AGENTIC ARMOR LLC · ATLAS

North Carolina Process Map

The flow of the work, step by step

This is the process map of the North Carolina Atlas project, standing on its own: the steps the work moves through, in order, from the federal requirement to the finished determination.

Where it comes from

It is Part 3 of the North Carolina Atlas Master Binder (October 31, 2026), extracted as a standalone document at the Founder's direction. The map's own pages are carried unchanged, word for word and figure for figure.

How to use it

The contents on the next page are clickable and carry this document's own page numbers. The map is also bookmarked in your reader, and an A to Z index stands at the back. Its companion, the Process Map Companion Guide, explains every step in plain words and stands on the same page as this document.

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Every line below is a link. Page numbers are this document's own.

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PART 3 OF 7

Process Map

13 pages

PART 3

NC-Process-Map-2026-10-31.pdf

This part holds the end to end process map of North Carolina Medicaid. The map runs lane by lane. It starts at authority and policy. It then runs through eligibility, provider enrollment, care delivery, payment, and oversight. Step numbers on the map match the step numbers in the Companion Guide that follows it. The two parts therefore travel together. The map rests on the public record read at the review of October 27, 2026, confirmed at the closeout of October 30, 2026. It names its open items on its own face. It names its seams there too, rather than drawing them as if known.

Status of record, October 31, 2026. 183 of 196 documents stand collected and reconciled. That count is 93.4 percent. The register stands fully graded. North Carolina is cured as of October 30, 2026. The two documents that closed the cure are named on the cover in full. The How this binder works section names them in full as well.

The pages that follow are the same pages as the standalone download of the same name and date.

North Carolina Medicaid · End-to-End Process Map

PROCESS MAP · COMPANION TO THE COMPANION GUIDE (STEP NUMBERS MATCH)

Document control · Title: North Carolina Medicaid · End-to-End Process Map · Date: October 31, 2026 · Edition: Second edition · Form: PDF, Letter, room left for hand markup · Status figures current as of: the cure closeout of October 30, 2026

How to read this map. Each row is one actor (a "swim lane"). Each box is one step. The number on the box is its step number in the Companion Guide, where what the step needs and what it hands on are written out. Read the steps in number order by phase: A, then B, then C, then D, then E. Phase F is quality, integrity, appeals, and federal oversight; it runs alongside every other phase and receives from all of them. Steps that rest on a record the cure pass could not close carry an open item marker (OI) where they sit. Parts the record does not cover are listed at the end as named open items and seams, and are never drawn as if known.

The program in one line. North Carolina Medicaid is administered by the Division of Health Benefits (DHB) inside the North Carolina Department of Health and Human Services (NC DHHS), the single state agency. Eligibility is determined by the 100 county departments of social services in NC FAST, under state supervision. Most care is paid through managed care: the Standard Plan prepaid health plans, the Behavioral Health and Intellectual and Developmental Disabilities Tailored Plans, and the Children and Families Specialty Plan. The rest is paid through NC Medicaid Direct, the fee for service remainder, with the EBCI Tribal Option for eligible members of the Eastern Band of Cherokee Indians. Claims and provider enrollment for the fee for service program run through NCTracks, operated by GDIT as fiscal agent. Fair hearings are conducted by the North Carolina Office of Administrative Hearings (OAH), outside the Department.

Status of record, stated plainly. North Carolina is cured as of October 30, 2026. The cure pass of October 27, 2026 graded all 501 register entries (Verified 141 · Partial 274 · GAP-DETERMINED 71 · N-A-DETERMINED 10 · Prospective 5 · Unverified 0) and dispositioned the whole document inventory. The closeout of October 30, 2026 collected the last two documents and closed the cure. The document inventory stands at 183 of 196 rows collected and reconciled, 93.4 percent, with 13 true gaps. The two documents collected at the closeout are named here and wherever status is stated in this package: **H-024**, the Section 1115 Special Terms and Conditions, and **H-035**, the CAP/DA Appendix K approval NC.0132.R07.10. Each one was read in full at its live address at medicaid.gov.

The map

Who does it (one row per actor)	A · Authority, policy, and the federal interface	B · Eligibility and choice	C · Provider enrollment and systems readiness	D · Care delivery and claims	E · Payment, finance, and recovery	F · Quality, integrity, appeals, and oversight
NC DHHS and DHB, agency level (the single state agency; obligations above any single unit)	**A1** Hold and maintain the State Plan; submit State Plan Amendments (SPAs) to CMS, with the 10 day public posting on the State Plan Public Notices page before submission (entry NC-002). **A5** Hold the Section 1115 Reform				**E1** Answer for federal financial participation: state payment, CMS-64 claiming, and the finance procedures the register asks this level to publish (OI-NC-09).	**F4** Agency side of appeals: notice content and timing before adverse action, aid paid pending appeal, and corrective action on a hearing decision, for DHHS and DHB and, for eligibility determinations, the county

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	Demonstration authority (11-W-00313/4), renewed December 10, 2024 to December 9, 2029. Healthy Opportunities Pilots authority and operations are separate facts: operations suspended after July 1, 2025 for lack of funding, with restart funding and negotiations on the same page and no restart service date established (OI-NC-14).					departments of social services.
DHB Coverage Policy function (the register label; no formal section label is published)	**A2** Make coverage policy by the North Carolina procedure of record: G.S. 108A-54.2, with 45 days publication and comment and 15 days re-notice if a policy is modified (entry NC-003). Clinical coverage policies are the working instruments of this lane.					
DHB Finance Section (the published section; contact and owner for the Annual Reports and Tables)					**E1** (shared with agency level) Run the payment and claiming cycle for the fee for service program on the NCTracks checkwrite (see D5). **E2** Rates and capitation: rate certifications for the current rating period are referenced in the record and posted nowhere (OI-NC-05). No monthly prepaid health plan capitation payment day is published in any source reached; none is drawn (OI-NC-15). **E5** Publish the fiscal reporting of record: the Medicaid Annual Report and Tables on a state fiscal year basis (entry	

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					NC-007), medical loss ratio reporting against the 88 percent statutory floor at G.S. 108D-65 (entry NC-009), and the PHP Performance Metrics report to the General Assembly (entry NC-008). **E4** Vendor payments run through NCFS, the state financial system under the State Controller, not through NCTracks; the 1099 filing design changes at tax year 2026 (see the Guide, systems).	
DHB NC Health Choice (Title XXI, CHIP)	**A4** Hold the residual Title XXI structure inside DHB. About 55,000 Health Choice children moved to NC Medicaid on April 1, 2023 under Session Law 2022-74; the State Plan Public Notices page still lists a separate NC Health Choice State Plan. Both facts print (register conflict NC-5). The binder record does not call CHIP eliminated in North Carolina.					
DHB Waivers, with the Tailored Plans	**A3** Hold the waiver authorities: Section 1915(c) Innovations and Traumatic Brain Injury (TBI) waivers served through the Tailored Plans; Community Alternatives Program (CAP) waivers, including CAP/DA, run through NC Medicaid Direct. Appendix K flexibilities operate only as approved. The CAP/DA Appendix K approval NC.0132.R07.10 is			**D2** (shared with the Tailored Plans) Waiver services deliver inside the Tailored Plan and Medicaid Direct lanes; the TBI Waiver does not operate in all geographic areas, and its operator and county framing is a named research item on the record (register conflict NC-9).		

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	document H-035 (OI-NC-02, closed at the closeout of October 30, 2026, when the approval was read in full at its live address); the state posts the R07.09 Appendix K, not this approval.					
County departments of social services, eligibility (100 counties; state supervised; NC FAST)		**B1** Take the application and determine eligibility in NC FAST, under state supervision, for the categories the federal eligibility titles and the state manuals carry. Redetermine on the cycles and events the manuals state. **B2** Record the determination in NC FAST, the eligibility system of record. The mechanism by which an NC FAST determination reaches NCTracks and the plans is not stated in the sources reached; the seam is named, not drawn (OI-NC-16).				**F4** (shared) As the determining agency for eligibility, carry the agency side notice and aid pending appeal duties at F4.
NC Medicaid Enrollment Broker, with the NC Medicaid Ombudsman		**B3** Enrollment Broker: help the beneficiary choose or change a health plan (published line 833-870-5500). The contract of record was awarded to MAXIMUS in 2018; the current contractor identity beyond that award was not established in sources reached, and the Enrollment Broker contract itself is one of the instruments the record does not hold (OI-NC-07). **B4** NC Medicaid				

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		Ombudsman: beneficiary assistance (published line 877-201-3750). Neither the Broker nor the Ombudsman is published as the Subpart E hearing authority; that authority sits at OAH (see F3).				
DHB Provider Operations (Provider Enrollment, the published function)			**C1** Hold the provider enrollment function: the named contact for provider enrollment issues and the owner of the process NCTracks executes, including screening under 42 CFR Part 455 Subpart E.			
NCTracks, operated by GDIT as fiscal agent (Systems; DHB is program owner)			**C2** Execute enrollment and reverification through the NCTracks provider portal: actively enrolled providers finish reverification at least every five years (42 CFR 455.414); notifications begin 70 days before the due date; the application fee, the federal amount plus $100 under G.S. 108C-2.1, is charged again at each five year recredentialing. **C3** Publish the Active Provider Reverification Report, refreshed monthly with twelve months of due dates (entry NC-004). **C4** Carry the interoperability duties: Patient Access API, Provider Access API, provider directory API, and payer to payer exchange documentation. The register grades the API documentation rows GAP-DETERMINED; the January	**D5** Adjudicate fee for service claims and pay on the published weekly checkwrite: claims cutoff Thursday (portal to 11:59 p.m., batch by 6:00 p.m.), checkwrite normally the following Tuesday, electronic funds transfer effective Wednesday, shifting on the published holiday and quarter and year end rule (entry NC-006).		

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			1, 2027 federal date stands on the rows (OI-NC-10).			
DHB Managed Care Oversight (oversight sits with the Deputy Secretary for NC Medicaid, by the leadership page of record)		**B5** Route each beneficiary to the delivery system their population carries: Standard Plan for most, Tailored Plan for the behavioral health and I/DD populations, Medicaid Direct for those outside managed care, and the EBCI Tribal Option for those who elect it and are eligible.		**F6** Monitor the plans: the monitoring system, network adequacy remedies, encounter data, and the external quality review contract. Executed contracts are not public for any managed care contract family (OI-NC-03); the CMS approval of the EQRO contract is a named gap on the register (CFR-438-047).		**F6** See column D: plan monitoring and remedies are this lane's standing act in every phase.
Standard Plan prepaid health plans (five of record: AmeriHealth Caritas North Carolina, Carolina Complete Health, Healthy Blue, UnitedHealthcare Community Plan, and WellCare of North Carolina)				**D1** Deliver covered services to enrolled members, administer the benefit under the Standard Plan contract, and submit encounter data. Of record is also of record's limit: on April 1, 2026 WellCare of North Carolina merged into Carolina Complete Health, and beneficiaries now choose among four Standard Plans, with Carolina Complete Health statewide (register conflict NC-1). The five names above are the plans of record for the contract family; the operating choice since April 1, 2026 is four.	**E2** (shared) Receive capitation under rates whose certifications are not posted (OI-NC-05).	
Tailored Plans, with the Children and Families Specialty Plan (four Tailored Plans of record: Alliance Health, Partners Health Management, Trillium Health Resources, and Vaya Health; three				**D2** Deliver integrated physical health, behavioral health, and long term services to about 200,000 beneficiaries with serious mental illness, severe substance use disorders, intellectual and developmental disabilities, or traumatic brain injury, including Innovations and		

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operating since October 1, 2026)				TBI waiver enrollees. Tailored Plans launched July 1, 2024. On October 1, 2026 Vaya Health and Partners Health Management merged (named Vaya Partners in the cure report), taking the operating Tailored Plans from four to three. In the same row of products: 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.		
NC Medicaid Direct and the EBCI Tribal Option				**D3** Medicaid Direct: the fee for service remainder. Beneficiaries outside managed care remain in Medicaid Direct, where Community Care of North Carolina still provides care management for much of the population, and the CAP waivers run. EBCI Tribal Option: the primary care case management entity created by the Cherokee Indian Hospital Authority, launched July 1, 2021, the first Indian managed care entity of its kind in the nation, available to eligible tribal members who elect it.		
DHB Pharmacy, with the Pharmacy Benefit Administrator (PBA)				**D4** Pharmacy for NC Medicaid Direct runs through the PBA: from May 2, 2026, Prime Therapeutics State Government Solutions LLC supports pharmacy benefit operations for Medicaid Direct, covering formulary,	**E3** (shared with TPL lane in part) Drug rebate administration sits with the PBA under DHB pharmacy policy (see D4).	

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				drug rebate administration, point of sale claims, drug utilization review, prior authorization, PHP Lock-In oversight, and reporting. DHB keeps all clinical policies and reimbursement methodologies for point of sale pharmacy, and NCTracks pharmacy functionality is to be discontinued for this purpose. Pharmacy inside the prepaid health plans runs through the plans' own arrangements; no plan pharmacy benefit manager is named in the sources reached, and none is drawn (OI-NC-11).		
DHB Quality Management and Improvement (QMI)						**F1** Hold the quality record: the Managed Care Quality Strategy, the Annual Quality Report, the External Quality Review (EQR) technical report (EQRO of record: Health Services Advisory Group, HSAG; current report 2024 to 2025, acquired in the cure pass), encounter data validation, medical loss ratio material, and Core Set reporting. The 2025 Quality Strategy is the lane's open wound: a DHB bulletin records it approved July 1, 2025 and published on this unit's page; the cure pass read that page in full and the document is not there. The strategy the record holds is the 2023 document. The item is a true gap, NL-06 (OI-NC-04).

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DHB Third Party Recovery (Third Party Liability, TPL)					**E3** Identify third party coverage, pursue recovery, and repay the federal share on the procedures the register asks this lane to publish (CFR-433-015 and CFR-433-018 stand GAP-DETERMINED). The working manuals of record are MA-2400, Third Party Liability, whose text was last reissued January 1, 2011, its currency flagged in the cure pass, and MA-2285, Estate Recovery. Recoveries run through the state's vendor arrangement; no vendor name is carried in the sources reached for this lane. OCPI carries a documented secondary TPL role on an EBCI facing document; both homes print in the register.	
DHB Office of Compliance and Program Integrity (OCPI)						**F2** Hold program integrity: fraud control, the Payment Error Rate Measurement and Medicaid Eligibility Quality Control cycles, and the control and audit duties of 42 CFR Part 456 that the register splits to this lane (the quality assessment and drug use review duties of the same Part sit with Quality and Pharmacy).
North Carolina Office of Administrative Hearings (OAH)						**F3** Conduct Medicaid state fair hearings and recipient appeals as an Administrative Law Judge hearing: authority at G.S. 108A-70.9A and 108A-70.9B (contested recipient appeals involving DHHS) and G.S. Chapter 108D (appeals involving an MCO), procedure at 26 NCAC 03 .0401 to .0402. On the DHHS track the

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						beneficiary returns the hearing request to OAH within 30 days of the adverse decision; the MCO track uses the State Fair Hearing Request. County DSS handles eligibility appeals at the first level; the Subpart E hearing function itself is homed here, on the determination of October 21, 2026. One companion instrument remains not found, a DHHS side designation of OAH, and the determination does not rest on it (OI-NC-12).
CMS, federal interface	**A6** Receive SPAs, waiver applications and renewals, and demonstration material; approve, defer, or disallow. The Section 1115 Special Terms and Conditions for the current demonstration period are document H-024, dated September 25, 2026 (OI-NC-01, closed at the closeout of October 30, 2026, when the document was read in full at its live address; the CMS demonstration page held as H-027 confirms the document).					**F5** Federal oversight of the running program: Section 1115 quarterly and annual monitoring reports (entry NC-011), EQR and quality reporting, and T-MSIS. North Carolina's own T-MSIS submission cadence was not published in sources reached (OI-NC-15).

How the steps connect

A1 and A6 are the two ends of one act: the state plan and its amendments move from the agency level to CMS and back as approvals. A2 turns federal and state authority into the coverage policies every later lane works from. A3 and A4 fix the waiver and Title XXI authorities inside which D2, D3, and B5 route people. B1 and B2 make the eligibility record; B3, B4, and B5 turn that record into an enrollment in a delivery system. C1 to C4 make the provider and systems record that D1 to D5 bill and adjudicate against: no provider is payable in the fee for service lane until C2 has enrolled them, and no claim in that lane pays except on the D5 checkwrite. E1 to E5 close the money:

capitation and fee for service payment out, rebates and third party recovery back, the federal share claimed and reported. F1 to F6 receive from every phase: F1 reads the encounters and quality data D1 to D3 produce; F2 reads the payment record E1 to E5 produce; F3 and F4 are the two halves of one appeal, the hearing at OAH and the notice and aid duties at the agency that acted; F5 carries the whole program back to CMS; F6 holds the plans to the contracts A1's lane let.

Touchpoints (named, not covered as separate maps): T1 · Provider revalidation and reverification (C2, C3): the same federal apparatus carries each plan's network provider enrollment status, and plan lanes depend on it without owning it. T2 · The 1099 productions: provider payments through NCTracks and vendor payments through NCFS each feed a tax reporting production documented in the October 21 binder set, Part II; this map carries only the payment steps (D5, E4) that feed them. T3 · The NC Medicaid Ombudsman annual report and the NEMT broker arrangement are instruments the record does not hold (OI-NC-08); the functions they would document are drawn only as far as B4 and the benefit descriptions carry them.

The operationalization layer: what each lane must produce, post, or decide for the public record to close

Register counts are the cure pass counts of October 27, 2026, confirmed unchanged at the closeout of October 30, 2026, by the register's own NC home for each lane. A lane closes when the instrument named in its third column is public; until then the open item in its fourth column is the work.

Lane (register home)	Entries and cure verdicts, October 27, 2026, confirmed October 30, 2026	What this lane must produce, post, or decide	Open items landing in this lane
Agency level, NC DHHS and DHB (AGENCY-LEVEL)	49 · Verified 26, Partial 16, GAP-DETERMINED 7	The state plan and SPA record, the deferral and disallowance procedures, and any repayment or corrective action instruments, published as they occur	OI-NC-01 (H-024, with CMS), OI-NC-09
DHB Policy (DHB-POLICY)	62 · Verified 25, Partial 23, GAP-DETERMINED 12, N-A-DETERMINED 1, Prospective 1	The clinical coverage policies in full text, the EPSDT and benefit standards the register names, and the annual reports this function files with CMS	OI-NC-09
DHB Finance (DHB-FINANCE)	74 · Verified 11, Partial 50, GAP-DETERMINED 12, N-A-DETERMINED 1	The capitation rate certifications, the CMS-64 crediting and refund procedures, the MMIS reapproval and advance planning document record, and the current DSH audit or settlement document	OI-NC-05, OI-NC-06, OI-NC-09
DHB Managed Care (DHB-MANAGED-CARE)	76 · Verified 12, Partial 58, GAP-DETERMINED 6	Executed contract instances for the Standard Plan, Tailored Plan, and Medicaid Direct PIHP families, the EQRO contract's CMS approval, network adequacy remedy plans, the fiscal agent contract's federal requirements exhibit	OI-NC-03, OI-NC-07, OI-NC-08
DHB CHIP (DHB-CHIP)	74 · Verified 19, Partial 48, GAP-DETERMINED 4, N-A-DETERMINED 3	The Title XXI audit, refund, and cost allocation instruments, and a conformed statement of the Health Choice structure after the 2023 combination	OI-NC-13 (CFR-457-046 is the register's first retest)
DHB Provider Operations (DHB-PROVIDER-OPS)	32 · Verified 14, Partial 15, GAP-DETERMINED 3	The enrollment disclosure question set carrying 42 CFR 455.107, and the independent certified DSH audit report or its audit contract deliverable	OI-NC-09
DHB OCPI (DHB-OCPI)	27 · Verified 7, Partial 16, GAP-DETERMINED 3, N-A-DETERMINED 1	Any professional review agreement, the utilization review variance record, and the quarterly satisfactory showing record, or a statement that none exists	OI-NC-09
DHB Pharmacy (DHB-PHARMACY)	15 · Verified 6, Partial 6, GAP-DETERMINED 3	The pharmacy financial procedures: rebate claiming treatment, the quarterly submission certification step, and the findings and assurances at the next significant drug payment change	OI-NC-11
DHB Quality (DHB-QUALITY)	12 · Verified 1, Partial 6, GAP-DETERMINED 5	Post the CMS approved 2025 Quality Strategy where the bulletin says it lives, and produce the Core Set submissions and the written utilization and quality review criteria	OI-NC-04
DHB TPL (DHB-TPL)			OI-NC-09

Lane (register home)	Entries and cure verdicts, October 27, 2026, confirmed October 30, 2026	What this lane must produce, post, or decide	Open items landing in this lane
	7 · Verified 1, Partial 4, GAP-DETERMINED 2	The federal share repayment procedure and the incentive payment and distribution procedure for third party collections; a current TPL manual to replace the 2011 reissue	
DHB Waivers (DHB-WAIVERS)	18 · Verified 6, Partial 2, GAP-DETERMINED 3, N-A-DETERMINED 4, Prospective 3	The Appendix K approval record for CAP/DA, the HCBS quality, access, and incident submissions as their dates arrive	OI-NC-02 (H-035)
Eligibility, county DSS and NC FAST (ELIGIBILITY-NC)	38 · Verified 12, Partial 22, GAP-DETERMINED 4	The eligibility manual statements the register names (choice of category, SSI loss redetermination), and the unwinding reporting submissions filed with the cure record	OI-NC-16
Systems, NCTracks (SYSTEMS-NCTRACKS)	13 · Verified 1, Partial 4, GAP-DETERMINED 7, Prospective 1	Publish the Patient Access, Provider Access, and directory API documentation, and the EDI companion guides and trading partner terms	OI-NC-10
OAH Hearings (OAH-HEARINGS)	4 · Partial 4	The hearing system record itself: all four Subpart E entries graded Partial, the lane with no Verified row and no gap, a standing invitation to produce the instrument that closes them	OI-NC-12

Named open items and seams · parts not covered, step by step (not drawn as if known)

- **OI-NC-01 · H-024, the Section 1115 Special Terms and Conditions.** Closed at the closeout of October 30, 2026. The document was read in full at its live address at medicaid.gov and classed MAPPED-TEXT. Lands at A5, A6.
- **OI-NC-02 · H-035, the CAP/DA Appendix K approval NC.0132.R07.10.** Closed at the closeout of October 30, 2026, like H-024. The document was read in full at its live address at medicaid.gov and classed REVIEWED-NO-CFR-CITATION-FOUND. The state posts the R07.09 Appendix K, not this approval. Lands at A3, D2, and the Waivers lane of the operationalization table.
- **OI-NC-03 · Executed managed care contracts are not public for any of the three contract families.** Standard Plan, Tailored Plan, and Medicaid Direct PIHP alike: the state posts the model instrument, the RFP or RFA form, and the amendment series; no signed executed base contract is posted for any of the three. Three of the 13 true gaps. Lands at F6, D1, D2, D3.
- **OI-NC-04 · The 2025 Quality Strategy is not where the bulletin says it is.** Approved July 1, 2025 by the bulletin's account and published, by the same account, on the Quality Management and Improvement page; read in full in the cure pass, the page carries no Quality Strategy document. True gap NL-06. The strategy of record is the 2023 document, against 42 CFR 438.340's call for a current strategy. Lands at F1.
- **OI-NC-05 · Capitation rate certifications are referenced and posted nowhere.** Named in state and association letters; no certification is public. Register actions at CFR-438-003, CFR-438-005, and CFR-447-020. Lands at E2.
- **OI-NC-06 · Directed payment preprints, including the HASP preprint, are CMS downloads only,** on the host that refuses this machine; the current DSH audit or settlement document and the standalone CMS 1915(b) approval letter are likewise not held. Lands at E2, A3.
- **OI-NC-07 · The Enrollment Broker contract is not held,** and the broker's current contractor identity beyond the 2018 MAXIMUS award was not established in sources reached. Lands at B3.

- **OI-NC-08 · The NEMT broker contract and the Ombudsman annual report are not held.** No NEMT broker is named in the sources reached for this package; none is drawn. Lands at B4, D3.
- **OI-NC-09 · The 13 true gaps and the 71 GAP-DETERMINED register rows behind the standing acquisition list,** including the NC Register rulemaking notices for 10A NCAC 22, each gap a closed, owned item on the register's face with its searches recorded, not an open search. Lands across the operationalization table.
- **OI-NC-10 · The interoperability API documentation is GAP-DETERMINED** (CFR-431-013, CFR-431-014, CFR-431-015, CFR-457-054, and the 45 CFR Part 162 companion guide rows CFR-162-001, CFR-162-002, CFR-162-004), against a January 1, 2027 federal date for the access APIs. Lands at C4.
- **OI-NC-11 · No plan pharmacy benefit manager is named in the record.** The PBA of record, Prime Therapeutics State Government Solutions LLC from May 2, 2026, serves NC Medicaid Direct only. The plans' pharmacy arrangements are drawn as the plans' own, unnamed. Lands at D4.
- **OI-NC-12 · No DHHS side designation of OAH was found** (wanted source W-17 of the October 21 build). The OAH home rests on the statute and the Administrative Code as OAH publishes them. Lands at F3.
- **OI-NC-13 · Three register qualifications ride with the cure pass, none moving a count:** CFR-457-046 (STRUCTURAL) is the first retest in the next audit rotation; the CFR-441-021 template checkbox is to be confirmed on the PDF image; the CFR-433-021 basis is rounded out with one corpus CMS-64 mention at the next registration touch. Lands at A4, and in the Guide's open items index.
- **OI-NC-14 · Authority and operations part company in two places the map keeps separate:** the Healthy Opportunities Pilots (authority renewed, operations suspended, no restart date established) and the PCS Alignment Demonstration, now in public comment through November 9, 2026, which the October 21 register predates. Neither is drawn as an operating service. Lands at A5.
- **OI-NC-15 · Cycles North Carolina does not publish:** no monthly PHP capitation payment day, and no state published T-MSIS submission cadence. A pattern observed is printed as a pattern in the Guide, never promoted to a rule on this map. Lands at E2, F5.
- **OI-NC-16 · The NC FAST handoff mechanism is not stated in the sources reached:** how a county eligibility determination reaches NCTracks and the plans (file, interface, or portal) is not described in the record this package stands on, so B2 records the determination and the seam is named here rather than drawn. Lands at B2.
- **OI-NC-17 · The cost sharing record contradicts itself, and the map does not pick a winner:** the state plan attachments carry $2 and $3 amounts of 2005 vintage; the Tailored Plan contract's Table 7 charges $4; a plan passage states managed care enrollees are not charged; and both cost sharing attachments print, verbatim, "State policy does not provide for cumulative maximums," against the aggregate limit machinery of 42 CFR 447.56. The specification rows grade Verified on structure, the conflict rides the neighboring rows, and which amount a provider charges today is an open question on the register. Lands at D1, D2, E2.

End of map. This map states the process as the record holds it on October 30, 2026. It decides nothing. North Carolina is cured as of October 30, 2026. The two documents that closed the cure, H-024 and H-035, are named above. The register figures in this package carry the cure pass date of October 27, 2026. The closing figures carry the closeout date of October 30, 2026. The Companion Guide carries the same step numbers and states what each step needs and what it hands on.

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