 2023 (OSC) vs. October 10, 2023 deployment (DHHS)	Both stand as published; difference unexplained in sources reached
NC-14	Live FAQ text directs correspondence to "CSRA" years after the published CSRA-to-GDIT succession (April 2, 2018)	GDIT is operator of record; FAQ text unconformed
NC-15	FAQ vintage: a 2020-cycle mailing example and three different non-receipt triggers in print	Per-cycle announcements govern; no single current trigger published
NC-16	CF/SF framing: "participates" (2018 specifications) vs. "must file directly" (current FAQ) — same operative rule	Direct filing governs; framing differs by document age

One further item belongs in this section because a reader will trip on it: the NCTracks Name/ID FAQ's "28% withheld" warning (§4.2) does not match the current federal backup withholding rate of 24 percent. It is quoted in this binder as NC's published wording, flagged, and never restated as a current rate.

The Register — North Carolina, in Full

This volume is the complete North Carolina register of the Federal Atlas Program: **501 entries** — 489 from the federal CFR text, 4 from North Carolina statute and session law, 8 from North Carolina agency-published process. Evidence classes: **500 GOVERNING · 1 DERIVED · 0 EXTRAPOLATED**. 269 recurring entries carry no calendar anchor in their source and keep the anchor state UNRESOLVED; no anchor was invented in this build. Each entry prints its NC home and the basis its assignment rests on (published · citation · derivation, labeled as such).

Authority order: CFR, then NC statute, then NC agency-published process. South Carolina-dictated entries from the pattern build do not transfer to a North Carolina register and are not carried. Entry-level evidence assessment against NC internal records was not performed in this build; federal entries carry that statement rather than an implied check.

The dated set

Events whose own text states a date — the register's only calendared set.

Entry	Obligation	Date(s)	Class
CFR-431-002	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	2027-07-10	DERIVED
CFR-431-013	Patient Access API (beneficiary data access)	2027-01-01	GOVERNING
CFR-431-014	Provider Access API and Payer-to-Payer data exchange	2027-01-01	GOVERNING
CFR-431-016	Prior authorization — denial reasons and prior auth API	2027-01-01	GOVERNING
CFR-437-001	Annual Child, Adult, and Health Home Core Set reporting	Dec 31	GOVERNING
CFR-437-003	Exemption request for Core Set population reporting	Sep 1	GOVERNING
CFR-438-007	Pass-through payment phase-out	2027-07-01	GOVERNING
CFR-438-045	EQR annual technical report — finalization, posting, CMS notice	Apr 30	GOVERNING
CFR-438-048	Medicaid managed care quality rating system (MAC QRS)	2028-09-01, 2028-12-31	GOVERNING
CFR-440-005	Annual prior authorization metrics reporting	2027-03-31	GOVERNING
CFR-441-046	1915(c) waiver — incident management system and 90% performance levels	2027-07-09, 2029-07-09	GOVERNING
CFR-441-050		2030-07-09	GOVERNING

1915(c) waiver — payment adequacy:
80% direct-care compensation

CFR-441-061	HCBS website transparency	2027-07-09	GOVERNING
CFR-447-012	Maximum allowable cost sharing + annual CPI-U indexing	Oct 1	GOVERNING
CFR-447-028	Comparative payment rate analysis + disclosure every 2 years	Jul 1 (biennial)	GOVERNING
CFR-447-045	Annual DSH data submission to CMS	Jun 30	GOVERNING
CFR-457-055	Provider Access API, payer-to-payer exchange, privacy resources	2027-01-01	GOVERNING
CFR-457-057	Annual report to CMS (due January 1)	Jan 1	GOVERNING
CFR-457-060	Prior authorization: denial reasons, PA API, public metrics	2027-01-01	GOVERNING
NC-006	NCTracks weekly checkwrite cycle	Weekly — Thu cutoff → Tue checkwrite → Wed EFT	GOVERNING
CFR-438-026	Appointment wait time standards	2027-07-09	GOVERNING
CFR-438-027	Annual secret shopper surveys (provider directories and wait times)	2028-07-09	GOVERNING

Conflicts carried on the register's face

#	Subject	Governing position	Conflicting position	Disposition
NC-1	Carolina Complete Health regions (2021 era)	Current state governs the footprint: after the April 1, 2026 merger, Carolina Complete Health is statewide and Standard Plan choices are four (Lane A §2.2).	2021-era sources state the plan's regions two ways: 'regions 3, 4, and 5' (NCDHHS/Cherokee release summary) vs 'Regions 3 & 5 only' (HRSA narrative).	Historical conflict kept visible; the register and calendar use the current statewide footprint.
NC-2	Tailored Plan launch date in NC documents	Tailored Plans launched July 1, 2024 (NCTracks launch notice; DHB fact sheets).	Earlier NC documents print October 1, 2023 (EVV Q&A) and an original July 1, 2022 scheduled date (DY5 monitoring report).	The 2024 date governs; the earlier printed dates are carried as the delay history, not as operative dates.
NC-3	1115 renewal period — requested vs approved	Approved: December 10, 2024 – December 9, 2029 (CMS approval; NC 1115 page).	The renewal application as submitted requested November 1, 2024 – October 31, 2029.	Approved dates govern authority; requested dates are application history.

NC-4	Division name in federal correspondence	DMA and DHB combined into the Division of Health Benefits effective August 1, 2018 (NCTracks notice).	CMS SPA approvals in 2025 still address the 'Division of Medical Assistance.'	DHB is the governing name; the CMS addressing is flagged as letterhead lag, not a revival of DMA.
NC-5	NC Health Choice — combined vs still listed	Approximately 55,000 NC Health Choice children moved to NC Medicaid on April 1, 2023, under Session Law 2022-74's direction to combine the programs (NCDHHS, Jan. 30, 2023).	The State Plan Public Notices page still lists a separate 'NC Health Choice State Plan — Child Health Plan under Title XXI.'	Both print. Part 457 obligations are mapped to DHB's NC Health Choice home with this conflict on the face; the binder does not print 'CHIP eliminated in NC.'
NC-6	NCDHHS service areas — the sixth area's name	The Overview page lists six service areas ending 'External Affairs and Licensing and Facilities.'	The EEO Plan lists the sixth area as 'Health Equity.' Both claim 33 divisions and offices.	Kept visible; the binder's structure chapter prints both namings. No register count turns on it.
NC-7	Tailored Plan name — Vaya Health vs Vaya Total Care	NC-published sources (NCTracks launch table; DHB eligibility page) use 'Vaya Health.'	NC Justice FAQ and some secondary listings use 'Vaya Total Care.'	The binder uses 'Vaya Health' and notes the variant.
NC-8	Deputy Secretary title and status timing (Bush)	October 2026 listings and a September 25, 2026 CMS letter use 'Deputy Secretary for NC Medicaid' without 'Interim.'	A March 19, 2026 DHB letter is signed 'Interim Deputy Secretary'; the April 21, 2026 announcement states the appointment 'remains contingent upon confirmation by the North Carolina General Assembly.' The confirmation outcome date was NOT ESTABLISHED in sources reached.	The binder uses the current published title and prints the contingency and the unestablished confirmation date.
NC-9	TBI Waiver geography and operator framing	The TBI Waiver is served through a Tailored Plan and does not operate in all geographic areas (Trillium handbook).	NC Justice FAQ frames it as 'Alliance Health is the only Tailored Plan that currently offers TBI Waiver services'; the handbook frames it by county list. No single	Both framings print; the waiver chapter carries the gap as a named research item.

			current DHB page states operator and counties together.	
NC-10	Healthy Opportunities Pilots — authorized vs operating	The General Assembly did not fund HOP after July 1, 2025, 'causing the program to suspend operations at this time' (NCDHHS HOP page).	The same page records the 1115 extension, renewal negotiations, and \$9 million in SFY27 restart funding; no restart service date was established in sources reached.	Authority and operations are printed as separate facts; HOP is never listed as an operating service for the suspension period without the funding qualifier.
NC-11	Who files NCFS 1099 data to NCDOR — OSC or the agencies	Memo NCFS 26-1 (Oct. 13, 2025), the later operational document: 'Individual state agencies are responsible for filing their own 1099 information to the North Carolina Department of Revenue (NCDOR).'	OSC Policy 1200.02 summary (directory, last updated Jan. 21, 2025): OSC 'will submit the electronic 1099-MISC file to the IRS and the NC Department of Revenue.'	Both print in Part II §4.3. The memo governs operations as the later, operational instrument; the policy text is unreconciled on the record reached.
NC-12	OSC policy form scope vs. the production it governs	OSC's tax-year-2026 production is published by form type: NEC, MISC, G (Process Changes memo, Jul. 29, 2026).	Policy 1200.02 names only an 'electronic 1099-MISC file' as centrally submitted; no conforming policy text was reached.	The production documents govern; the policy's narrower scope prints as an open conformance item.
NC-13	NCFS go-live date	OSC's 2023 Key Information sheet: 'October 2, 2023 — NCFS Go Live.'	DHHS's NCFS page: 'on October 10, 2023, North Carolina will deploy its new financial system.'	Both dates stand as published; the sources reached do not explain the difference (go-live vs. deployment milestone).
NC-14	Fiscal-agent name in live NCTracks FAQ text	CSRA became GDIT on April 2, 2018 (NCTracks announcement); the current Contact Information document gives GDIT at P.O. Box 300009, Raleigh.	Live 1099 FAQ text still directs returns and enrollment correspondence to 'CSRA' at the same box.	GDIT is the operator of record; the FAQ text is unconformed, printed as found.
NC-15	NCTracks 1099 FAQ vintage — mailing example	Each cycle's mailing date is announced per cycle (2025 cycle:	The standing FAQs carry a 2020-cycle example ('mailed on or before Jan.	No single current trigger date is published; the binder

	and non-receipt triggers	mailed Jan. 20, 2026, announced Dec. 30, 2025).	15, 2021') and two different non-receipt triggers (10 business days via Contact Us; 'second Friday of February'); the 2013/2014 announcements used February 10.	prints the per-cycle announcements as governing and the FAQ texts as standing, unreconciled guidance.
NC-16	CF/SF framing across NCDOR document vintages	Current eNC3 FAQ: CF/SF may not be used 'instead of filing these forms directly with the Department'; required statements must be filed directly with NCDOR.	2018 Specifications: 'Although North Carolina participates in the IRS Combined Federal/State Filing Program,' listed forms 'must be filed directly.'	The operative rule is the same (direct filing); the participation framing differs by document age. Both print.

NC DHHS / Division of Health Benefits — agency level (obligation sits above any single unit) — 49 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-430-001	State plan maintenance and amendment submittal	42 CFR 430.10, 430.12	agency	EVENT-TRIGGERED — upon any material change in Federal/State law, regulation, policy, organization, or program operation	GOVERNING
CFR-430-002	Respond to CMS requests on pending plan material	42 CFR 430.16	agency	EVENT-TRIGGERED — within CMS's 90-day review window for each pending plan submission	GOVERNING
CFR-430-003	State plan waiver requests and renewals (1915(b), 1915(c), 1916)	42 CFR 430.25	agency	EVENT-TRIGGERED — renewal request 90–120 days before each waiver expiration (2-,	GOVERNING

				3-, or 5-year cycles)	
CFR-430-004	Quarterly grant reporting (CMS-37 estimates, CMS-64 expenditures)	42 CFR 430.30	federal-facing state report	RECURRING — quarterly: CMS-37 45 days before quarter start; CMS-64 30 days after quarter end	GOVERNING · UNRESOLVED
CFR-430-005	Quality control program and correction of practice	42 CFR 430.32	agency	RECURRING — continuing; corrective action when review findings reveal serious compliance problems	GOVERNING · UNRESOLVED
CFR-430-006	Respond to OIG audit findings	42 CFR 430.33	agency	EVENT-TRIGGERED — upon release of each OIG audit report	GOVERNING
CFR-430-007	Deferred FFP claims — furnish documentation	42 CFR 430.40	agency	EVENT-TRIGGERED — 60 days (120 with extension) from each deferral notice; 15 days to cure non-reviewable submissions	GOVERNING
CFR-430-008	Disallowance reconsideration process	42 CFR 430.42	agency	EVENT-TRIGGERED — within 60 days of each disallowance letter	GOVERNING
CFR-430-009	Repay unallowable Federal payments (installment schedules)	42 CFR 430.48	agency	EVENT-TRIGGERED — quarterly installments once a repayment schedule is established	GOVERNING

CFR-430-010	Corrective action plans for eligibility redetermination noncompliance	42 CFR 430.49	agency	EVENT-TRIGGERED — within 14 calendar days of a CMS noncompliance notice	GOVERNING
CFR-431-001	Single State agency designation, delegation oversight, and organization	42 CFR 431.10, 431.11	agency	FIXED — established in State plan; ongoing oversight and corrective action over delegated agencies	GOVERNING
CFR-431-002	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	42 CFR 431.12	agency	RECURRING — regular meetings with minutes posted within 30 days; annual report; BAC must meet in advance of each MAC meeting Calendared milestone: BAC	DERIVED
CFR-431-003	Methods of administration	42 CFR 431.15, 431.11	agency	FIXED — established in State plan	GOVERNING
CFR-431-004	Submit Secretary-required reports	42 CFR 431.16	agency	RECURRING — as required by the Secretary (form/content per instructions)	GOVERNING · UNRESOLVED
CFR-431-005	Maintain individual records (retention, electronic format, 30-day access)	42 CFR 431.17	agency	RECURRING — continuous; 30-calendar-day turnaround on authorized record requests	GOVERNING · UNRESOLVED
CFR-431-006	Make program manuals and policies publicly available	42 CFR 431.18	agency	RECURRING — continuous availability;	GOVERNING · UNRESOLVED

				distribute updates as rules change	
CFR-431-007	Advance directives — written description of State law	42 CFR 431.20	agency	EVENT-TRIGGERED — initial description plus revision/ distribution within 60 days of any State law change	GOVERNING
CFR-431-008	Statewide operation and local office supervision	42 CFR 431.50	agency	RECURRING — continuous; regular State staff visits to local offices	GOVERNING · UNRESOLVED
CFR-431-009	Free choice of providers; certify exceptions	42 CFR 431.51	agency	EVENT-TRIGGERED — certification before/at implementation of 431.54(d)/(e)/(f) projects	GOVERNING
CFR-431-010	Assure necessary transportation	42 CFR 431.53	agency	RECURRING — continuous assurance; methods described in State plan	GOVERNING · UNRESOLVED
CFR-431-011	Beneficiary lock-in and provider lock-out procedures	42 CFR 431.54	agency	EVENT-TRIGGERED — each time lock-in or lock-out is imposed	GOVERNING
CFR-431-012	1915(b) freedom-of-choice waiver requests	42 CFR 431.55	provider	EVENT-TRIGGERED — each waiver request and continuation (max 2-year cycles)	GOVERNING
CFR-431-017	Provider relations: consultation services and provider agreements	42 CFR 431.105, 431.107	agency	FIXED — established in State plan and	GOVERNING

				provider agreements	
CFR-431-018	Provider agreement effective dates	42 CFR 431.108	agency	EVENT- TRIGGERED — each provider enrollment/ survey	GOVERNING
CFR-431-019	Indian Health Service facility participation	42 CFR 431.110	agency	FIXED — established in State plan; applied at enrollment	GOVERNING
CFR-431-020	Disclosure of survey and evaluation information	42 CFR 431.115	agency	RECURRING — per survey; deficiency statements available within 90 days; 30-day comment window on evaluation reports	GOVERNING · UNRESOLVED
CFR-431-021	Nursing facility requirements, nurse aide programs, registry	42 CFR 431.120	agency	RECURRING — continuous operation of NATCEP and registry	GOVERNING · UNRESOLVED
CFR-431-024	Notice content and advance notice before adverse action	42 CFR 431.210, 431.211, 431.213, 431.214	agency	EVENT- TRIGGERED — 10 days advance (or exceptions); 5 days for probable fraud	GOVERNING
CFR-431-026	Maintain and reinstate services pending hearing (aid pending)	42 CFR 431.230, 431.231, 431.232, 431.233	agency	EVENT- TRIGGERED — each hearing request; reinstatement when requested within 10 days of action	GOVERNING
CFR-431-028	Safeguard applicant/ beneficiary information	42 CFR 431.300, 431.301, 431.303,	provider	RECURRING — continuous safeguarding; data exchange	GOVERNING · UNRESOLVED

		431.304, 431.305, 431.306,		agreements before any exchange	
CFR-431-029	1115 demonstration — State public notice and hearings	42 CFR 431.408	federal- facing state report	EVENT- TRIGGERED — for each new demonstration or extension application; hearings ≥20 days before submission	GOVERNING
CFR-431-030	1115 demonstration — application and extension content	42 CFR 431.412	agency	EVENT- TRIGGERED — each demonstration application or extension	GOVERNING
CFR-431-031	1115 demonstration — STC compliance, reviews, post-award forum	42 CFR 431.420	agency	RECURRING — post-award public forum within 6 months of implementation, then annually	GOVERNING · UNRESOLVED
CFR-431-032	1115 demonstration — evaluation design and reports	42 CFR 431.424	federal- facing state report	EVENT- TRIGGERED — evaluation design published within 30 days of CMS approval; interim report with each extension request	GOVERNING
CFR-431-033	1115 demonstration — annual reports	42 CFR 431.428	federal- facing state report	RECURRING — annual: draft to CMS ≤90 days after demo year end; published ≤30 days after submission; final ≤60 days after CMS comments;	GOVERNING · UNRESOLVED

				published ≤30 d	
CFR-431-034	Survey agency designation and certification of facilities	42 CFR 431.610	agency	RECURRING — inspections at least once per certification period; ICF deficient-facility re-inspections every 6 months	GOVERNING · UNRESOLVED
CFR-431-035	Arrangements with health, vocational rehab, and title V agencies	42 CFR 431.615	agency	RECURRING — arrangements with periodic review and joint planning for changes	GOVERNING · UNRESOLVED
CFR-431-036	PASARR agreements with mental health/ID authorities	42 CFR 431.620, 431.621	agency	RECURRING — continuous; PASRR determinations timely per 483.112(c)/483.114(c)	GOVERNING · UNRESOLVED
CFR-431-037	Medicare Part B coordination	42 CFR 431.625	agency	FIXED — established in State plan	GOVERNING
CFR-431-038	QIO coordination contract	42 CFR 431.630	agency	RECURRING — contract with ongoing State monitoring/evaluation plan	GOVERNING · UNRESOLVED
CFR-431-039	Coordinate with WIC; notify and refer eligible individuals	42 CFR 431.635	agency	RECURRING — at each qualifying eligibility determination; annual notice	GOVERNING · UNRESOLVED
CFR-431-040	Nursing home administrator licensing program	42 CFR 431.702, 431.703, 431.705, 431.706, 431.707, 431.708,	agency	RECURRING — continuous licensing program; complaint investigation as received	GOVERNING · UNRESOLVED
CFR-432-001			agency	FIXED — established in	GOVERNING

	Merit system of personnel administration	42 CFR 432.10		State plan; ongoing compliance assurance and reviews of State laws/ regulations	
CFR-432-002	Staff training program	42 CFR 432.30	agency	RECURRING — continuous: initial inservice for new staff plus continuing training	GOVERNING · UNRESOLVED
CFR-432-003	Subprofessional staff and volunteer programs	42 CFR 432.31, 432.32	agency	RECURRING — continuous programs with annual progressive expansion	GOVERNING · UNRESOLVED
CFR-432-004	Report training and administrative costs	42 CFR 432.55	federal-facing state report	RECURRING — quarterly estimate and expenditure reports	GOVERNING · UNRESOLVED
NC-001	Medicaid Bulletin issuance and Monthly Bulletin Digest compilation	NC Medicaid Bulletin Digests page; bulletin renovation note	bureau/ section	RECURRING — Bulletin articles post as approved in a weekly blog flow; the Monthly Bulletin Digest compiles each month's bulletins and special bulletin	GOVERNING
NC-002	State Plan Amendment — 10-day public posting before CMS submission	Medicaid State Plan Public Notices page ('Ten-Day Posting fo	agency	EVENT-TRIGGERED — Per SPA: a 10-day public notice posts, followed by the 'Proposed Amendments Sent to CMS' listing	GOVERNING
NC-011					GOVERNING

Section 1115 Demonstration — quarterly monitoring reports	NC Medicaid 1115 Demonstration (11- W-00313/4) monitoring, as	federal- facing state report	RECURRING — Quarterly monitoring reports for the Managed Care / Healthy Opportunities Pilots and SUD portions of the demonstration, plus an annual mon
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Division of Health Benefits — Finance Section — 74 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-433-001	Fiscal accountability and records retention	42 CFR 433.32	agency	RECURRING — continuous; 3-year retention from final expenditure report submission	GOVERNING · UNRESOLVED
CFR-433-002	Cost allocation plan	42 CFR 433.34	agency	RECURRING — approved plan on file; amended as needed	GOVERNING · UNRESOLVED
CFR-433-004	Report provider payments to IRS	42 CFR 433.37	agency	RECURRING — annual information returns to IRS	GOVERNING · UNRESOLVED
CFR-433-005	Refund FFP for uncashed/ cancelled checks; interest on retained disallowances	42 CFR 433.38, 433.40	agency	RECURRING — quarterly uncashed/ cancelled-check true-up on CMS-64	GOVERNING · UNRESOLVED
CFR-433-006	State share financing (40% rule) and equitable apportionment	42 CFR 433.53	agency	FIXED — established in State plan	GOVERNING
CFR-433-007	Report provider donations and health care-related taxes	42 CFR 433.74	federal- facing state report	RECURRING — quarterly reports per CMS procedures	GOVERNING · UNRESOLVED

CFR-433-008	Waivers for non-broad-based/non-uniform provider taxes	42 CFR 433.72	agency	EVENT-TRIGGERED — per tax class, when broad-based or uniform criteria are not met	GOVERNING
CFR-433-009	MMIS/E&E Advance Planning Documents and approval	42 CFR 433.112, 433.114	agency	EVENT-TRIGGERED — APD before each design/development/installation/enhancement expenditure	GOVERNING
CFR-433-010	Operate approved MMIS (EOB notices, profiles, fraud referrals)	42 CFR 433.116	agency	RECURRING — continuous operation; EOB notices within 45 days of claim payment	GOVERNING · UNRESOLVED
CFR-433-011	MMIS reapproval, FFP reductions, appeals, and access	42 CFR 433.120, 433.121, 433.122, 433.123, 433.127, 433.131	agency	EVENT-TRIGGERED — upon CMS disapproval/reapproval decisions; ongoing access	GOVERNING
CFR-433-012	Replacement MMIS — APD and transition plan	42 CFR 433.117	agency	EVENT-TRIGGERED — each replacement-system project	GOVERNING
CFR-433-019	Adult group threshold methodology for increased FMAP	42 CFR 433.202, 433.204, 433.206	agency	RECURRING — threshold methodology in State plan; newly/not-newly determinations at each MAGI determination	GOVERNING · UNRESOLVED
CFR-433-020	Provider overpayment recovery within 1 year of discovery	42 CFR 433.300, 433.302, 433.304, 433.310,	agency	EVENT-TRIGGERED — 1-year recovery window from each discovery	GOVERNING

		433.312, 433.316		date; appeals do not extend it	
CFR-433-021	Refund Federal share of provider overpayments (CMS-64)	42 CFR 433.318, 433.320	agency	EVENT- TRIGGERED — CMS-64 credit in quarter of recovery or quarter the 1- year period ends; interest at CVFR accrues from day after the 1-year period if	GOVERNING
CFR-433-022	COVID-era continuous enrollment for temporary FMAP increase (historical)	42 CFR 433.400	agency	FIXED — applied March 18, 2020 through end of month the COVID-19 PHE ended	GOVERNING
CFR-447-001	Payment reassignment prohibition	42 CFR 447.10	agency	FIXED — state plan provision; ongoing enforcement	GOVERNING
CFR-447-002	Acceptance of State payment as payment in full	42 CFR 447.15	agency	FIXED — provider agreement term; ongoing compliance	GOVERNING
CFR-447-003	Provider billing limits with third-party liability	42 CFR 447.20	agency	FIXED — state plan provision; ongoing enforcement	GOVERNING
CFR-447-004	No payment for provider- preventable conditions	42 CFR 447.26	agency	FIXED — state plan provision; ongoing claims enforcement	GOVERNING
CFR-447-005	Withholding Federal share to recover Medicare overpayments	42 CFR 447.30	agency	EVENT- TRIGGERED — on CMS order; continues until CMS terminates	GOVERNING
CFR-447-006	State request to withhold Medicare for Medicaid overpayments	42 CFR 447.31	agency	EVENT- TRIGGERED — per overpayment referral	GOVERNING

CFR-447-007	Timely claims payment — claims submission deadline	42 CFR 447.45	agency	RECURRING — claims submitted >12 months late must be denied	GOVERNING · UNRESOLVED
CFR-447-008	Timely claims payment — 90%/99% standards	42 CFR 447.45	agency	RECURRING — claims payment timeliness reporting; MMIS timeliness reports	GOVERNING · UNRESOLVED
CFR-447-009	Prepayment and postpayment claims review	42 CFR 447.45	agency	RECURRING — built into MMIS claims adjudication; PERM/PURCS-type postpayment reviews	GOVERNING · UNRESOLVED
CFR-447-010	Timely-payment compliance reporting	42 CFR 447.45	federal-facing state report	RECURRING — as required by CMS	GOVERNING · UNRESOLVED
CFR-447-011	MCO contract prompt-payment terms	42 CFR 447.46	MCO/plan	FIXED — per MCO contract; monitored for life of contract	GOVERNING
CFR-447-012	Maximum allowable cost sharing + annual CPI-U indexing	42 CFR 447.52	agency	RECURRING — annual CPI-U update each October 1; table maintenance	GOVERNING
CFR-447-013	State plan cost-sharing specifications	42 CFR 447.52	agency	FIXED — state plan; updated whenever charges change	GOVERNING
CFR-447-014	MCO contracts honor state-plan cost sharing	42 CFR 447.52	MCO/plan	FIXED — per MCO contract	GOVERNING
CFR-447-015	Denial of service only for nonpayment by able, non-exempt individuals	42 CFR 447.52	agency	FIXED — state plan; ongoing provider compliance	GOVERNING
CFR-447-017	ED non-emergency cost-sharing conditions	42 CFR 447.54	agency	RECURRING — per non-emergency ED visit where cost	GOVERNING · UNRESOLVED

				sharing is imposed	
CFR-447-018	Cost-sharing and premium exemptions	42 CFR 447.56	agency	FIXED — state plan + eligibility/MMIS exemption logic; ongoing	GOVERNING
CFR-447-019	Reduce provider payments by cost-sharing obligation	42 CFR 447.56	agency	RECURRING — applied on every claim with cost sharing	GOVERNING · UNRESOLVED
CFR-447-020	Include cost sharing in MCO capitation	42 CFR 447.56	MCO/plan	RECURRING — capitation rate development	GOVERNING · UNRESOLVED
CFR-447-021	5% aggregate family limit on premiums + cost sharing	42 CFR 447.56	agency	RECURRING — ongoing tracking; notices on reaching the cap	GOVERNING · UNRESOLVED
CFR-447-022	No FFP for uncollected cost sharing	42 CFR 447.56	agency	RECURRING — excluded from CMS-64 claiming	GOVERNING · UNRESOLVED
CFR-447-023	Public schedule and beneficiary/provider notice	42 CFR 447.57	agency	RECURRING — schedule kept current; advance notice before each relevant SPA	GOVERNING · UNRESOLVED
CFR-447-024	State plan describes payment methods	42 CFR 447.201	agency	FIXED — state plan; amended with each rate change	GOVERNING
CFR-447-025	Audit cost-based payments	42 CFR 447.202	agency	RECURRING — periodic audits of cost-based providers	GOVERNING · UNRESOLVED
CFR-447-026	Maintain and produce payment-rate documentation	42 CFR 447.203	agency	RECURRING — as requested by HHS/CMS	GOVERNING · UNRESOLVED
CFR-447-027	Publish all FFS fee-schedule rates online	42 CFR 447.203	agency	RECURRING — initial deadline July 1, 2026; updates within 1 month	GOVERNING · UNRESOLVED
CFR-447-028			agency	RECURRING — initial July 1,	GOVERNING

	Comparative payment rate analysis + disclosure every 2 years	42 CFR 447.203		2026; biennial updates	
CFR-447-029	HCBS interested-parties advisory group	42 CFR 447.203	agency	RECURRING — meetings at least every 2 years; publish recommendations within 1 month	GOVERNING · UNRESOLVED
CFR-447-030	Rate-reduction/restructuring access analysis with SPA	42 CFR 447.203	agency	EVENT-TRIGGERED — with each rate-reduction/restructuring SPA	GOVERNING
CFR-447-031	Ongoing access input mechanisms + records	42 CFR 447.203	agency	RECURRING — continuous; records available on request	GOVERNING · UNRESOLVED
CFR-447-032	Corrective action plan for access deficiencies	42 CFR 447.203	agency	EVENT-TRIGGERED — within 90 days of discovering an access deficiency	GOVERNING
CFR-447-033	Stakeholder input and CMS submission for rate changes	42 CFR 447.204	federal-facing state report	EVENT-TRIGGERED — with each rate-reduction/restructuring SPA	GOVERNING
CFR-447-034	Public notice of significant rate-method changes	42 CFR 447.205	agency	EVENT-TRIGGERED — before each significant change's effective date	GOVERNING
CFR-447-035	State plan inpatient/LTC payment methods	42 CFR 447.252	agency	FIXED — state plan; amended with changes	GOVERNING
CFR-447-036	Annual rate adequacy findings	42 CFR 447.253	agency	RECURRING — at least annually and with each method change	GOVERNING · UNRESOLVED
CFR-447-037	Ownership-change payment safeguards	42 CFR 447.253	agency	FIXED — methods; applied	GOVERNING

				at each ownership change	
CFR-447-038	Provider appeals procedure for rates	42 CFR 447.253	agency	FIXED — standing procedure; used as appealed	GOVERNING
CFR-447-039	Uniform cost reports from each provider	42 CFR 447.253	agency	RECURRING — annual cost report filing cycle	GOVERNING · UNRESOLVED
CFR-447-040	Periodic audits of provider records	42 CFR 447.253	agency	RECURRING — periodic audit program	GOVERNING · UNRESOLVED
CFR-447-041	Comply with public notice for inpatient/LTC rate changes	42 CFR 447.253	agency	EVENT-TRIGGERED — with each significant inpatient/LTC rate change	GOVERNING
CFR-447-042	Related information submitted with assurances	42 CFR 447.255	agency	EVENT-TRIGGERED — with each SPA changing inpatient/LTC payment methods	GOVERNING
CFR-447-043	Inpatient UPL compliance by ownership class	42 CFR 447.272	agency	RECURRING — each rate year; demonstrated to CMS	GOVERNING · UNRESOLVED
CFR-447-044	Swing-bed hospitals paid under NF methodology	42 CFR 447.280	agency	FIXED — payment methodology	GOVERNING
CFR-447-045	Annual DSH data submission to CMS	42 CFR 447.294	federal-facing state report	RECURRING — annually by June 30	GOVERNING
CFR-447-046	Hospital-specific DSH limit methodology	42 CFR 447.295	agency	RECURRING — each Medicaid state plan rate year	GOVERNING · UNRESOLVED
CFR-447-047	Quarterly aggregate DSH payment reports	42 CFR 447.299	federal-facing state report	RECURRING — quarterly	GOVERNING · UNRESOLVED

CFR-447-048	Annual per-hospital DSH report with audit	42 CFR 447.299	federal-facing state report	RECURRING — annually per Medicaid state plan rate year	GOVERNING · UNRESOLVED
CFR-447-049	Maintain DSH supporting documentation	42 CFR 447.299	agency	RECURRING — continuous; produced on request	GOVERNING · UNRESOLVED
CFR-447-050	Return/redisclose DSH overpayments within 2 years	42 CFR 447.299	agency	EVENT-TRIGGERED — within 2 years of discovery of hospital-specific limit breach	GOVERNING
CFR-447-051	State plan covers subpart F services	42 CFR 447.302	agency	FIXED — state plan	GOVERNING
CFR-447-052	Adhere to upper limits; no FFP above them	42 CFR 447.304	agency	RECURRING — claims payment; FFP claiming	GOVERNING · UNRESOLVED
CFR-447-053	Outpatient hospital/clinic UPL by ownership class	42 CFR 447.321	agency	RECURRING — each rate year	GOVERNING · UNRESOLVED
CFR-447-054	Other facility services charge limits	42 CFR 447.325	agency	RECURRING — rate setting and claims payment	GOVERNING · UNRESOLVED
CFR-447-055	Nonrisk prepaid capitation payment cap	42 CFR 447.362	agency	RECURRING — per nonrisk contract payment	GOVERNING · UNRESOLVED
CFR-447-056	RHC payment at reasonable cost	42 CFR 447.371	agency	RECURRING — RHC rate setting and payment	GOVERNING · UNRESOLVED
CFR-447-058	Invoice manufacturers within 60 days of quarter end	42 CFR 447.511	agency	RECURRING — quarterly, within 60 days of quarter end	GOVERNING · UNRESOLVED
CFR-447-063	Brand-medically-necessary certification procedure	42 CFR 447.512	agency	FIXED — procedure established; used per prescription	GOVERNING
CFR-447-069	No FFP for payments to providers under credible fraud investigation	42 CFR 447.90	agency	RECURRING — payment suspension decisions; FFP claiming	GOVERNING · UNRESOLVED

NC-007	NC Medicaid Annual Report and Annual Report Tables (state fiscal year)	Medicaid Annual Reports and Tables page (Finance Section con	agency	RECURRING — Annual publication by state fiscal year (July 1–June 30); SFY 2025 is the latest as reached	GOVERNING · UNRESOLVED
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Division of Health Benefits — Managed Care Oversight (Deputy Secretary for NC Medicaid) — 76 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-434-001	General contract requirements (all Medicaid contracts)	42 CFR 434.4, 434.6	agency	FIXED — each contract and subcontract	GOVERNING
CFR-434-002	Fiscal agent contract requirements	42 CFR 434.10	provider	FIXED — each fiscal agent contract	GOVERNING
CFR-434-003	Private nonmedical institution contracts	42 CFR 434.12	agency	FIXED — each contract with a private nonmedical institution	GOVERNING
CFR-434-004	Health insuring organization contracts	42 CFR 434.40	agency	FIXED — each health insuring organization contract	GOVERNING
CFR-438-001	MCO/PIHP/PAHP contract CMS review and approval; capitation rates in contract	42 CFR 438.3(a), 438.3(c)(1)	federal-facing state report	RECURRING — Each contract and rating period; signed and dated by all parties before the performance period begins	GOVERNING · UNRESOLVED
CFR-438-002	Standard contract provisions in all managed care contracts	42 CFR 438.3(b)–(u)	agency	RECURRING — Each contract/ rating period; audit right runs 10 years after contract end or audit completion	GOVERNING · UNRESOLVED

CFR-438-003	Actuarially sound capitation rates	42 CFR 438.4	agency	RECURRING — Each rating period via actuary certification and CMS approval	GOVERNING · UNRESOLVED
CFR-438-004	Rate development standards; base data provision	42 CFR 438.5(b)–(c)	agency	RECURRING — Each rating period; base data no older than the 3 most recent complete years	GOVERNING · UNRESOLVED
CFR-438-005	Rate certification submission and documentation	42 CFR 438.7	federal-facing state report	RECURRING — Each rating period; SDP retroactive certifications within 120 days of SDP start	GOVERNING · UNRESOLVED
CFR-438-006	State directed payments — prior approval, documentation, reporting, evaluation	42 CFR 438.6(c)	federal-facing state report	RECURRING — Prior approval before each SDP/ amendment start; cost % calculated annually; T-MSIS expenditure report within 1 year after each rating peri	GOVERNING · UNRESOLVED
CFR-438-007	Pass-through payment phase-out	42 CFR 438.6(d)	agency	RECURRING — Annual base-amount recalculation while in transition; hard end: hospital pass-throughs prohibited for rating periods beginning on/ after 20	GOVERNING

CFR-438-008

	In lieu of services and settings (ILOS) — State determination, oversight, reporting, evaluation	42 CFR 438.3(e)(2), 42 CFR 438.16	federal-facing state report	RECURRING — Projected cost % annually with rate cert; final cost % and summary report annually; retrospective evaluation due within 2 years after firs	GOVERNING · UNRESOLVED
CFR-438-009	Monthly capitation for IMD short stays (ages 21-64)	42 CFR 438.6(e)	agency	RECURRING — Each capitation month in which an IMD stay occurs; rate-setting each rating period	GOVERNING · UNRESOLVED
CFR-438-010	Medical loss ratio — plan calculation, reporting, and remittance	42 CFR 438.8	MCO/plan	RECURRING — Annual MLR reports due within 12 months of MLR reporting year-end	GOVERNING · UNRESOLVED
CFR-438-011	State oversight of minimum MLR — CMS summary and federal share repayment	42 CFR 438.74	federal-facing state report	RECURRING — Annual MLR summary with rate certification; federal-share repayment when remittances are owed	GOVERNING · UNRESOLVED
CFR-438-012	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	agency	RECURRING — Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	GOVERNING · UNRESOLVED

CFR-438-013	Standard managed care definitions and model enrollee materials	42 CFR 438.10(c)(4)-(5)	MCO/plan	FIXED — Develop once; enforce continuously; update as requirements change	GOVERNING
CFR-438-014	Annual disenrollment-rights notice to enrollees	42 CFR 438.10(f)(2)	agency	RECURRING — At least annually; 60 days before each enrollment period if disenrollment is restricted for 90+ days	GOVERNING · UNRESOLVED
CFR-438-015	Managed care enrollment system and informational notices	42 CFR 438.54	agency	RECURRING — Continuous enrollment operations; notices at each potential enrollee's eligibility determination	GOVERNING · UNRESOLVED
CFR-438-016	Choice counseling for potential enrollees and disenrollees	42 CFR 438.54, 42 CFR 438.71(c)	agency	RECURRING — Continuous; provided to every potential enrollee and qualifying disenrollee	GOVERNING · UNRESOLVED
CFR-438-017	Disenrollment determinations, timeframes, and fair hearing	42 CFR 438.56	agency	EVENT-TRIGGERED — Each disenrollment request; 60-day notice before each enrollment period when disenrollment is restricted	GOVERNING
CFR-438-018	Conflict of interest safeguards in managed care contracting	42 CFR 438.58, 42 CFR 438.602(h)	agency	FIXED — Safeguards in effect continuously; applied to each	GOVERNING

				procurement/ contract	
CFR-438-019	Transition of care policy	42 CFR 438.62(b)	agency	FIXED — Policy in effect continuously; applied to each enrollee transition	GOVERNING
CFR-438-020	Continued services after contract termination or disenrollment	42 CFR 438.62(a)	agency	EVENT- TRIGGERED — Upon each contract termination or disenrollment (other than ineligibility)	GOVERNING
CFR-438-021	Managed care monitoring system	42 CFR 438.66(a)–(c)	agency	RECURRING — Continuous monitoring; data used to drive program improvement	GOVERNING · UNRESOLVED
CFR-438-022	Annual enrollee experience survey	42 CFR 438.66(c)(5)	agency	RECURRING — Annual survey	GOVERNING · UNRESOLVED
CFR-438-023	Readiness reviews for new programs, plans, or eligibility groups	42 CFR 438.66(d)	federal- facing state report	EVENT- TRIGGERED — Started at least 3 months before program implementation, new plan contracting, or new eligibility group expansion	GOVERNING
CFR-438-024	Annual managed care program report to CMS	42 CFR 438.66(e)	federal- facing state report	RECURRING — Annual; due within 180 days after each contract year; posted within 30 days of CMS submission	GOVERNING · UNRESOLVED
CFR-438-025	Network adequacy standards — development and enforcement	42 CFR 438.68(a)–(c)	federal- facing	RECURRING — Standards developed and	GOVERNING · UNRESOLVED

			state report	enforced continuously; exceptions monitored ongoing	
CFR-438-026	Appointment wait time standards	42 CFR 438.68(e)	agency	RECURRING — Continuous enforcement; compliance measured via annual secret shopper surveys at 90% threshold	GOVERNING
CFR-438-027	Annual secret shopper surveys (provider directories and wait times)	42 CFR 438.68(f)	federal-facing state report	RECURRING — Annual surveys; directory errors to plans within 3 business days; results posted within 30 days of CMS submission	GOVERNING
CFR-438-028	Publication of network adequacy standards	42 CFR 438.68(g)	agency	RECURRING — Published continuously; updated as standards change	GOVERNING · UNRESOLVED
CFR-438-029	Beneficiary support system	42 CFR 438.71	agency	FIXED — System in place continuously	GOVERNING
CFR-438-030	LTSS stakeholder engagement	42 CFR 438.70	agency	RECURRING — Ongoing through design, implementation, and oversight	GOVERNING · UNRESOLVED
CFR-438-031	Assurance of adequate capacity and services to CMS	42 CFR 438.207(d)	federal-facing state report	RECURRING — Annual; due within 180 days after each rating period; posted within 30 days of submission	GOVERNING · UNRESOLVED
CFR-438-032					

	Provider payment analysis (percent of Medicare) in capacity assurances	42 CFR 438.207(b) (3), 438.207(d) (2)	MCO/ plan	RECURRING — Annual analysis using prior rating period paid claims	GOVERNING · UNRESOLVED
CFR-438-033	Remedy plans to improve access	42 CFR 438.207(f)	federal-facing state report	EVENT-TRIGGERED — Triggered by identified access issue; 12-month improvement window; quarterly CMS progress updates	GOVERNING
CFR-438-034	Uniform credentialing and recredentialing policy	42 CFR 438.214(b)	MCO/ plan	FIXED — Policy established and enforced continuously	GOVERNING
CFR-438-035	Flow-through termination of providers terminated elsewhere	42 CFR 438.214(d) (2)	agency	EVENT-TRIGGERED — Upon each provider/person termination under titles XIX/XVIII/XXI	GOVERNING
CFR-438-036	Grievance and appeal system via contract	42 CFR 438.228, 42 CFR 438.400–438.424	MCO/ plan	RECURRING — Continuous; random reviews when notice responsibility is delegated	GOVERNING · UNRESOLVED
CFR-438-037	State-established method for grievance resolution notices	42 CFR 438.408	agency	FIXED — Method established; applied to each grievance resolution notice	GOVERNING
CFR-438-038	Grievance and appeal recordkeeping and State review	42 CFR 438.416	agency	RECURRING — Continuous review within ongoing monitoring (438.66)	GOVERNING · UNRESOLVED

CFR-438-039	Care coordination, coverage/authorization, confidentiality, subcontracts, practice guidelines via contract	42 CFR 438.208, 42 CFR 438.210, 42 CFR 438.224, 42 CFR 438.2	MCO/plan	RECURRING — Continuous via contract enforcement	GOVERNING · UNRESOLVED
CFR-438-040	Health information systems; encounter data validation	42 CFR 438.242	MCO/plan	RECURRING — Continuous validation of plan encounter data	GOVERNING · UNRESOLVED
CFR-438-041	Quality assessment and performance improvement (QAPI) requirements and State review	42 CFR 438.330	MCO/plan	RECURRING — Annual plan reporting; State review of each plan's QAPI at least annually	GOVERNING · UNRESOLVED
CFR-438-042	Accreditation status review and posting	42 CFR 438.332	MCO/plan	RECURRING — Website updated at least annually	GOVERNING · UNRESOLVED
CFR-438-043	Managed care State quality strategy	42 CFR 438.340	federal-facing state report	RECURRING — Review and update at least every 3 years; submit to CMS initially, every 3 years, and on significant changes	GOVERNING · UNRESOLVED
CFR-438-044	External quality review — annual EQR by qualified EQRO	42 CFR 438.350, 42 CFR 438.354, 42 CFR 438.356	agency	RECURRING — Annual EQR for each plan; EQRO procurement per contract cycle	GOVERNING · UNRESOLVED
CFR-438-045	EQR annual technical report — finalization, posting, CMS notice	42 CFR 438.364	agency	RECURRING — Annual; finalized and posted by April 30; CMS notified within 14 calendar days of posting;	GOVERNING

				5 years of reports maintained	
CFR-438-046	EQR exemptions and nonduplication identification	42 CFR 438.362, 42 CFR 438.360(c)	agency	RECURRING — Annual website identification; quality-strategy update on the triennial cycle	GOVERNING · UNRESOLVED
CFR-438-047	EQRO contract CMS approval before claiming 75% FFP	42 CFR 438.370(c)	federal-facing state report	EVENT-TRIGGERED — Before claiming 75% FFP on each EQRO contract	GOVERNING
CFR-438-048	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.5	federal-facing state report	RECURRING — Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	GOVERNING
CFR-438-049	Screen, enroll, and revalidate all network providers	42 CFR 438.602(b), 42 CFR 438.608(b)	agency	RECURRING — Continuous screening/enrollment; periodic revalidation per part 455; 120-day provisional window	GOVERNING · UNRESOLVED
CFR-438-050	Monthly federal database checks on plans, subcontractors, owners, agents	42 CFR 438.602(d)	MCO/plan	RECURRING — At contracting and at least monthly thereafter	GOVERNING · UNRESOLVED
CFR-438-051	Ownership and control disclosure review	42 CFR 438.602(c), 42 CFR 438.608(c)	agency	RECURRING — At contracting and upon disclosure updates; 60-day excess-payment reporting	GOVERNING · UNRESOLVED
CFR-438-052					

	Independent audit of encounter and financial data (triennial)	42 CFR 438.602(e)	MCO/ plan	RECURRING — At least every 3 years per plan	GOVERNING · UNRESOLVED
CFR-438-053	Whistleblower intake and investigation	42 CFR 438.602(f)	agency	EVENT- TRIGGERED — Upon receipt of whistleblower information	GOVERNING
CFR-438-054	Required plan data submissions and CEO/CFO certification	42 CFR 438.604, 42 CFR 438.606	MCO/ plan	RECURRING — With each data submission; overpayment report annually	GOVERNING · UNRESOLVED
CFR-438-055	Enrollee encounter data submission to CMS (T-MSIS)	42 CFR 438.818	federal- facing state report	RECURRING — Ongoing T-MSIS encounter data submissions	GOVERNING · UNRESOLVED
CFR-438-056	Program integrity arrangements — fraud/waste/abuse detection via contract	42 CFR 438.608(a)	MCO/ plan	RECURRING — Continuous; overpayment reports within 30 calendar days of identification/recovery	GOVERNING · UNRESOLVED
CFR-438-057	Overpayment recovery policies, annual report, and rate-setting use	42 CFR 438.608(d)	agency	RECURRING — Annual overpayment report to the State; recovery info used in each rating period's rate development	GOVERNING · UNRESOLVED
CFR-438-058	Response to prohibited affiliations	42 CFR 438.610(d)	agency	EVENT- TRIGGERED — Upon finding of prohibited-affiliation noncompliance	GOVERNING
CFR-438-059	Intermediate sanctions regime — establishment and imposition	42 CFR 438.700, 42 CFR 438.702	agency	EVENT- TRIGGERED — Upon determination of a	GOVERNING

				sanctionable violation	
CFR-438-060	Temporary management of MCO	42 CFR 438.706	agency	EVENT-TRIGGERED — Upon finding of repeated substantive failures	GOVERNING
CFR-438-061	Notice of sanction and pre-termination hearing	42 CFR 438.710	agency	EVENT-TRIGGERED — Before each sanction imposition or contract termination	GOVERNING
CFR-438-062	Notice to CMS of sanctions imposed or lifted	42 CFR 438.724	agency	EVENT-TRIGGERED — Within 30 days of imposing or lifting a sanction	GOVERNING
CFR-438-063	State plan sanctions-monitoring plan	42 CFR 438.726	agency	FIXED — State plan provision in effect continuously	GOVERNING
CFR-438-064	Exclusion of prohibited entities from contracts (FFP condition)	42 CFR 438.808	agency	RECURRING — Applied to each contract; continuous exclusion	GOVERNING · UNRESOLVED
CFR-438-065	Mental health parity compliance documentation and website posting	42 CFR 438.915	agency	EVENT-TRIGGERED — Posted by 2017-10-02; updated before any benefit change	GOVERNING
CFR-438-066	Marketing material review with advisory committee consultation	42 CFR 438.104(c)	agency	EVENT-TRIGGERED — Each marketing material review	GOVERNING
CFR-460-001	State assurance on PACE organization applications and expansions	42 CFR 460.12(b)	agency	EVENT-TRIGGERED — Per PACE application or	GOVERNING

				expansion request	
CFR-460-002	State signs PACE program agreement with CMS and PACE org	42 CFR 460.30	agency	EVENT-TRIGGERED — Per PACE program agreement execution	GOVERNING
CFR-460-003	PACE agreement content: Medicaid rate, service area, data requirements	42 CFR 460.32	agency	EVENT-TRIGGERED — Per agreement negotiation/ amendment	GOVERNING
CFR-460-004	State enforcement: CAP, payment withholding, termination of PACE agreement	42 CFR 460.48; 460.50	agency	EVENT-TRIGGERED — As warranted by noncompliance	GOVERNING
NC-008	PHP Performance Metrics — annual report to the General Assembly	Session Law 2023-134, §9E.20	agency	RECURRING — Annual report on each PHP's performance against the Department's claims-payment performance standards and metrics; latest as reached cover	GOVERNING · UNRESOLVED
NC-009	PHP medical loss ratio — 88 percent minimum; annual reporting aligned to the rating year	N.C.G.S. §108D-65; PHP Contract MLR provisions	MCO/ plan	RECURRING — Each PHP's MLR for health care services must be at least 88 percent; PHPs calculate and report aggregate MLR annually, aligned to the rati	GOVERNING

Division of Health Benefits — Coverage Policy Function (formal section label not published) — 62 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-440-001	Required services for the categorically needy	42 CFR 440.210	agency	FIXED — One-time state plan specification; ongoing coverage obligation. Applies continuously to each covered pregnancy/postpartum episode.	GOVERNING
CFR-440-002	Required services for the medically needy	42 CFR 440.220	agency	FIXED — One-time state plan specification; ongoing coverage obligation.	GOVERNING
CFR-440-003	Sufficiency of amount, duration, and scope	42 CFR 440.230(a)-(d)	agency	RECURRING — Ongoing duty on every coverage determination; plan-level specification maintained continuously.	GOVERNING · UNRESOLVED
CFR-440-004	Prior authorization decision timeframes	42 CFR 440.230(e)(1)-(2)	agency	EVENT-TRIGGERED — Each prior authorization request; timeframes effective 2026-01-01.	GOVERNING
CFR-440-005	Annual prior authorization metrics reporting	42 CFR 440.230(e)(3)	agency	RECURRING — Annually by March 31, reporting previous calendar year; first report due March 31, 2027	GOVERNING

				(covering 2026). Posted on state website.	
CFR-440-006	Comparability of services across groups	42 CFR 440.240	agency	FIXED — One-time state plan specification; ongoing duty on every coverage/ budget decision.	GOVERNING
CFR-440-007	Permitted limits on comparability	42 CFR 440.250	agency	FIXED — State plan options exercised where used; ongoing application of chosen limits.	GOVERNING
CFR-440-008	Limited services for certain aliens	42 CFR 440.255	agency	EVENT-TRIGGERED — Each claim/ service for affected aliens; ongoing FFP-claiming discipline.	GOVERNING
CFR-440-009	Face-to-face encounter before home health / medical equipment	42 CFR 440.70(f)	agency	EVENT-TRIGGERED — Each initiation of home health services or medical equipment.	GOVERNING
CFR-440-010	EPSDT and other required benefits in benchmark/ABP coverage	42 CFR 440.345	agency	FIXED — One-time ABP SPA design; ongoing coverage obligation for ABP enrollees under 21.	GOVERNING
CFR-440-011	Public notice before Alternative Benefit Plan SPA	42 CFR 440.386	federal-facing state report	EVENT-TRIGGERED — Each ABP SPA or substantial ABP modification submitted to CMS.	GOVERNING
CFR-440-012		42 CFR 440.390	agency		GOVERNING

	Transportation assurance for benchmark plan enrollees			FIXED — One-time assurance; ongoing transportation coverage obligation for ABP enrollees.	
CFR-440-013	Mental health / substance use disorder parity in ABPs	42 CFR 440.395	agency	FIXED — One-time ABP SPA parity analysis; ongoing parity in benefit design. (Paraphrased from the parity computation provisions of 440.395(b).)	GOVERNING
CFR-441-001	FFP continuation after provider agreement termination	42 CFR 441.11	agency	EVENT-TRIGGERED — Each termination/expiration of a provider agreement; 30-day window from effective date.	GOVERNING
CFR-441-002	FFP prohibitions for institutionalized individuals	42 CFR 441.13	agency	EVENT-TRIGGERED — Every FFP claim; ongoing exclusion of non-covered institutional populations and service types.	GOVERNING
CFR-441-003	Home health services — state plan minimums	42 CFR 441.15	agency	FIXED — One-time state plan specification; ongoing coverage obligation.	GOVERNING
CFR-441-004	Home health agency surety bonds — FFP prohibition	42 CFR 441.16	agency	EVENT-TRIGGERED — At HHA enrollment,	GOVERNING

				change of ownership, loss of government-operated waiver (60 days), change of surety (60 days); annual bond/riders	
CFR-441-005	Laboratory services — qualified labs; HIV test records	42 CFR 441.17	agency	EVENT-TRIGGERED — Provider enrollment/ payment qualification; each HIV test billing record.	GOVERNING
CFR-441-006	Case management services — state duties	42 CFR 441.18	agency	FIXED — One-time SPA structure per group/subgroup; ongoing records and free-choice obligations on each service.	GOVERNING
CFR-441-007	Family planning — freedom from coercion	42 CFR 441.20	agency	RECURRING — Ongoing; applies to every family planning service encounter.	GOVERNING · UNRESOLVED
CFR-441-008	Nurse-midwife services — independent agreements	42 CFR 441.21	agency	FIXED — One-time state plan specification; ongoing enrollment policy.	GOVERNING
CFR-441-009	Nurse practitioner services — state plan duties	42 CFR 441.22	agency	FIXED — One-time state plan specification; ongoing enrollment/ billing policy.	GOVERNING
CFR-441-011	Organ transplants — written coverage standards	42 CFR 441.35	agency	FIXED — One-time state plan written standards; ongoing	GOVERNING

				application to transplant coverage decisions.	
CFR-441-012	End-stage renal disease — facility approval	42 CFR 441.40	agency	EVENT- TRIGGERED — Ongoing; applies to each ESRD facility payment.	GOVERNING
CFR-441-013	EPSDT — state plan requirement	42 CFR 441.55	agency	FIXED — One- time state plan commitment; umbrella for all EPSDT rows below.	GOVERNING
CFR-441-014	EPSDT informing — within 60 days of eligibility, annually	42 CFR 441.56(a)	agency	RECURRING — Within 60 days of each new initial eligibility determination; annually thereafter for non-utilizing families.	GOVERNING · UNRESOLVED
CFR-441-015	EPSDT screening — minimum components and standards	42 CFR 441.56(b)	agency	RECURRING — Each requested/ per-schedule screening; standards set in consultation with recognized organizations.	GOVERNING · UNRESOLVED
CFR-441-016	EPSDT diagnosis and treatment — even if not in state plan	42 CFR 441.56(c)	agency	EVENT- TRIGGERED — Each screening that identifies a need; treatment must follow screening.	GOVERNING
CFR-441-017	EPSDT accountability — records and manuals	42 CFR 441.56(d)	agency	RECURRING — Records maintained continuously; manuals updated as program changes.	GOVERNING · UNRESOLVED

CFR-441-018	EPSDT timeliness — 6-month outer limit for treatment	42 CFR 441.56(e)	agency	RECURRING — Each screening request; treatment initiation generally within 6 months of the screening request.	GOVERNING · UNRESOLVED
CFR-441-019	EPSDT periodicity schedule	42 CFR 441.58	agency	RECURRING — Schedule maintained and reviewed; screenings delivered per schedule life-stages.	GOVERNING · UNRESOLVED
CFR-441-020	EPSDT screening on request; avoid duplicates	42 CFR 441.59	agency	EVENT-TRIGGERED — Each beneficiary request; check for written verification of most recent age-appropriate screening.	GOVERNING
CFR-441-021	EPSDT continuing care providers — state monitoring	42 CFR 441.60	agency	RECURRING — Ongoing monitoring per state plan methods; agreements must cover specified obligations.	GOVERNING · UNRESOLVED
CFR-441-022	EPSDT provider availability and program coordination	42 CFR 441.61	agency	RECURRING — Each screening finding needing uncovered treatment; ongoing provider network and coordination.	GOVERNING · UNRESOLVED
CFR-441-023	EPSDT transportation and scheduling assistance	42 CFR 441.62	agency	EVENT-TRIGGERED — Offer made to	GOVERNING

				each EPSDT family; provided on request.	
CFR-441-024	IMD services for 65+ — state plan requirements	42 CFR 441.101	agency	FIXED — One-time state plan commitment; umbrella for rows below.	GOVERNING
CFR-441-025	IMD 65+ — individual plan of care with reviews	42 CFR 441.102	agency	RECURRING — Initial review: 90 days after plan approval, then 30 days after payments initiated per beneficiary; quarterly continued-need determination	GOVERNING · UNRESOLVED
CFR-441-026	IMD 65+ — alternate plans of care	42 CFR 441.103	agency	EVENT-TRIGGERED — Each 65+ beneficiary who would otherwise need IMD care.	GOVERNING
CFR-441-027	Comprehensive mental health program — annual report	42 CFR 441.106	agency	RECURRING — Annual progress report due within 3 months after each fiscal year end.	GOVERNING · UNRESOLVED
CFR-441-028	Inpatient psychiatric services under 21 — general requirements	42 CFR 441.151	agency	EVENT-TRIGGERED — Each admission; ongoing certification and facility qualification.	GOVERNING
CFR-441-029	Certification of need for under-21 psychiatric services	42 CFR 441.152-441.153	agency	EVENT-TRIGGERED — At each admission; emergency admissions certified within 14 days after admission.	GOVERNING

CFR-441-030	Active treatment — plan within 14 days of admission	42 CFR 441.154	agency	EVENT-TRIGGERED — Each admission: plan developed and implemented within 14 days.	GOVERNING
CFR-441-031	Under-21 psychiatric plan of care — 30-day reviews	42 CFR 441.155	agency	RECURRING — Plan reviewed every 30 days by the 441.156 team.	GOVERNING · UNRESOLVED
CFR-441-032	Team developing the plan of care — composition	42 CFR 441.156	agency	EVENT-TRIGGERED — Each plan development and 30-day review.	GOVERNING
CFR-441-033	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	agency	RECURRING — Quarterly computation; cost data submissions per CMS schedule; records continuously.	GOVERNING · UNRESOLVED
CFR-441-034	PRTF emergency preparedness	42 CFR 441.184	agency	RECURRING — Plan/policies/communication reviewed at least every 2 years; training every 2 years; exercises twice per year.	GOVERNING · UNRESOLVED
CFR-441-035	Abortion — life-of-mother certification	42 CFR 441.203	agency	EVENT-TRIGGERED — Each abortion for which FFP is claimed.	GOVERNING
CFR-441-036	Abortion — no payment before documentation received	42 CFR 441.206	agency	EVENT-TRIGGERED — Pre-payment check on each abortion claim.	GOVERNING
CFR-441-037		42 CFR 441.208	agency		

	Abortion documentation — 3-year retention			RECURRING — 3-year retention from each certification.	GOVERNING · UNRESOLVED
CFR-441-038	Sterilization — state plan requirement	42 CFR 441.252	agency	FIXED — One-time state plan provision; umbrella for all sterilization rows below.	GOVERNING
CFR-441-039	Sterilization — 30-to-180-day waiting period; age and consent conditions	42 CFR 441.253	agency	EVENT-TRIGGERED — Each sterilization; 30-180 day window (72-hour minimum in premature-delivery/emergency-abdominal-surgery exceptions).	GOVERNING
CFR-441-040	Sterilization of mentally incompetent or institutionalized individuals — absolute FFP bar	42 CFR 441.254	agency	EVENT-TRIGGERED — Each sterilization claim; status determination before procedure.	GOVERNING
CFR-441-041	Hysterectomy — informed acknowledgment or physician certification	42 CFR 441.255	agency	EVENT-TRIGGERED — Each hysterectomy for which FFP is claimed; acknowledgment or certification obtained before payment.	GOVERNING
CFR-441-042	Sterilization/hysterectomy — documentation before payment	42 CFR 441.256	agency	EVENT-TRIGGERED — Pre-payment documentation check on each sterilization/	GOVERNING

				hysterectomy claim.	
CFR-441-043	Sterilization informed consent — required content and prohibitions	42 CFR 441.257	agency	EVENT-TRIGGERED — Each sterilization consent; applies to consent process and setting.	GOVERNING
CFR-441-044	Sterilization consent form — signatures and certifications	42 CFR 441.258	agency	EVENT-TRIGGERED — Each sterilization; all signatures and certifications dated.	GOVERNING
CFR-441-055	Incident management system assessment report — every 24 months	42 CFR 441.311(b)(1)	federal-facing state report	RECURRING — Every 24 months (reducible to every 60 months by CMS determination).	GOVERNING · UNRESOLVED
CFR-441-056	Critical incident annual report	42 CFR 441.311(b)(2)	federal-facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-057	Person-centered planning annual report	42 CFR 441.311(b)(3)	federal-facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-060	Payment adequacy annual reporting	42 CFR 441.311(e)	federal-facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-064	Community supported living arrangements — minimum protections	42 CFR 441.404	agency	FIXED — State plan assurance; ongoing provider screening and monitoring.	GOVERNING
NC-003	Medical coverage policy change procedure — 45-day publication and	N.C.G.S. §108A-54.2	agency	EVENT-TRIGGERED — At least 45 days before adoption: publish the	GOVERNING

comment; 15-day re-notice if modified

proposed policy, notify all Medicaid and NC Health Choice providers, accept comments;

Division of Health Benefits — NC Health Choice (Title XXI) — 74 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-457-001	Operate program per approved state plan; governor signature	42 CFR 457.40	agency	EVENT-TRIGGERED — Ongoing operational duty; signature required on every plan/ amendment submission	GOVERNING
CFR-457-002	State plan content as basis for FFP	42 CFR 457.50	agency	FIXED — Initial submission; updated via amendments	GOVERNING
CFR-457-003	State plan amendments — triggers and amended budget	42 CFR 457.60	agency	EVENT-TRIGGERED — As triggered by legal/ operational changes	GOVERNING
CFR-457-004	Plan amendment effective-date limits and public notice	42 CFR 457.65	federal-facing state report	EVENT-TRIGGERED — Per amendment; 60-day/90-day clocks apply	GOVERNING
CFR-457-005	State plan describes chosen program option	42 CFR 457.70	agency	FIXED — Described in state plan; updated on option change	GOVERNING
CFR-457-006	State plan describes current coverage and coordination	42 CFR 457.80	agency	FIXED — State plan content; updated as	GOVERNING

				coordination procedures change	
CFR-457-007	Outreach procedures in state plan	42 CFR 457.90	agency	FIXED — State plan content; operational outreach ongoing	GOVERNING
CFR-457-008	Enrollment assistance and plain-language information	42 CFR 457.110	agency	RECURRING — Ongoing duty to applicants/enrollees	GOVERNING · UNRESOLVED
CFR-457-009	Public involvement in program development	42 CFR 457.120	agency	RECURRING — Initial design/implementation plus ongoing public involvement	GOVERNING · UNRESOLVED
CFR-457-010	AI/AN child health assistance and cost-sharing exemption	42 CFR 457.125; 457.535	agency	FIXED — State plan procedures; exemption applied continuously	GOVERNING
CFR-457-011	Civil rights and title XI/XIX assurances	42 CFR 457.130; 457.135	agency	FIXED — Assurances in state plan	GOVERNING
CFR-457-012	State plan budget for 1-year period	42 CFR 457.140	agency	FIXED — With plan and significant amendments; also refreshed in annual report (457.750, 3-year budget)	GOVERNING
CFR-457-013	Correct practices after federal/state program reviews	42 CFR 457.200	agency	EVENT-TRIGGERED — Corrective action when review findings warrant	GOVERNING
CFR-457-014	Audit exceptions — concurrence, appeal, FFP adjustment	42 CFR 457.202	agency	RECURRING — Per audit cycle	GOVERNING · UNRESOLVED
CFR-457-015			agency		GOVERNING

	Corrective action evidence within 30 days of preliminary noncompliance notice	42 CFR 457.204		EVENT-TRIGGERED — 30-day deadline from preliminary notice	
CFR-457-016	Refund FFP for uncashed (>180 days) and voided checks	42 CFR 457.216	agency	RECURRING — End of each calendar quarter, via quarterly expenditure report	GOVERNING · UNRESOLVED
CFR-457-017	State share: funds from units of government must meet conditions	42 CFR 457.220	agency	RECURRING — Ongoing condition for claiming FFP	GOVERNING · UNRESOLVED
CFR-457-018	FFP unavailable for uncollected cost sharing and ineligible individuals	42 CFR 457.224	agency	RECURRING — Ongoing FFP condition	GOVERNING · UNRESOLVED
CFR-457-019	Fiscal policies: accounting system and record retention	42 CFR 457.226	agency	RECURRING — Ongoing; 3-year retention clock per report	GOVERNING · UNRESOLVED
CFR-457-020	Approved cost allocation plan on file	42 CFR 457.228	agency	FIXED — Keep on file; update as changed	GOVERNING
CFR-457-021	Overpayment adjustments and OIG fraud referrals	42 CFR 457.232	agency	RECURRING — Quarterly adjustment cycle; prompt OIG referrals as allegations arise	GOVERNING · UNRESOLVED
CFR-457-022	Assure audit of provider services cost records	42 CFR 457.236	agency	RECURRING — Ongoing assurance duty	GOVERNING · UNRESOLVED
CFR-457-023	Documentation of payment rates available to HHS	42 CFR 457.238	agency	EVENT-TRIGGERED — Maintain continuously; produce on request	GOVERNING
CFR-457-024		42 CFR 457.305	agency	FIXED — State plan content;	GOVERNING

	State plan describes eligibility, enrollment, and screening procedures			amended via 457.60 when changed	
CFR-457-025	Apply MAGI and household methodologies	42 CFR 457.315	agency	RECURRING — Applied at each eligibility determination/renewal	GOVERNING · UNRESOLVED
CFR-457-026	Use single streamlined application	42 CFR 457.330	agency	RECURRING — Ongoing application intake	GOVERNING · UNRESOLVED
CFR-457-027	Application notices, timeliness, coordinated notices, effective-date method	42 CFR 457.340	agency	RECURRING — Per application and renewal	GOVERNING · UNRESOLVED
CFR-457-028	12-month continuous eligibility for children	42 CFR 457.342	agency	RECURRING — 12-month continuous eligibility periods	GOVERNING · UNRESOLVED
CFR-457-029	Periodic renewal of CHIP eligibility	42 CFR 457.343	agency	RECURRING — At least every 12 months per 435.916 as cross-referenced	GOVERNING · UNRESOLVED
CFR-457-030	Prompt redetermination on changes in circumstances	42 CFR 457.344	agency	EVENT-TRIGGERED — As changes are reported or third-party data received	GOVERNING
CFR-457-031	Accept eligibility determinations/accounts from other insurance affordability programs	42 CFR 457.348	agency	RECURRING — Per transferred account	GOVERNING · UNRESOLVED
CFR-457-032	Screening and enrollment coordination (crowd-out prevention)	42 CFR 457.350	agency	RECURRING — At every application, renewal, and redetermination	GOVERNING · UNRESOLVED
CFR-457-033	Coordination with appeals entities across insurance affordability programs	42 CFR 457.351	agency	RECURRING — As cross-	GOVERNING · UNRESOLVED

				program appeals arise	
CFR-457-034	Monitor and evaluate the screening process	42 CFR 457.353	agency	RECURRING — Ongoing monitoring mechanism	GOVERNING · UNRESOLVED
CFR-457-035	Deemed newborn coverage to first birthday	42 CFR 457.360	agency	EVENT-TRIGGERED — At each qualifying birth	GOVERNING
CFR-457-036	Eligibility verification and verification plan	42 CFR 457.380	agency	RECURRING — Per determination; verification plan kept current and produced on request	GOVERNING · UNRESOLVED
CFR-457-037	State plan describes delivery methods and utilization control	42 CFR 457.490	agency	FIXED — State plan content	GOVERNING
CFR-457-038	Access and quality assurances; prior-auth decision timeframes	42 CFR 457.495	agency	RECURRING — Ongoing access/quality duty; per-request PA deadlines	GOVERNING · UNRESOLVED
CFR-457-039	Mental health and substance use disorder parity	42 CFR 457.496	agency	RECURRING — Continuous benefit-design and compliance duty	GOVERNING · UNRESOLVED
CFR-457-040	State plan cost-sharing description and compliance methods	42 CFR 457.505	agency	FIXED — State plan content	GOVERNING
CFR-457-041	State plan describes any premiums or cost-sharing charges	42 CFR 457.510; 457.515	agency	FIXED — State plan content; updated when charges change	GOVERNING
CFR-457-042	No cost sharing for well-baby/well-child services	42 CFR 457.520	agency	RECURRING — Continuous prohibition	GOVERNING · UNRESOLVED
CFR-457-043	Public schedule of cost sharing	42 CFR 457.525	agency	RECURRING — Issued at	GOVERNING · UNRESOLVED

				enrollment/ reenrollment/ application and on any revision	
CFR-457-044	Cost-sharing limits for children at or below 150% FPL	42 CFR 457.540; 457.555	agency	RECURRING — Continuous caps; amounts updated each October 1 by CPI-U medical care	GOVERNING · UNRESOLVED
CFR-457-045	5% cumulative cost-sharing maximum per family	42 CFR 457.560	agency	RECURRING — Tracked per family per eligibility period; notice at enrollment/reenrollment	GOVERNING · UNRESOLVED
CFR-457-046	Disenrollment protections for nonpayment	42 CFR 457.570	agency	RECURRING — Per disenrollment action	GOVERNING · UNRESOLVED
CFR-457-047	Conditions for allotment and Federal payment	42 CFR 457.606	agency	RECURRING — Per fiscal year allotment/payment cycle	GOVERNING · UNRESOLVED
CFR-457-048	10% limit on non-primary (admin/outreach/initiatives) expenditures	42 CFR 457.618	agency	RECURRING — Computed annually from FY quarterly reports	GOVERNING · UNRESOLVED
CFR-457-049	Enhanced FMAP rate and conditions	42 CFR 457.622	agency	RECURRING — Applied per FY payment cycle	GOVERNING · UNRESOLVED
CFR-457-050	Prevention of duplicate payments (third-party liability)	42 CFR 457.626	agency	RECURRING — Per claim/payment	GOVERNING · UNRESOLVED
CFR-457-051	Quarterly grant awards and budget requests	42 CFR 457.630	agency	RECURRING — Quarterly budget requests	GOVERNING · UNRESOLVED
CFR-457-052	Strategic objectives and performance goals in state plan	42 CFR 457.710	agency	FIXED — State plan content; reported on in	GOVERNING

				annual report (457.750)	
CFR-457-053	Data collection, records, and reporting assurance	42 CFR 457.720	agency	RECURRING — Per Secretary- specified reporting schedules	GOVERNING · UNRESOLVED
CFR-457-056	Quarterly expenditure/ statistical reports and annual unduplicated count	42 CFR 457.740	federal- facing state report	RECURRING — Quarterly within 30 days of quarter end; unduplicated annual count within 30 days of FY end	GOVERNING · UNRESOLVED
CFR-457-057	Annual report to CMS (due January 1)	42 CFR 457.750	federal- facing state report	RECURRING — Annual; due January 1 after each Federal FY	GOVERNING
CFR-457-059	Child Core Set quality measure reporting	42 CFR 457.770	agency	RECURRING — Annual per part 437 reporting cycle	GOVERNING · UNRESOLVED
CFR-457-061	Substitution-of-coverage procedures (crowd-out)	42 CFR 457.805	agency	FIXED — State plan content	GOVERNING
CFR-457-062	Premium assistance anti- substitution protections and reporting	42 CFR 457.810	agency	RECURRING — Protections described in state plan; substitution evaluated in each annual report	GOVERNING · UNRESOLVED
CFR-457-063	Proper/efficient administration and eligibility safeguards	42 CFR 457.910	agency	RECURRING — Continuous administrative duty	GOVERNING · UNRESOLVED
CFR-457-064	Fraud detection, investigation, and law enforcement referral	42 CFR 457.915; 457.925; 457.930	agency	EVENT- TRIGGERED — Continuous procedures; preliminary action within a reasonable	GOVERNING

				period per complaint/flag	
CFR-457-065	No payments to excluded providers; sanctions program integrity provisions	42 CFR 457.935	agency	RECURRING — Continuous payment-prohibition duty	GOVERNING · UNRESOLVED
CFR-457-066	Procurement assurance and open competition	42 CFR 457.940	federal-facing state report	FIXED — Assurance with initial plan or first amendment; competition duty continuous	GOVERNING
CFR-457-067	FFS entity certification, fraud awareness, and data access	42 CFR 457.950	agency	RECURRING — Per FFS contract/payment	GOVERNING · UNRESOLVED
CFR-457-068	Case record content, 3-year retention, 30-day availability	42 CFR 457.965	agency	RECURRING — Per applicant/enrollee record; 3-year retention after case closes; produce within 30 calendar days on request	GOVERNING · UNRESOLVED
CFR-457-069	Systems to verify claims where enhanced FMAP applies	42 CFR 457.980	agency	RECURRING — Continuous systems duty	GOVERNING · UNRESOLVED
CFR-457-070	Professional-advice integrity and physician incentive plan limits	42 CFR 457.985	agency	RECURRING — Per contract	GOVERNING · UNRESOLVED
CFR-457-071	Provider/supplier screening, oversight, and reporting	42 CFR 457.990	agency	RECURRING — Continuous provider screening duty	GOVERNING · UNRESOLVED
CFR-457-072	Privacy protections for enrollee records	42 CFR 457.1110	agency	RECURRING — Continuous privacy duty	GOVERNING · UNRESOLVED
CFR-457-073	Applicant/enrollee review (appeal) process with timeliness standards	42 CFR 457.1120; 457.1130; 457.1140; 457.1150;	agency	RECURRING — Per review request	GOVERNING · UNRESOLVED

457.1160;
457

CFR-457-074	Managed care contract submission and contract requirements	42 CFR 457.1201	federal-facing state report	RECURRING — Per contract; CMS review on submission	GOVERNING · UNRESOLVED
CFR-457-075	Network adequacy analysis and annual enrollee survey posting	42 CFR 457.1207; 457.1230	agency	RECURRING — Annual survey analysis and posting	GOVERNING · UNRESOLVED
CFR-457-076	Managed care quality: QAPI, accreditation, ratings, quality strategy	42 CFR 457.1240	MCO/ plan	RECURRING — Strategy drafted/ implemented and maintained; QAPI and ratings ongoing	GOVERNING · UNRESOLVED
CFR-457-077	External quality review of CHIP MCOs/PIHPs/PAHPs	42 CFR 457.1250	agency	RECURRING — Per EQR cycle	GOVERNING · UNRESOLVED
CFR-457-078	Managed care grievance and appeal system	42 CFR 457.1260	agency	RECURRING — Continuous grievance/ appeal duty	GOVERNING · UNRESOLVED

Division of Health Benefits — Provider Enrollment (NCTracks provider portal) — 32 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-442-001	State plan requirement — provider agreement standards	42 CFR 442.10	agency	FIXED — One-time state plan provision; umbrella for all Part 442 rows below.	GOVERNING
CFR-442-002	Provider agreements — certified facilities only; civil rights	42 CFR 442.12	agency	EVENT-TRIGGERED — Each provider agreement execution/ renewal; civil rights compliance continuous.	GOVERNING

CFR-442-003	Effective date of provider agreement	42 CFR 442.13	agency	EVENT-TRIGGERED — Each provider agreement.	GOVERNING
CFR-442-004	Change of ownership — automatic assignment	42 CFR 442.14	agency	EVENT-TRIGGERED — Each change of ownership.	GOVERNING
CFR-442-005	ICF/IID agreement duration and survey interval	42 CFR 442.15	agency	RECURRING — Survey at intervals no greater than 15 months; agreement continuous until Secretary determination.	GOVERNING · UNRESOLVED
CFR-442-006	Agreement as evidence of certification — FFP conditioned	42 CFR 442.30	agency	EVENT-TRIGGERED — Ongoing FFP-claiming discipline; ties to 442.42 retroactive agreements.	GOVERNING
CFR-442-007	FFP under retroactive agreement following appeal	42 CFR 442.42	agency	EVENT-TRIGGERED — Each successful appeal resulting in a retroactive agreement.	GOVERNING
CFR-442-008	Payment transparency reporting — NF and ICF/IID	42 CFR 442.43	federal-facing state report	RECURRING — Annual report to CMS, by facility.	GOVERNING · UNRESOLVED
CFR-442-009	ICF/IID survey intervals	42 CFR 442.109	agency	RECURRING — Each facility surveyed ≤15 months after prior survey; statewide average ≤12 months	GOVERNING · UNRESOLVED

				computed each FFY end.	
CFR-442-010	Certification with standard-level deficiencies	42 CFR 442.110	agency	EVENT- TRIGGERED — Each certification survey finding standard-level deficiencies.	GOVERNING
CFR-442-011	Termination of certification for immediate jeopardy	42 CFR 442.117	agency	EVENT- TRIGGERED — Immediate on immediate- jeopardy determination.	GOVERNING
CFR-442-012	Denial of payments for new admissions to ICF/ IID	42 CFR 442.118	agency	EVENT- TRIGGERED — Each instance of noncompliance triggering a new- admissions payment denial.	GOVERNING
CFR-455-006	Ownership/control disclosure at enrollment, revalidation, and ownership changes	42 CFR 455.104	bureau/ section	RECURRING — Enrollment, revalidation, and within 35 days of any ownership change	GOVERNING · UNRESOLVED
CFR-455-007	Business transaction disclosure on request	42 CFR 455.105	bureau/ section	EVENT- TRIGGERED — Provider must respond within 35 days of request	GOVERNING
CFR-455-008	Criminal conviction disclosure; OIG notification within 20 working days	42 CFR 455.106	bureau/ section	EVENT- TRIGGERED — Disclosure at agreement entry/renewal or on written request; OIG notification	GOVERNING

				within 20 working days	
CFR-455-009	Disclosure of affiliations with excluded/problematic providers	42 CFR 455.107	bureau/section	RECURRING — At initial enrollment and each revalidation; option selection made once in consultation with CMS (changeable from option 2 to option 1)	GOVERNING · UNRESOLVED
CFR-455-010	Independent certified audit of DSH payments	42 CFR 455.304	federal-facing state report	RECURRING — Audit completed by last day of the FFY ending 3 years after the rate year; report to CMS within 90 days of completion	GOVERNING
CFR-455-011	Enrollment and screening of all providers; ordering/referring provider enrollment	42 CFR 455.410	bureau/section	RECURRING — Continuous; every enrolled provider screened under Subpart E	GOVERNING · UNRESOLVED
CFR-455-012	Verification of provider licenses	42 CFR 455.412	bureau/section	RECURRING — Verified at initial screening and each revalidation	GOVERNING · UNRESOLVED
CFR-455-013	Revalidation of enrollment at least every 5 years	42 CFR 455.414	bureau/section	RECURRING — Federal floor: revalidate every provider at least every 5 years. NC's published cycle sits at	GOVERNING · UNRESOLVED

the floor: each
actively
enrolled
provider r

CFR-455-014	Mandatory termination/ denial triggers	42 CFR 455.416 (with 455.417)	bureau/ section	EVENT- TRIGGERED — Apply triggers as events occur; 30-day fingerprint clock; termination- database periods tracked per 455.417	GOVERNING
CFR-455-015	Reactivation requires re- screening and application fee	42 CFR 455.420	bureau/ section	EVENT- TRIGGERED — Each reactivation after deactivation	GOVERNING
CFR-455-016	Appeal rights before termination/denial	42 CFR 455.422	bureau/ section	EVENT- TRIGGERED — With each termination/ denial under 455.416	GOVERNING
CFR-455-017	Pre- and post-enrollment site visits; unannounced inspections	42 CFR 455.432	bureau/ section	RECURRING — Pre- enrollment and post- enrollment visits for moderate/high- risk providers; unannounced inspection right at all enrolled locations	GOVERNING · UNRESOLVED
CFR-455-018	Criminal background checks and fingerprinting	42 CFR 455.434	bureau/ section	EVENT- TRIGGERED — Consent at enrollment; fingerprints within 30 days	GOVERNING

				of CMS/State request	
CFR-455-019	Federal database checks — including monthly LEIE/EPLS	42 CFR 455.436	bureau/ section	RECURRING — Monthly LEIE/ SAM(EPLS) exclusion checks of all providers/ owners/agents/ managing employees per 455.436(c)(2); full database check at enroll	GOVERNING · UNRESOLVED
CFR-455-020	NPI of ordering/referring professional on claims	42 CFR 455.440	bureau/ section	EVENT- TRIGGERED — Every claim for ordered/ referred items or services	GOVERNING
CFR-455-021	Risk-based screening levels (limited/moderate/ high)	42 CFR 455.450 (with 455.452)	bureau/ section	RECURRING — Every initial, new-location, re-enrollment, and revalidation application screened at assigned risk level	GOVERNING · UNRESOLVED
CFR-455-022	Provider application fee collection	42 CFR 455.460	bureau/ section	EVENT- TRIGGERED — Fee collected before executing each new or re- enrolling provider agreement (subject to exceptions); excess over program cost returne	GOVERNING
CFR-455-023	Temporary moratoria on enrollment	42 CFR 455.470	bureau/ section	EVENT- TRIGGERED —	GOVERNING

				Initial 6-month periods, extendable in 6-month increments with written necessity documentation	
NC-004	Provider reverification (revalidation) — five-year cycle; monthly reverification due-date report	NCTracks Provider Recredentialing pages; NC Medicaid reverif	agency	RECURRING — Each actively enrolled provider reverifies at least every 5 years through NCTracks; notifications begin 70 days before the due date; the A	GOVERNING · UNRESOLVED
NC-005	Provider enrollment and recredentialing application fee	N.C.G.S. §108C-2.1(a)-(b) (as quoted in the NCTracks recrede	provider	EVENT-TRIGGERED — Application fee equal to the federally required amount plus \$100, charged at enrollment and again at recredentialing every five year	GOVERNING

Division of Health Benefits — Office of Compliance and Program Integrity (OCPI) — 27 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-041	MEQC pilot (off-year eligibility quality control)	42 CFR 431.806, 431.810, 431.812, 431.814, 431.816, 431.818,	federal-facing state report	RECURRING — biennial cycle: planning doc by Nov 1; review period Jan 1-Dec 31; findings and corrective	GOVERNING · UNRESOLVED

				action report by Aug 1	
CFR-431-042	Medicaid quality control claims processing assessment system	42 CFR 431.830, 431.832, 431.834, 431.836	agency	RECURRING — monthly reports; 6- month summary within 3 months of sample completion	GOVERNING · UNRESOLVED
CFR-431-043	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.101	federal- facing state report	RECURRING — quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	GOVERNING · UNRESOLVED
CFR-455-001	Fraud detection/ investigation program; HHS reporting	42 CFR 455.13- 455.17	agency	RECURRING — Preliminary investigation for each complaint; full investigation when warranted; HHS reporting at intervals prescribed in CMS instructions	GOVERNING · UNRESOLVED
CFR-455-002	Provider fraud certification statements on claims	42 CFR 455.18- 455.19	agency	EVENT- TRIGGERED — Every claim form or payment check carries the certification	GOVERNING
CFR-455-003	Beneficiary verification that services were received	42 CFR 455.20	agency	RECURRING — Continuous verification program	GOVERNING · UNRESOLVED
CFR-455-004	Cooperation with State Medicaid fraud control unit	42 CFR 455.21	agency	RECURRING — Referrals as	GOVERNING · UNRESOLVED

cases arise;
MFCU
agreement
reviewed/
updated at
least every 5
years

CFR-455-005	Suspension of payments on credible allegation of fraud	42 CFR 455.23	agency	EVENT-TRIGGERED — Suspend on credible allegation; quarterly law-enforcement continuation certifications; annual Secretary report; 5-year document rete	GOVERNING
CFR-455-024	Medicaid Recovery Audit Contractor (RAC) program	42 CFR 455.502, 455.506	federal-facing state report	RECURRING — Continuous contracting, coordination, referral, and reporting operations	GOVERNING · UNRESOLVED
CFR-455-025	RAC provider appeal rights; RAC requirement exceptions	42 CFR 455.512, 455.516	federal-facing state report	RECURRING — Appeals available for each adverse RAC determination; exception requests via SPA	GOVERNING · UNRESOLVED
CFR-456-003	Interagency agreement for professional medical review	42 CFR 456.6	agency	RECURRING — Standing interagency agreement	GOVERNING · UNRESOLVED
CFR-456-006	Hospital certification/recertification of need for inpatient care	42 CFR 456.60	agency	EVENT-TRIGGERED — Certification at admission (or before payment	GOVERNING

				authorization); recertification at least every 60 days	
CFR-456-007	Hospital individual written plan of care	42 CFR 456.80, 456.181 (hospitals)	agency	EVENT- TRIGGERED — Plan established before admission or payment authorization; written report in record at admission or immediately upon completion	GOVERNING
CFR-456-008	Written UR plan required for inpatient hospital services	42 CFR 456.101- 456.145	agency	RECURRING — Written UR plan in effect continuously; at least one medical-care evaluation study in progress at all times; complete one study each calen	GOVERNING · UNRESOLVED
CFR-456-010	Written UR plan required for inpatient mental hospital services	42 CFR 456.201- 456.245	agency	RECURRING — Written UR plan in effect continuously; at least one study in progress at all times; complete one study each calendar year	GOVERNING · UNRESOLVED
CFR-456-012	Medicaid agency review of need for ICF admission; alternative-services exploration	42 CFR 456.371- 456.372	agency	EVENT- TRIGGERED — Agency admission review for each	GOVERNING

				applicant/ beneficiary	
CFR-456-013	ICF UR plan and continued stay review	42 CFR 456.401– 456.438	agency	RECURRING — Written UR plan on file continuously; continued-stay reviews with adverse-decision notice within 2 days of final decision	GOVERNING · UNRESOLVED
CFR-456-014	Under-21 inpatient psychiatric admission certification and plan of care	42 CFR 456.481– 456.482	agency	EVENT- TRIGGERED — Admission certification and plan-of-care development/review per 441.152–441.156	GOVERNING
CFR-456-015	UR plans as a condition for FFP	42 CFR 456.501	agency	RECURRING — FFP barred for services at facilities without a compliant UR plan	GOVERNING · UNRESOLVED
CFR-456-016	Waiver of UR plan requirements	42 CFR 456.505– 456.508	agency	RECURRING — Waiver application at any time; evaluation 1–2 years after grant and periodically every 1–2 years thereafter	GOVERNING · UNRESOLVED
CFR-456-017	Remote facility variances from UR time requirements	42 CFR 456.520– 456.525	agency	EVENT- TRIGGERED — Variance granted for ≤1 year; renewal	GOVERNING

				≥30 days before expiry	
CFR-456-018	Annual inspections of care in ICFs and IMDs	42 CFR 456.600–456.613	agency	RECURRING — Periodic on-site inspections; each beneficiary's care inspected at least annually; reports submitted promptly; corrective action as needed	GOVERNING · UNRESOLVED
CFR-456-019	Quarterly satisfactory showing of effective institutional UR	42 CFR 456.652, 456.654	agency	RECURRING — Satisfactory showing each quarter, postmarked/ received within 30 days after quarter close (45 days with good cause)	GOVERNING · UNRESOLVED
CFR-456-023	DUR educational outreach program	42 CFR 456.711	agency	RECURRING — Continuous educational outreach driven by DUR Board data	GOVERNING · UNRESOLVED
CFR-456-024	Annual DUR report to CMS	42 CFR 456.712	federal-facing state report	RECURRING — DUR Board report to agency annually; agency report to Secretary annually	GOVERNING · UNRESOLVED
CFR-456-025	State DUR Board establishment and functions	42 CFR 456.716	agency	RECURRING — Standing board; continuous	GOVERNING · UNRESOLVED

				operational oversight	
CFR-456-026	Electronic claims management system (optional point-of-sale)	42 CFR 456.722, 456.725	agency	FIXED — At State option; must meet procurement/functional requirements for FFP	GOVERNING

Division of Health Benefits — Quality Management and Improvement — 12 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-437-001	Annual Child, Adult, and Health Home Core Set reporting	42 CFR 437.15(a)	agency	RECURRING — Annual by December 31 (2024 Core Sets by 2024-12-31)	GOVERNING
CFR-437-002	Stratified Core Set reporting (race, ethnicity, sex, age, rural/urban, disability, language)	42 CFR 437.10(d)	agency	RECURRING — Annual; 25% stratification in reporting years 3–4 (2026–2027), 100% from year 5 (2028 reporting year)	GOVERNING · UNRESOLVED
CFR-437-003	Exemption request for Core Set population reporting	42 CFR 437.15(a)(6)	agency	EVENT-TRIGGERED — Optional request; due September 1 of the applicable reporting year	GOVERNING
CFR-437-004	State plan provisions on Core Set reporting and health home provider reporting	42 CFR 437.20(a)	agency	FIXED — One-time state plan amendment obligation; revisit whenever	GOVERNING

				health home SPA status changes	
CFR-456-001	Statewide surveillance and utilization control program	42 CFR 456.2–456.4	agency	RECURRING — Continuous operation; corrective action as monitoring identifies deficiencies	GOVERNING · UNRESOLVED
CFR-456-002	Written criteria for evaluating appropriateness and quality	42 CFR 456.5	agency	RECURRING — Criteria established and used continuously	GOVERNING · UNRESOLVED
CFR-456-004	Sample-basis evaluation of services	42 CFR 456.22	agency	RECURRING — Ongoing sample-basis evaluation	GOVERNING · UNRESOLVED
CFR-456-005	Post-payment review process with utilization profiles	42 CFR 456.23	agency	RECURRING — Continuous post-payment review operation	GOVERNING · UNRESOLVED
CFR-456-009	Mental hospital certification, evaluations, and plan of care	42 CFR 456.160, 456.170, 456.180, 456.181	agency	EVENT-TRIGGERED — Certification at admission (or before payment authorization); recertification at least every 60 days; evaluations before admission	GOVERNING
CFR-456-011	ICF certification, evaluations, and plan of care	42 CFR 456.360, 456.370, 456.380, 456.381	agency	EVENT-TRIGGERED — Certification at admission (or before payment authorization);	GOVERNING

recertification
at least every
12 months in
ICF/IID, every
60 days in

NC-010	External Quality Review — annual EQR Technical Report (EQRO: HSAG)	Quality Management and Improvement page (EQR Technical Repor	agency	RECURRING — Annual program-wide EQR Technical Report across all PHPs, produced by the EQRO (Health Services Advisory Group, Inc.) and published by the	GOVERNING · UNRESOLVED
NC-012	Medicaid Managed Care Quality Strategy — maintenance, and the Annual Quality Report against it	NC Medicaid Managed Care Quality Strategy (first published 2	agency	RECURRING — The Quality Strategy is a maintained division document (2018; updated 2023); the Annual Quality Report assesses performance against its ai	GOVERNING · UNRESOLVED

Division of Health Benefits — Pharmacy (Pharmacy Benefit Administrator for NC Medicaid Direct) — 15 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-441-010	FFP prohibition — certain prescribed drugs (DESI)	42 CFR 441.25	agency	EVENT-TRIGGERED — Every drug FFP claim; ongoing formulary/pharmacy claim controls.	GOVERNING

CFR-447-016	Preferred-drug override process	42 CFR 447.53	agency	FIXED — process in place; used as needed	GOVERNING
CFR-447-057	Remit Federal share of increased rebate savings	42 CFR 447.509	agency	RECURRING — with rebate collections / CMS-64	GOVERNING · UNRESOLVED
CFR-447-059	Submit quarterly drug utilization data to CMS	42 CFR 447.511	federal-facing state report	RECURRING — quarterly, within 60 days of rebate period end	GOVERNING · UNRESOLVED
CFR-447-060	Report MCO drug utilization separately	42 CFR 447.511	agency	RECURRING — quarterly, with utilization submissions	GOVERNING · UNRESOLVED
CFR-447-061	Certify drug data submissions	42 CFR 447.511	agency	RECURRING — with each quarterly submission	GOVERNING · UNRESOLVED
CFR-447-062	Aggregate FUL and AAC-based drug payment caps	42 CFR 447.512	agency	RECURRING — claims payment; methodology in state plan	GOVERNING · UNRESOLVED
CFR-447-064	Apply drug upper limits to facility and capitation settings	42 CFR 447.516	agency	RECURRING — claims/ capitation payment	GOVERNING · UNRESOLVED
CFR-447-065	Annual/triennial drug payment findings and assurances	42 CFR 447.518	agency	RECURRING — annual (multiple source) / triennial (other drugs) / with significant changes	GOVERNING · UNRESOLVED
CFR-447-066	Cost-based data for drug reimbursement changes	42 CFR 447.518	federal-facing state report	EVENT-TRIGGERED — with each drug reimbursement methodology change	GOVERNING

CFR-447-067	Annual VBP supplemental-rebate data (if participating)	42 CFR 447.518	agency	RECURRING — annually within 60 days of year end	GOVERNING · UNRESOLVED
CFR-447-068	NDC coding for physician-administered drugs; invoice rebates	42 CFR 447.520	agency	RECURRING — claims coding; rebate invoicing	GOVERNING · UNRESOLVED
CFR-456-020	Outpatient drug use review program (prospective + retrospective + education)	42 CFR 456.703	agency	RECURRING — Continuous DUR operation; predetermined standards publicly available and tested against claims data before adoption	GOVERNING · UNRESOLVED
CFR-456-021	Prospective drug review at point of sale	42 CFR 456.705	agency	EVENT-TRIGGERED — Point-of-sale/distribution review before each prescription is filled or delivered	GOVERNING
CFR-456-022	Retrospective drug use review (quarterly claims analysis)	42 CFR 456.709	agency	RECURRING — Claims-data examination no less frequently than quarterly	GOVERNING · UNRESOLVED

Division of Health Benefits — Third Party Recovery / Third Party Liability — 7 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-433-003	Liens and estate recovery	42 CFR 433.36	agency	RECURRING — continuous procedures; hearing opportunity before	GOVERNING · UNRESOLVED

				any institutionalization-based lien determination	
CFR-433-013	Third-party liability identification (data exchanges, trauma edits, action plan)	42 CFR 433.137, 433.138	agency	RECURRING — data exchanges and trauma edits on a routine/timely basis (frequency in State plan); 45-day follow-up on wage data; 60-day follow-up on he	GOVERNING · UNRESOLVED
CFR-433-014	TPL payment of claims (cost avoidance; 100-day rule; 60-day recovery)	42 CFR 433.139	agency	RECURRING — per claim; recovery within 60 days after end of month of payment or learning of TPL	GOVERNING · UNRESOLVED
CFR-433-015	Repay Federal share of third-party collections	42 CFR 433.140	agency	EVENT-TRIGGERED — each third-party reimbursement received	GOVERNING
CFR-433-016	Assignment of rights and cooperation in pursuing third parties	42 CFR 433.145, 433.146, 433.147, 433.148	agency	RECURRING — each eligibility determination; ongoing cooperation	GOVERNING · UNRESOLVED
CFR-433-017	Cooperative agreements for third-party collections	42 CFR 433.151, 433.152	agency	FIXED — agreements maintained; IV-D terms per 433.152(b)	GOVERNING
CFR-433-018	Incentive payments and distribution of third-party collections	42 CFR 433.153, 433.154	agency	EVENT-TRIGGERED — each collection	GOVERNING

Division of Health Benefits — Waiver Operations, with the Tailored Plans (LME/MCOs) — 18 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-441-045	1915(c) waiver — health and welfare safeguards	42 CFR 441.302(a)	agency	FIXED — Waiver	GOVERNING

				application/ renewal assurance; continuous provider- standard compliance.	
CFR-441-046	1915(c) waiver — incident management system and 90% performance levels	42 CFR 441.302(a)(6)	agency	RECURRING — Continuous incident management; compliance deadlines July 9, 2027 (system) and July 9, 2029 (electronic data system); 90% performance demo	GOVERNING
CFR-441-047	1915(c) waiver — financial accountability and independent audit	42 CFR 441.302(b)	agency	RECURRING — Independent audit per CMS schedule; financial records maintained continuously.	GOVERNING · UNRESOLVED
CFR-441-048	1915(c) waiver — level-of-care evaluation and choice of alternatives	42 CFR 441.302(c)-(d)	agency	RECURRING — Initial evaluation when need indicated; reevaluation at least annually; informed choice at each determination.	GOVERNING · UNRESOLVED
CFR-441-049	1915(c) waiver — cost neutrality (average and actual)	42 CFR 441.302(e)-(f)	agency	RECURRING — Annual estimates covering each waiver year; actuals reconciled per	GOVERNING · UNRESOLVED

				year of the waiver period.	
CFR-441-050	1915(c) waiver — payment adequacy: 80% direct-care compensation	42 CFR 441.302(k)	agency	RECURRING — Annual demonstration; compliance deadline July 9, 2030.	GOVERNING
CFR-441-051	1915(c) waiver — supporting documentation	42 CFR 441.303	agency	FIXED — Each waiver application/renewal; bundled-service cost tracking ongoing.	GOVERNING
CFR-441-052	1915(c) waiver — duration and renewal	42 CFR 441.304	agency	RECURRING — Initial 3-year period; renewals every 5 years; amendments per event.	GOVERNING · UNRESOLVED
CFR-441-053	1915(c) waiver termination — 30-day notices	42 CFR 441.307	agency	EVENT-TRIGGERED — 30 days before termination of services; beneficiary notice per 431.210.	GOVERNING
CFR-441-054	1915(c) waiver — limits on FFP	42 CFR 441.310	agency	EVENT-TRIGGERED — Ongoing FFP-claiming discipline; facility compliance periods.	GOVERNING
CFR-441-058	HCBS Quality Measure Set — biennial reporting and performance targets	42 CFR 441.311(c), 441.312	agency	RECURRING — Every other year; performance targets with quality	GOVERNING · UNRESOLVED

				improvement strategies.	
CFR-441-059	HCBS access reporting — waiting lists and service access	42 CFR 441.311(d)	federal-facing state report	RECURRING — Annually to CMS.	GOVERNING · UNRESOLVED
CFR-441-061	HCBS website transparency	42 CFR 441.313	agency	RECURRING — Website live from July 9, 2027; functionality/timeliness verified quarterly.	GOVERNING · UNRESOLVED
CFR-441-062	Aged HCBS waiver (subpart H) — state assurances	42 CFR 441.352	agency	FIXED — Each subpart H waiver request/renewal.	GOVERNING
CFR-441-063	Aged HCBS waiver — periodic evaluation and agency response	42 CFR 441.365	agency	RECURRING — Periodic reviews; results within 1 month, immediately on life/health threats; immediate agency response procedures.	GOVERNING · UNRESOLVED
CFR-441-065	Self-directed personal assistance (1915(j)) — assurances, QA, risk management	42 CFR 441.464, 441.474, 441.476	agency	FIXED — State plan election; QA plan and risk methods maintained continuously.	GOVERNING
CFR-441-066	Community First Choice (1915(k)) — statewideness, assessment, support, QA	42 CFR 441.515, 441.535, 441.555, 441.585	agency	RECURRING — Statewide availability continuous; face-to-face assessment per enrollment; support system per	GOVERNING · UNRESOLVED

				model; QA system continuous.	
CFR-441-067	State plan HCBS (1915(i)) — needs-based criteria and administration	42 CFR 441.715, 441.745	agency	FIXED — State plan election; needs-based criteria applied per eligibility determination.	GOVERNING

Eligibility — county departments of social services (state-supervised), NC FAST — 38 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-435-001	State plan must implement Part 435 and specify covered groups	42 CFR 435.10	agency	FIXED — Upon state plan amendment (SPA); maintained continuously thereafter	GOVERNING
CFR-435-002	Emergency services for certain aliens	42 CFR 435.139, 435.350	agency	EVENT-TRIGGERED — Upon application by an ineligible-for-full-benefits alien	GOVERNING
CFR-435-003	Mandatory coverage: IV-E children and former foster care children to age 26	42 CFR 435.145, 435.150	agency	RECURRING — Ongoing — applies at every eligibility determination for these populations	GOVERNING · UNRESOLVED
CFR-435-004	Extended postpartum coverage and continuous eligibility for hospitalized children	42 CFR 435.170, 435.172	agency	EVENT-TRIGGERED — Triggered by pregnancy end or hospitalization of a 435.118 child	GOVERNING
CFR-435-005	State residency rules, prohibitions, and interstate agreements	42 CFR 435.403	agency	RECURRING — Applied at application,	GOVERNING · UNRESOLVED

				renewal, and whenever residency is questioned	
CFR-435-006	Applicant's choice of eligibility category	42 CFR 435.404	agency	EVENT- TRIGGERED — At application/ determination when multiple categories apply	GOVERNING
CFR-435-007	Citizenship and immigration status verification; reasonable opportunity period	42 CFR 435.406, 435.407, 435.956	agency	RECURRING — At application, at each renewal (no citizenship re- verification), and whenever status changes	GOVERNING · UNRESOLVED
CFR-435-008	Blindness and disability determinations; SSA determination binding	42 CFR 435.531, 435.541	agency	RECURRING — At application for disability- based eligibility; periodic reexaminations per review-team schedule and 435.916 renewals	GOVERNING · UNRESOLVED
CFR-435-009	Financial eligibility methodologies; deeming; less-restrictive options in State plan	42 CFR 435.601, 435.602, 435.631	agency	FIXED — State plan specifies methodologies; applied continuously at determinations	GOVERNING
CFR-435-010	MAGI household income methodologies	42 CFR 435.603	agency	RECURRING — Every MAGI determination and renewal	GOVERNING · UNRESOLVED
CFR-435-011	Assignment of rights to benefits and cooperation with third-party liability	42 CFR 435.610	agency	RECURRING — At application and ongoing as a condition of eligibility	GOVERNING · UNRESOLVED
CFR-435-012	Special income level for institutionalized individuals (300% rule)	42 CFR 435.622, 435.1005	agency	RECURRING — Applied for each institutionalized individual under	GOVERNING · UNRESOLVED

				the option; effective with 30-day institutional periods	
CFR-435-013	Protected Medicaid eligibility for individuals eligible in December 1973 (OASDI COLA disregard)	42 CFR 435.640	agency	RECURRING — At each eligibility determination for the protected December-1973 cohorts	GOVERNING · UNRESOLVED
CFR-435-014	Post-eligibility treatment of income (patient income applied to cost of care)	42 CFR 435.725, 435.726, 435.733, 435.735, 435.832	agency	RECURRING — Monthly, for every institutionalized/ HCBS beneficiary with income	GOVERNING · UNRESOLVED
CFR-435-015	Administration: consistency, simplicity, local-agency oversight, outstation locations	42 CFR 435.901, 435.902, 435.903, 435.904	agency	RECURRING — Continuous administration; outstation intake during regular office hours	GOVERNING · UNRESOLVED
CFR-435-016	Program information availability/accessibility and opportunity to apply	42 CFR 435.905, 435.906	agency	RECURRING — Continuous; information furnished on request and at application	GOVERNING · UNRESOLVED
CFR-435-017	Application acceptance: multi-channel, single streamlined application, info-request rules	42 CFR 435.907	agency	RECURRING — Every application; 15-day info requests; 90-day post-denial reconsideration window	GOVERNING · UNRESOLVED
CFR-435-018	Assistance with application and renewal; certified application counselors	42 CFR 435.908	agency	RECURRING — Continuous availability of assistance across in-person, phone, and online channels	GOVERNING · UNRESOLVED

CFR-435-019	Automatic Medicaid entitlement following SSI/ other-program determinations	42 CFR 435.909	agency	EVENT- TRIGGERED — Triggered by SSI/supplement receipt; automatic enrollment without separate application	GOVERNING
CFR-435-020	Social Security numbers: collection, verification, and redetermination review	42 CFR 435.910, 435.920	agency	RECURRING — At application and at each redetermination (case-record SSN review)	GOVERNING · UNRESOLVED
CFR-435-021	Eligibility determination hierarchy and LIS leads data as MSP applications	42 CFR 435.911	agency	RECURRING — Every determination; LIS leads processed on receipt from SSA	GOVERNING · UNRESOLVED
CFR-435-022	Timeliness and performance standards for determinations and redeterminations	42 CFR 435.912	agency	RECURRING — 45/90-day application processing; renewal by end of eligibility period; 30/60-day change redeterminations	GOVERNING · UNRESOLVED
CFR-435-023	Case documentation, disposition of applications, and retroactive eligibility	42 CFR 435.914, 435.915	agency	RECURRING — Every application/ renewal; up-to-3-month retroactive eligibility on qualifying applications	GOVERNING · UNRESOLVED
CFR-435-024	Regularly scheduled renewals: 12-month cycle, ex parte first, pre-populated forms, 90-day reconsideration	42 CFR 435.916	agency	RECURRING — Renewals at least every 12 months; 30-day response window; 90-day post-termination	GOVERNING · UNRESOLVED

				reconsideration period	
CFR-435-025	Eligibility notices: content, accessibility, and electronic-notice rules	42 CFR 435.917, 435.918	agency	RECURRING — With every eligibility determination; electronic notices posted within 1 business day	GOVERNING · UNRESOLVED
CFR-435-026	Changes in circumstances: redetermination, response times, 90-day reconsideration, address procedures	42 CFR 435.919	agency	EVENT- TRIGGERED — On reported or third-party change information; continuous address-data ingestion; 30-day response and 90- day reconsideration windows	GOVERNING
CFR-435-027	Authorized representatives	42 CFR 435.923	agency	RECURRING — At application, renewal, and any time a designation is made or changed	GOVERNING · UNRESOLVED
CFR-435-028	12-month continuous eligibility for children	42 CFR 435.926	agency	RECURRING — 12-month continuous eligibility periods for all enrolled children under 19	GOVERNING · UNRESOLVED
CFR-435-029	PHE-unwinding redetermination data reporting and FMAP reduction for non- reporting	42 CFR 435.927, 435.928	federal- facing state report	FIXED — Reporting window April 1, 2023-June 30, 2024; T-MSIS data monthly by last day of subsequent month	GOVERNING
CFR-435-030			agency		

	Furnishing Medicaid promptly and continuously; 24/7 emergency-care assistance	42 CFR 435.930		RECURRING — Continuous service-delivery obligation	GOVERNING · UNRESOLVED
CFR-435-031	Income and eligibility verification system: data sources, electronic service, reasonable compatibility	42 CFR 435.945, 435.948, 435.949, 435.952	agency	RECURRING — Every determination/renewal; continuous data-matching operations	GOVERNING · UNRESOLVED
CFR-435-032	Standardized formats for furnishing/obtaining verification data	42 CFR 435.960	agency	RECURRING — Continuous data-format maintenance for all applicant/beneficiary records	GOVERNING · UNRESOLVED
CFR-435-033	Prompt redetermination on SSA SSI-ineligibility notices; FFP time limits	42 CFR 435.1003	agency	EVENT-TRIGGERED — On each SSA SSI-termination notice; FFP limited to month-end or following-month-end	GOVERNING
CFR-435-034	FFP conditioned on citizenship/immigration verification	42 CFR 435.1008	agency	RECURRING — Applies to every claim; verification must precede or accompany FFP	GOVERNING · UNRESOLVED
CFR-435-035	FFP exclusion: inmates of public institutions and IMD patients	42 CFR 435.1009, 435.1010	agency	RECURRING — Applied claim-by-claim based on institutional status each month	GOVERNING · UNRESOLVED
CFR-435-036	Presumptive eligibility: furnish coverage during PE periods; hospital PE determinations	42 CFR 435.1102, 435.1103, 435.1110, 435.1002(c)	agency	EVENT-TRIGGERED — On each qualified-entity/hospital PE determination; hospital performance	GOVERNING

				monitored periodically	
CFR-435-037	Coordinated eligibility and enrollment with the Exchange and other insurance affordability programs	42 CFR 435.1200	agency	RECURRING — Continuous account-transfer and coordination operations with the Exchange/CHIP/other programs	GOVERNING · UNRESOLVED
CFR-435-038	Medically needy program: income/resource standards, spend-down, post-eligibility (if elected)	42 CFR 435.301, 435.811, 435.814, 435.831, 435.832, 435.840,	agency	RECURRING — Every medically needy determination; budget periods of ≤6 months	GOVERNING · UNRESOLVED

Systems — NCTracks (GDIT, fiscal agent) under the Division of Health Benefits — 13 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-013	Patient Access API (beneficiary data access)	42 CFR 431.60	federal-facing state report	RECURRING — continuous API operation with 1-business-day data timelines; annual CMS metrics report due March 31 beginning 2026	GOVERNING · UNRESOLVED
CFR-431-014	Provider Access API and Payer-to-Payer data exchange	42 CFR 431.61	federal-facing state report	EVENT-TRIGGERED — compliance date January 1, 2027; extension/exemption requests in annual APD before	GOVERNING

				compliance date	
CFR-431-015	Provider directory API	42 CFR 431.70	agency	RECURRING — continuous; directory refreshed within 30 calendar days of receipt	GOVERNING · UNRESOLVED
CFR-431-016	Prior authorization — denial reasons and prior auth API	42 CFR 431.80	provider	RECURRING — specific denial reasons from Jan 1, 2026; Prior Auth API from Jan 1, 2027	GOVERNING · UNRESOLVED
CFR-457-054	Patient Access API for CHIP beneficiaries	42 CFR 457.730	agency	RECURRING — Continuous operation since 2021-01-01	GOVERNING · UNRESOLVED
CFR-457-055	Provider Access API, payer- to-payer exchange, privacy resources	42 CFR 457.731	agency	RECURRING — API live by 2027-01-01; metrics reporting from 2026; resources continuously available	GOVERNING · UNRESOLVED
CFR-457-058	Public provider directory API	42 CFR 457.760	agency	RECURRING — Continuous operation; directory updates within 30 calendar days	GOVERNING · UNRESOLVED
CFR-457-060	Prior authorization: denial reasons, PA API, public metrics	42 CFR 457.732	provider	RECURRING — Denial reasons from 2026-01-01; API by 2027-01-01; metrics posted by March 31	GOVERNING · UNRESOLVED

				annually from 2026	
CFR-162-001	Health plan must use provider NPIs on standard transactions	45 CFR 162.412	bureau/ section	RECURRING — continuous — every standard transaction	GOVERNING · UNRESOLVED
CFR-162-002	Must conduct transactions as standard transactions on request	45 CFR 162.925(a)	agency	EVENT- TRIGGERED — on trading- partner request	GOVERNING
CFR-162-003	Standard electronic health care transactions	45 CFR 162 Subparts K-R (162.1102, 162.1202, 162.1302, 162.1	agency	RECURRING — continuous — all electronic transactions	GOVERNING · UNRESOLVED
CFR-162-004	Standard medical code sets	45 CFR 162.1002 (Subpart J)	agency	RECURRING — continuous — all standard transactions	GOVERNING · UNRESOLVED
NC-006	NCTracks weekly checkwrite cycle	NCTracks Checkwrite Schedule (DHHS/DHB annual schedule PDFs,	bureau/ section	RECURRING — Weekly: claims cutoff Thursday (portal 11:59 p.m.; batch 6:00 p.m.); checkwrite normally the following Tuesday (the State approves and rel	GOVERNING

North Carolina Office of Administrative Hearings (OAH) — Medicaid State Fair Hearings — 4 entries

Entry	Obligation	Citation	Level	Cadence	Class / Anchor
CFR-431-022	NF and ICF/IID appeals (evidentiary hearing; informal reconsideration)	42 CFR 431.151, 431.152,	agency	EVENT- TRIGGERED — each	GOVERNING

		431.153, 431.154		adverse action against an NF or ICF/ IID	
CFR-431-023	Maintain fair hearing system and inform of hearing rights	42 CFR 431.202, 431.205, 431.206	agency	RECURRING — continuous hearing system; rights information at application, each adverse action, and NF transfer/ discharge or PASRR notices	GOVERNING · UNRESOLVED
CFR-431-025	Grant hearings; expedited appeals	42 CFR 431.220, 431.221, 431.222, 431.223, 431.224	agency	EVENT- TRIGGERED — each hearing request; expedited process when criteria met	GOVERNING
CFR-431-027	Hearing conduct, decision timelines, corrective action	42 CFR 431.240, 431.241, 431.242, 431.244, 431.245, 431.246	agency	EVENT- TRIGGERED — 90 days ordinarily; 7 working days for expedited eligibility/NF/ PASRR; 3 working days for expedited managed-care denials	GOVERNING

Sources

Every North Carolina source below is a public publication of the publisher named, retrieved **October 21, 2026**. Federal-layer sources for §4.6 are the program's shared federal research (the Internal Revenue Code and IRS publications, the CFR text itself, and P.L. 119-21) and are not NC sources; they are labeled where used. Commercial filing-vendor summaries were encountered in research and are not relied on for any fact in this binder.

NC Department of Health and Human Services — Department level

Source	Establishes
NCDHHS, About / Overview page (ncdhhs.gov/about/overview)	33 divisions and offices; the six service areas (one of two namings — Conflict NC-6)
NCDHHS, 2024 DHHS EEO Plan	The alternate sixth service area naming ("Health Equity")
NCDHHS, Healthy Opportunities Pilots page	HOP suspension after July 1, 2025; \$9M SFY27 restart funding; renewal negotiations (Conflict NC-10)
NCDHHS, North Carolina Financial System page (Office of Rural Health)	NCFS deployment October 10, 2023; sub-W-9 and electronic payment form requirements (Conflict NC-13)
NCDHHS, press release, Jan. 30, 2023	NC Health Choice children moving to Medicaid April 1, 2023 (Conflict NC-5)

Division of Health Benefits — NC Medicaid (medicaid.ncdhhs.gov)

Source	Establishes
DHB division page (ncdhhs.gov/divisionoffice/health-benefits-nc-medicaid)	DHB's identity and major functions
Medicaid State Plan Public Notices page	SPA 10-day postings; the still-listed Title XXI Child Health Plan (NC-002; Conflict NC-5)
Medicaid Bulletin Digests page; Bulletin renovation note	Weekly bulletin flow; the Monthly Bulletin Digest; archive to 1997 (NC-001)
Medicaid Annual Reports and Tables page	SFY annual reporting; Finance Section as published contact (NC-007)
Quality Management and Improvement page	Quality Strategy (2018; updated 2023); Annual Quality Report 2021–2023 (June 2025); EQR Technical Reports; EQRO identity (NC-010, NC-012)
Pharmacy Benefit Administrator page	PBA scope (Medicaid Direct only), pharmacy policies, rebate administration and DUR duties
Provider Enrollment page	Provider Enrollment as the published function/contact

Section 1115 Demonstration pages and the CMS approval of Dec. 10, 2024 (11-W-00313/4)	Renewal period Dec. 10, 2024 – Dec. 9, 2029 vs. requested dates (Conflict NC-3); quarterly monitoring (NC-011)
WellCare / Carolina Complete Health merger page	April 1, 2026 merger; four Standard Plans (Conflict NC-1)
Children and Families Specialty Plan page	CFSP "Healthy Blue Care Together," Dec. 1, 2025
Session Law 2023-134 §9E.20 PHP Performance Metrics report (SFY 2025, Apr. 6, 2026)	Annual PHP performance reporting; MLR publication (NC-008, NC-009)
Provider reverification reminders (blog, Oct. 1, 2026)	Reverification practice and notices (NC-004)
Fact Sheet: Managed Care Claims and Prior Authorization Submissions, Part 1	Payment routing: Medicaid Direct claims to NCTracks; managed care claims to the health plan (Gap G-05)
NC Medicaid Bulletin, Tax Identification Information (Oct. 1999)	The historical 1099-MISC statement — 1999 only (§4.2)

NCTracks (nctracks.nc.gov)

Source	Establishes
1099 FAQs — index and four sub-pages (General Receiving; Wrong Address/Deceased; Name or ID Incorrect; Reported to Other NPI)	Sender, \$600 threshold, one-per-TIN-per-payer (DHB/DPH), TIN/name mechanism, reprints, correction limits, LME exclusion (§4.2)
Announcement: 1099s to be Mailed on Jan. 20, 2026 (Dec. 30, 2025)	The 2025-cycle mailing date and delivery allowance (§4.8)
Announcements: Update on 2013 1099s; Update on 2014 1099s; 1099 Reporting/Pay-To Address (Jul. 17, 2015)	Historical mailing pattern; the 2015 TIN-level standardization (§4.2)
Announcements: CSRA Is Now GDIT (Apr. 2, 2018); DMA Is Now DHB (2018)	Fiscal-agent succession; the DMA/DHB combination of Aug. 1, 2018 (Conflicts NC-4, NC-14)
NCTracks Contact Information (updated Apr. 4, 2025)	GDIT as State contractor; the divisions NCTracks supports; Call Center 800-688-6696
Checkwrite Schedules 2025 / 2026 / 2027 (DHHS PDFs)	The weekly cycle: Thursday cutoff, Tuesday checkwrite, Wednesday EFT (NC-006)
Provider Recredentialing / Reverification pages	Five-year reverification, 70-day window, monthly Reverification Report (NC-004, NC-005)
Recipients page	Programs on NCTracks; Health Choice beneficiaries moved Apr. 1, 2023

Office of the State Controller (ncosc.gov)

Source	Establishes
Official Memorandum NCFS 26-1 (Oct. 13, 2025)	The TY2025 central process end to end: OSC transmission Jan. 30, 2026; agency printing/mailing; agency NCDOR filing; AP-022 monthly duty; corrections (\$4.3, \$4.8)
Memo: 1099 Process Changes for Tax Year 2026 (Jul. 29, 2026)	FIRE retirement in OSC's words; the end of central filing; IRIS template upload; csv by form type NEC/MISC/G (\$4.3)
Memo: Agency Steps for 1099 TCC Application (Aug. 25, 2026)	RO/AD/Contact staffing; ID.me; TCC application and DDA by Sept. 30, 2026; OSC ticket by Oct. 1, 2026; 45-day IRS approval
Statewide Policy Directory — Policies 1200.01 and 1200.02 (updated Jan. 21, 2025)	Tax compliance assignments; TIN Matching; the central-processor statement (Conflicts NC-11, NC-12)
2023 1099 Reporting Key Information	NCFS go-live Oct. 2, 2023; the NCAS→NCFS transition cycle (Conflict NC-13)
NCFS Newsletter (October 2026)	TCC completion status; supplier registration and TIN-matching gate; RPT-AP-022 validation; Dec. 31, 2026 invoice deadline
Quick Reference Guides AP-39 / AP-41 / AP-42	Printing originals and corrections; zero-dollar-invoice corrections
OSC Substitute W-9 and Instructions (hosted at ncdhhs.gov)	The vendor TIN data the State collects (\$4.3)
1099 Information Session page	The collected OSC 1099 communications, presentations, and recordings

NC Department of Revenue (ncdor.gov)

Source	Establishes
Important Notice: Updates to North Carolina Withholding Tax	G.S. §105-163.7 and Form NC-3; the no-withholding MISC/NEC waiver; the end of the automatic format-penalty waiver (\$4.5)
eNC3 Frequently Asked Questions (incl. XML FAQs)	Who files; the statement table; direct filing and the CF/SF answer; paper route; NC-3X; January 2027 IRIS XML (\$4.5)
eNC3 Penalty and Waiver Information	January 31 due date; \$50/day to \$1,000; \$200 format penalty; NC-5501 (\$4.5)
eNC3 Specifications for 1099 Reporting (Jan. 30, 2018)	Direct-filing form list; NC-1099NRS/PS/ITIN; 1099-K March 31 under G.S. §105-251.2 (Conflict NC-16)

NC Office of Administrative Hearings (oah.nc.gov)

Source	Establishes
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OAH, Medicaid Recipient Appeal Regulatory Procedures	The Subpart E hearing authority: G.S. §§ 108A-70.9A/70.9B (DHHS appeals), G.S. Chapter 108D (MCO appeals), 26 NCAC 03 .0401-.0402 (Part I §2.3 determination, incorporated October 21, 2026)
OAH, Filing a Contested Medicaid Recipient Appeal	The hearing request goes to OAH — within 30 days of the adverse decision (DHHS track); the State Fair Hearing Request on the MCO track; an Administrative Law Judge conducts the hearing (Part I §2.3)

North Carolina law

Source	Establishes
N.C.G.S. §108A-54.2	The coverage-policy procedure: 45-day publication and comment; 15-day re-notice (NC-003)
N.C.G.S. §108C-2.1	The enrollment/recredentialing fee: federal amount plus \$100 (NC-005)
N.C.G.S. §108D-65	The 88 percent PHP MLR minimum (NC-009)
Session Law 2023-134, §9E.20	The annual PHP Performance Metrics report (NC-008)
Session Law 2022-74	The Health Choice combination direction (Conflict NC-5)
N.C.G.S. §105-163.7; §105-154(b); §105-236(a)(10); §105-251.2	NC-3; the direct statement duty; the penalties; the 1099-K duplicate filing (§4.5)