

CFR VISIBILITY - SAMPLE

North Carolina

The weekly visibility packet in generic form, across the whole organizational structure

Sample prepared for demonstration of the subscription edition

Sample week of October 26, 2026 - Year outlook through October 2027

North Carolina Department of Health and Human Services

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Section 1: About This Sample

This sample shows the weekly CFR Visibility packet in its generic form, built for North Carolina from public sources only: the Code of Federal Regulations, Federal Register and CMS publications, and the published organizational structure of the North Carolina Department of Health and Human Services and its Division of Health Benefits. In the subscription form, a packet of this kind is issued for each unit of a state's Medicaid agency, and for its named leadership, every week, with a week outlook, a month outlook, and a year outlook ordered by due date. This sample is the distilled agency edition: dated outlooks in full, standing obligations summarized by home. Dated obligations in the sample: week 1, month 0, year 48. Monthly duties in force: 8. Standing obligations: 473.

Dated obligations this week	1
Dated obligations in the month outlook	0
Dated obligations in the year outlook	48
Monthly duties in force	8
Standing obligations carried in Section 6	473

How the dates are stated

Dates printed as stated dates are dates given in the cited federal source. Dates projected from a stated anchor are recurring obligations whose source states the anchor day (for example, the first of January each year) rather than each year's date; the coming occurrence is shown. Obligations whose source states a rhythm but no date, and obligations that arise only when an event occurs, carry no calendar date in the source and are listed in Section 6 so that nothing is dropped for want of a date.

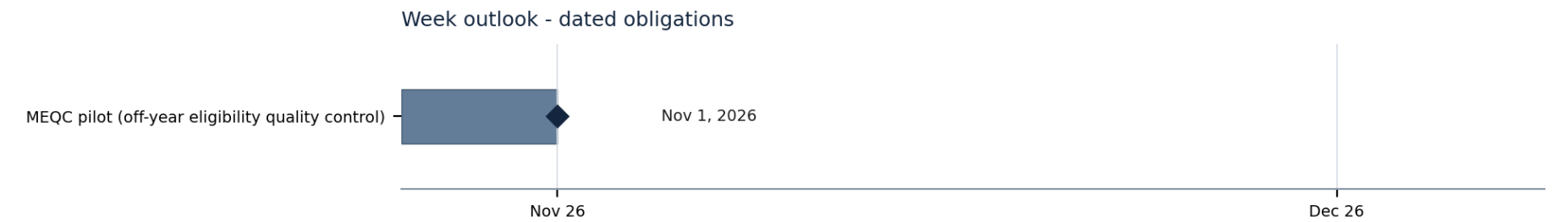
The three outlooks

Week outlook: October 26, 2026 through November 1, 2026. Month outlook: November 2, 2026 through November 30, 2026. Year outlook: December 1, 2026 through October 31, 2027. Items are ordered by due date throughout.

What a subscription carries

This sample is the agency edition: the whole structure in one packet. A subscription also issues the same week as one packet for each unit of the agency and one for each leadership seat, each carrying that audience's own cut of the same obligations. Section 7 shows one unit's cut in full, in the form its own edition takes.

Section 2: Week Outlook - October 26, 2026

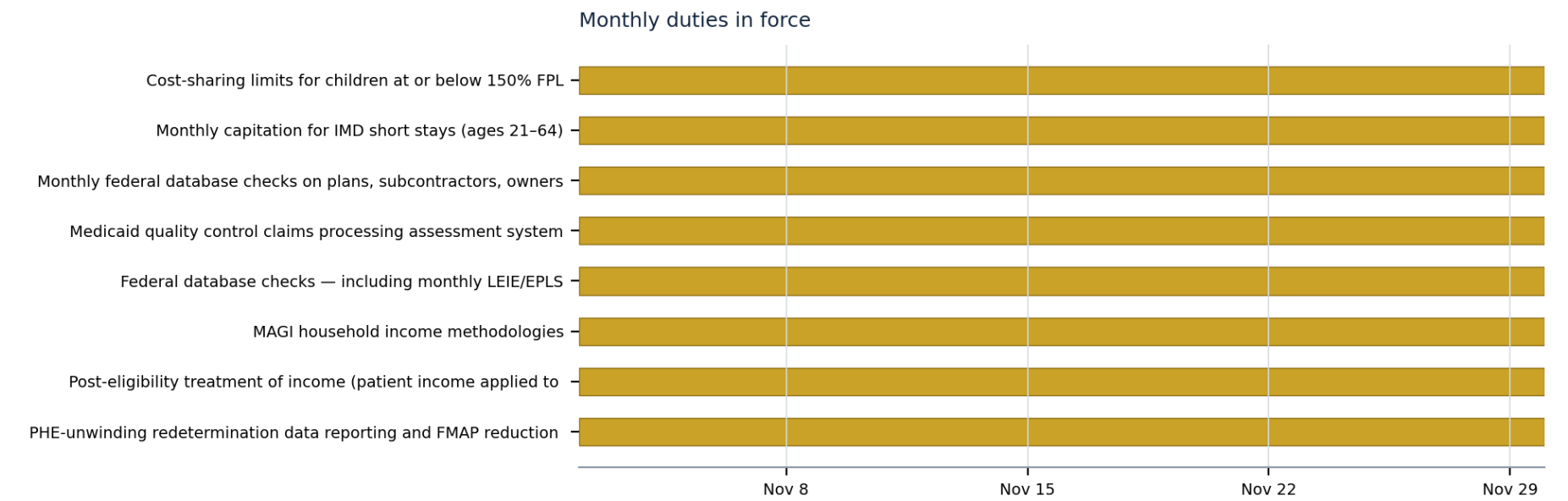


Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
November 1, 2026	MEQC pilot (off-year eligibility quality control)	42 CFR 431.806, 431.810, 431.812, 431.814, 431.816, 431.818, 431.820	Division of Health Benefits - Office of Compliance and Program Integrity	biennial cycle: planning doc by Nov 1; review period Jan 1–Dec 31; findings and corrective action report by Aug 1	-

Section 3: Month Outlook - November 2, 2026

No dated federal deadlines fall between November 2, 2026 and November 30, 2026 on the public record.

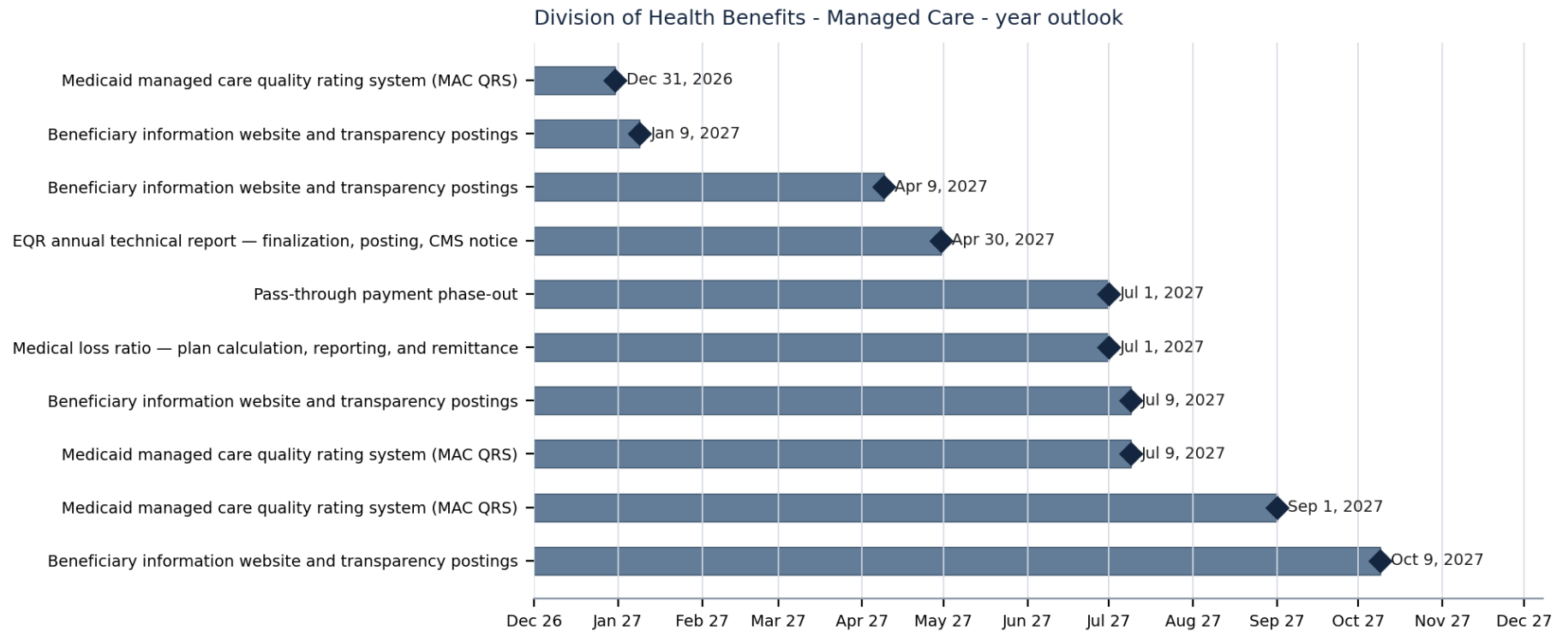
Monthly duties in force this month



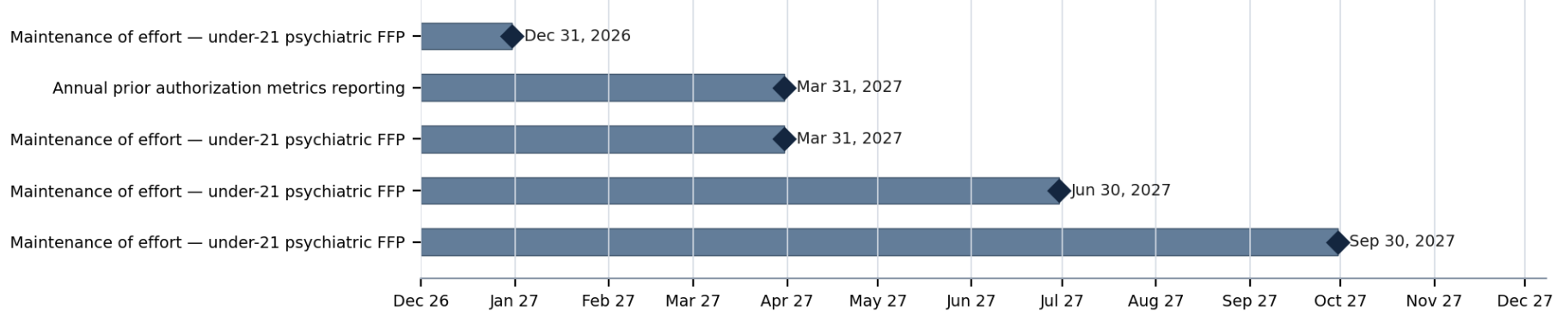
Obligation	Citation	Cadence as published
Cost-sharing limits for children at or below 150% FPL	42 CFR 457.540; 457.555	Continuous caps; amounts updated each October 1 by CPI-U medical care
Monthly capitation for IMD short stays (ages 21–64)	42 CFR 438.6(e)	Each capitation month in which an IMD stay occurs; rate-setting each rating period
Monthly federal database checks on plans, subcontractors, owners, agents	42 CFR 438.602(d)	At contracting and at least monthly thereafter
Medicaid quality control claims processing assessment system	42 CFR 431.830, 431.832, 431.834, 431.836	monthly reports; 6-month summary within 3 months of sample completion
Federal database checks — including monthly LEIE/EPLS	42 CFR 455.436	Monthly LEIE/SAM(EPLS) exclusion checks of all providers/owners/agents/managing employees per 455.436(c)(2); full database check at enrollment and reenrollment
MAGI household income methodologies	42 CFR 435.603	Every MAGI determination and renewal

Obligation	Citation	Cadence as published
Post-eligibility treatment of income (patient income applied to cost of care)	42 CFR 435.725, 435.726, 435.733, 435.735, 435.832	Monthly, for every institutionalized/HCBS beneficiary with income
PHE-unwinding redetermination data reporting and FMAP reduction for non-reporting	42 CFR 435.927, 435.928	Reporting window April 1, 2023-June 30, 2024; T-MSIS data monthly by last day of subsequent month

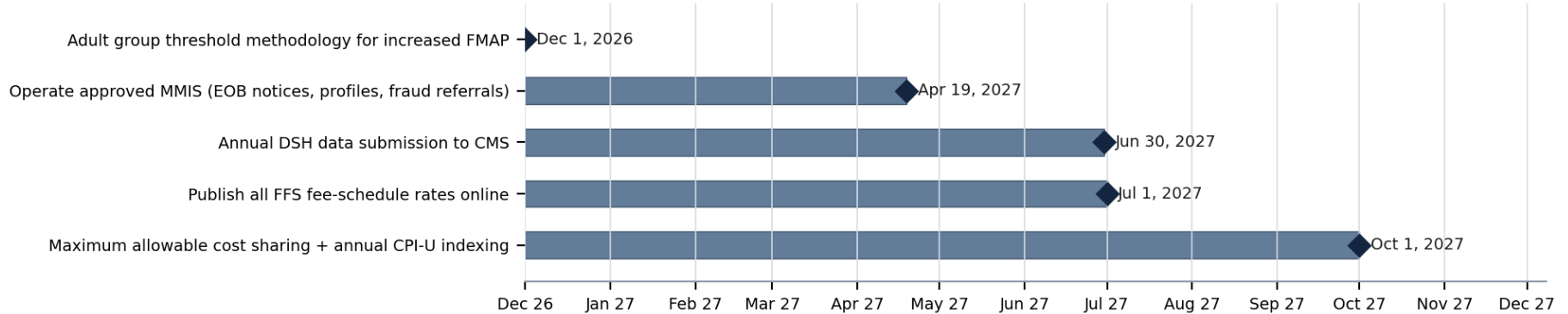
Section 4: Year Gantt by Home



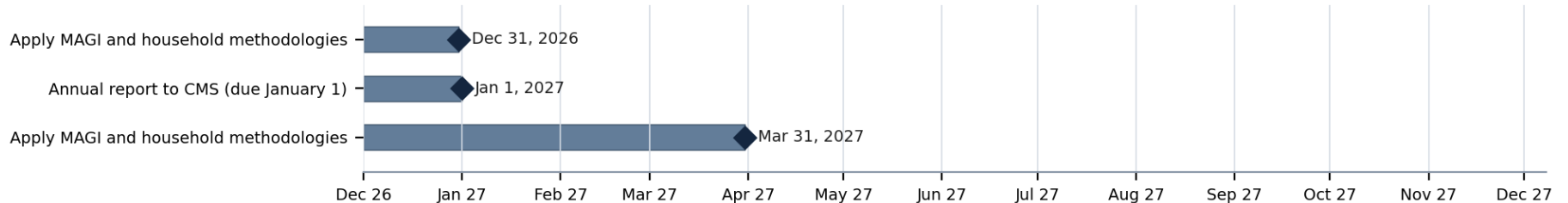
Division of Health Benefits - Policy - year outlook



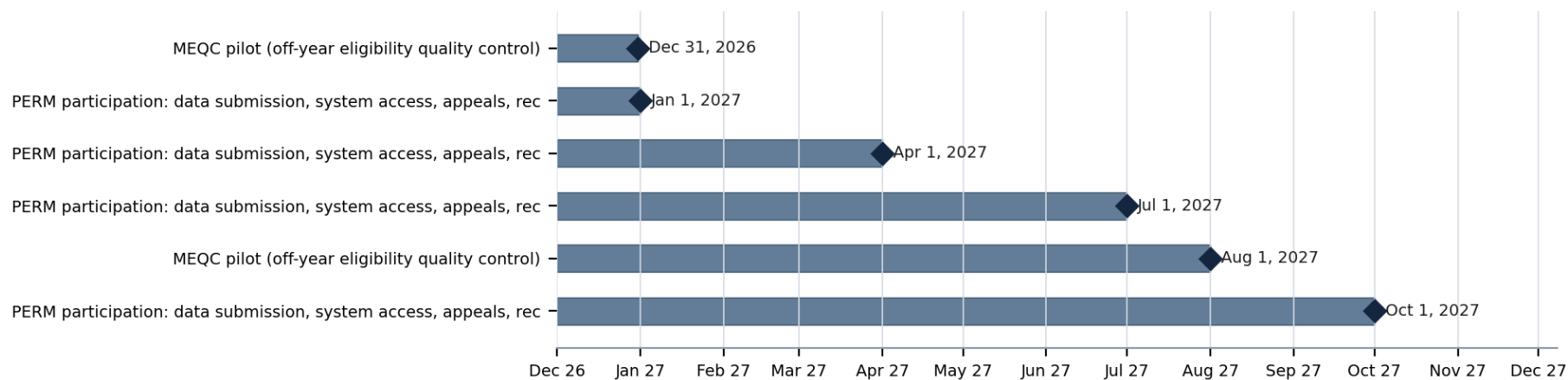
Division of Health Benefits - Finance - year outlook



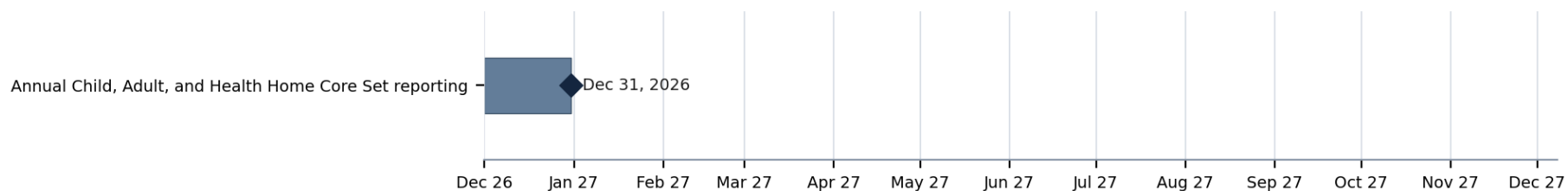
Division of Health Benefits - Children's Health Insurance - year outlook



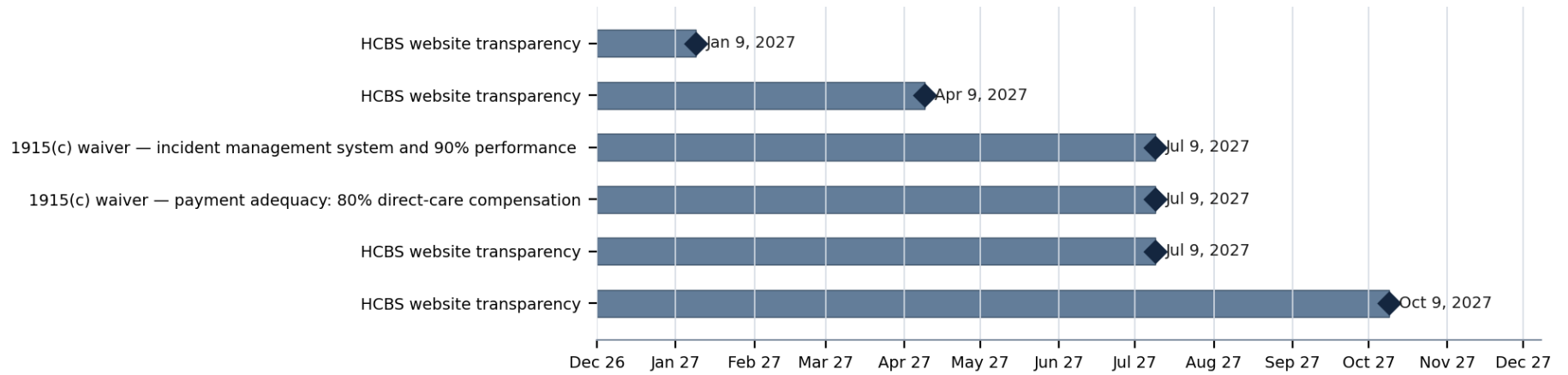
Division of Health Benefits - Office of Compliance and Program Integrity - year outlook



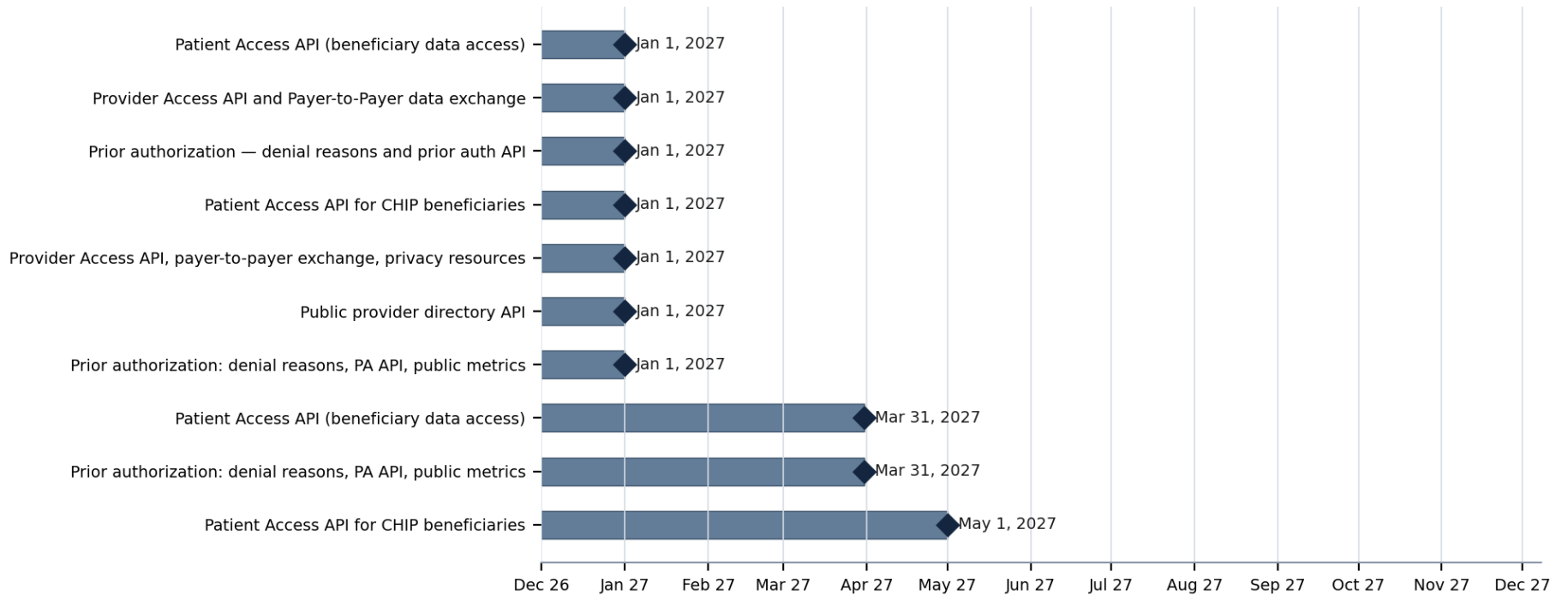
Division of Health Benefits - Quality - year outlook



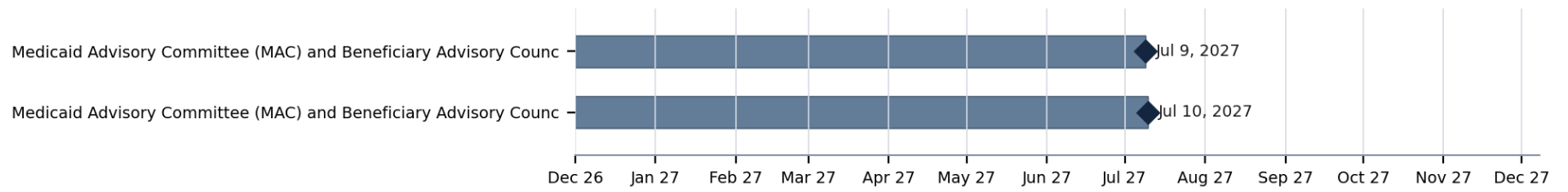
Division of Health Benefits - Waivers and Long-Term Services - year outlook



NCTracks (Office of Information Technology Services) - year outlook



Agency Level (NC Department of Health and Human Services) - year outlook



Section 5: Every Dated Obligation in the Outlook Year

Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
December 1, 2026	Adult group threshold methodology for increased FMAP	42 CFR 433.202, 433.204, 433.206	Division of Health Benefits - Finance	threshold methodology in State plan; newly/not-newly determinations at each MAGI determination	-
December 31, 2026	Apply MAGI and household methodologies	42 CFR 457.315	Division of Health Benefits - Children's Health Insurance	Applied at each eligibility determination/renewal	-
December 31, 2026	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Division of Health Benefits - Managed Care	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
December 31, 2026	MEQC pilot (off-year eligibility quality control)	42 CFR 431.806, 431.810, 431.812, 431.814, 431.816, 431.818, 431.820	Division of Health Benefits - Office of Compliance and Program Integrity	biennial cycle: planning doc by Nov 1; review period Jan 1–Dec 31; findings and corrective action report by Aug 1	-
December 31, 2026	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	Division of Health Benefits - Policy	Quarterly computation; cost data submissions per CMS schedule; records continuously.	-
December 31, 2026	Annual Child, Adult, and Health Home Core Set reporting	42 CFR 437.15(a)	Division of Health Benefits - Quality	Annual by December 31 (2024 Core Sets by 2024-12-31)	-
January 1, 2027	Annual report to CMS (due January 1)	42 CFR 457.750	Division of Health Benefits - Children's Health Insurance	Annual; due January 1 after each Federal FY	-
January 1, 2027	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.1010	Division of Health Benefits - Office of Compliance and Program Integrity	quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	within 15 business days; within 25 business days; within 60 days
January 1, 2027	Patient Access API (beneficiary data access)	42 CFR 431.60	NCTracks (Office of Information Technology Services)	continuous API operation with 1-business-day data timelines; annual CMS metrics report due March 31 beginning 2026	at least 1 year; no later than 1 business day
January 1, 2027	Provider Access API and Payer-to-Payer data exchange	42 CFR 431.61	NCTracks (Office of Information Technology Services)	compliance date January 1, 2027; extension/exemption requests in annual APD before compliance date	no later than 1 business day; within 90 days
January 1, 2027		42 CFR 431.80			-

Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
	Prior authorization — denial reasons and prior auth API		NCTracks (Office of Information Technology Services)	specific denial reasons from Jan 1, 2026; Prior Auth API from Jan 1, 2027	
January 1, 2027	Patient Access API for CHIP beneficiaries	42 CFR 457.730	NCTracks (Office of Information Technology Services)	Continuous operation since 2021-01-01	-
January 1, 2027	Provider Access API, payer-to-payer exchange, privacy resources	42 CFR 457.731	NCTracks (Office of Information Technology Services)	API live by 2027-01-01; metrics reporting from 2026; resources continuously available	-
January 1, 2027	Public provider directory API	42 CFR 457.760	NCTracks (Office of Information Technology Services)	Continuous operation; directory updates within 30 calendar days	-
January 1, 2027	Prior authorization: denial reasons, PA API, public metrics	42 CFR 457.732	NCTracks (Office of Information Technology Services)	Denial reasons from 2026-01-01; API by 2027-01-01; metrics posted by March 31 annually from 2026	-
January 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Division of Health Benefits - Managed Care	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-
January 9, 2027	HCBS website transparency	42 CFR 441.313	Division of Health Benefits - Waivers and Long-Term Services	Website live from July 9, 2027; functionality/timeliness verified quarterly.	-
March 31, 2027	Apply MAGI and household methodologies	42 CFR 457.315	Division of Health Benefits - Children's Health Insurance	Applied at each eligibility determination/renewal	-
March 31, 2027	Annual prior authorization metrics reporting	42 CFR 440.230(e)(3)	Division of Health Benefits - Policy	Annually by March 31, reporting previous calendar year; first report due March 31, 2027 (covering 2026). Posted on state website.	-
March 31, 2027	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	Division of Health Benefits - Policy	Quarterly computation; cost data submissions per CMS schedule; records continuously.	-
March 31, 2027	Patient Access API (beneficiary data access)	42 CFR 431.60	NCTracks (Office of Information Technology Services)	continuous API operation with 1-business-day data timelines; annual CMS metrics report due March 31 beginning 2026	at least 1 year; no later than 1 business day
March 31, 2027	Prior authorization: denial reasons, PA API, public metrics	42 CFR 457.732	NCTracks (Office of Information Technology Services)	Denial reasons from 2026-01-01; API by 2027-01-01; metrics posted by March 31 annually from 2026	-

Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
April 1, 2027	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.1010	Division of Health Benefits - Office of Compliance and Program Integrity	quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	within 15 business days; within 25 business days; within 60 days
April 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Division of Health Benefits - Managed Care	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-
April 9, 2027	HCBS website transparency	42 CFR 441.313	Division of Health Benefits - Waivers and Long-Term Services	Website live from July 9, 2027; functionality/timeliness verified quarterly.	-
April 19, 2027	Operate approved MMIS (EOB notices, profiles, fraud referrals)	42 CFR 433.116	Division of Health Benefits - Finance	continuous operation; EOB notices within 45 days of claim payment	within 45 days
April 30, 2027	EQR annual technical report — finalization, posting, CMS notice	42 CFR 438.364	Division of Health Benefits - Managed Care	Annual; finalized and posted by April 30; CMS notified within 14 calendar days of posting; 5 years of reports maintained	-
May 1, 2027	Patient Access API for CHIP beneficiaries	42 CFR 457.730	NCTracks (Office of Information Technology Services)	Continuous operation since 2021-01-01	-
June 30, 2027	Annual DSH data submission to CMS	42 CFR 447.294	Division of Health Benefits - Finance	annually by June 30	-
June 30, 2027	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	Division of Health Benefits - Policy	Quarterly computation; cost data submissions per CMS schedule; records continuously.	-
July 1, 2027	Publish all FFS fee-schedule rates online	42 CFR 447.203	Division of Health Benefits - Finance	initial deadline July 1, 2026; updates within 1 month	no later than 1 month; within 1 month
July 1, 2027	Pass-through payment phase-out	42 CFR 438.6(d)	Division of Health Benefits - Managed Care	Annual base-amount recalculation while in transition; hard end: hospital pass-throughs prohibited for rating periods beginning on/after 2027-07-01	-
July 1, 2027	Medical loss ratio — plan calculation, reporting, and remittance	42 CFR 438.8	Division of Health Benefits - Managed Care	Annual MLR reports due within 12 months of MLR reporting year-end	within 12 months; within 180 days
July 1, 2027	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.1010	Division of Health Benefits - Office of Compliance and Program Integrity	quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	within 15 business days; within 25 business days; within 60 days

Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
July 9, 2027	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	42 CFR 431.12	Agency Level (NC Department of Health and Human Services)	regular meetings with minutes posted within 30 days; annual report; BAC must meet in advance of each MAC meeting Calendared milestone: BAC share rises to 25% on 2027-07-10 (see derivation).	within 2 years; within 30 days
July 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Division of Health Benefits - Managed Care	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-
July 9, 2027	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Division of Health Benefits - Managed Care	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
July 9, 2027	1915(c) waiver — incident management system and 90% performance levels	42 CFR 441.302(a)(6)	Division of Health Benefits - Waivers and Long-Term Services	Continuous incident management; compliance deadlines July 9, 2027 (system) and July 9, 2029 (electronic data system); 90% performance demonstrated annually.	-
July 9, 2027	1915(c) waiver — payment adequacy: 80% direct-care compensation	42 CFR 441.302(k)	Division of Health Benefits - Waivers and Long-Term Services	Annual demonstration; compliance deadline July 9, 2030.	-
July 9, 2027	HCBS website transparency	42 CFR 441.313	Division of Health Benefits - Waivers and Long-Term Services	Website live from July 9, 2027; functionality/timeliness verified quarterly.	-
July 10, 2027	Medicaid Advisory Committee (MAC) and Beneficiary Advisory Council (BAC)	42 CFR 431.12	Agency Level (NC Department of Health and Human Services)	regular meetings with minutes posted within 30 days; annual report; BAC must meet in advance of each MAC meeting Calendared milestone: BAC share rises to 25% on 2027-07-10 (see derivation).	within 2 years; within 30 days
August 1, 2027	MEQC pilot (off-year eligibility quality control)	42 CFR 431.806, 431.810, 431.812, 431.814, 431.816, 431.818, 431.820	Division of Health Benefits - Office of Compliance and Program Integrity	biennial cycle: planning doc by Nov 1; review period Jan 1–Dec 31; findings and corrective action report by Aug 1	-
September 1, 2027	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Division of Health Benefits - Managed Care	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
September 30, 2027	Maintenance of effort — under-21 psychiatric FFP	42 CFR 441.180-441.182	Division of Health Benefits - Policy	Quarterly computation; cost data submissions per CMS schedule; records continuously.	-
October 1, 2027	Maximum allowable cost sharing + annual CPI-U indexing	42 CFR 447.52	Division of Health Benefits - Finance	annual CPI-U update each October 1; table maintenance	-

Date	Obligation	Citation	Unit	Cadence or trigger	Response clock
October 1, 2027	PERM participation: data submission, system access, appeals, recoveries	42 CFR 431.970, 431.972, 431.992, 431.998, 431.1002, 431.1010	Division of Health Benefits - Office of Compliance and Program Integrity	quarterly claims/data submissions; difference resolution 25 business days; appeals 15 business days	within 15 business days; within 25 business days; within 60 days
October 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Division of Health Benefits - Managed Care	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/ contracts change	-
October 9, 2027	HCBS website transparency	42 CFR 441.313	Division of Health Benefits - Waivers and Long-Term Services	Website live from July 9, 2027; functionality/timeliness verified quarterly.	-

Section 6: Standing Obligations by Home

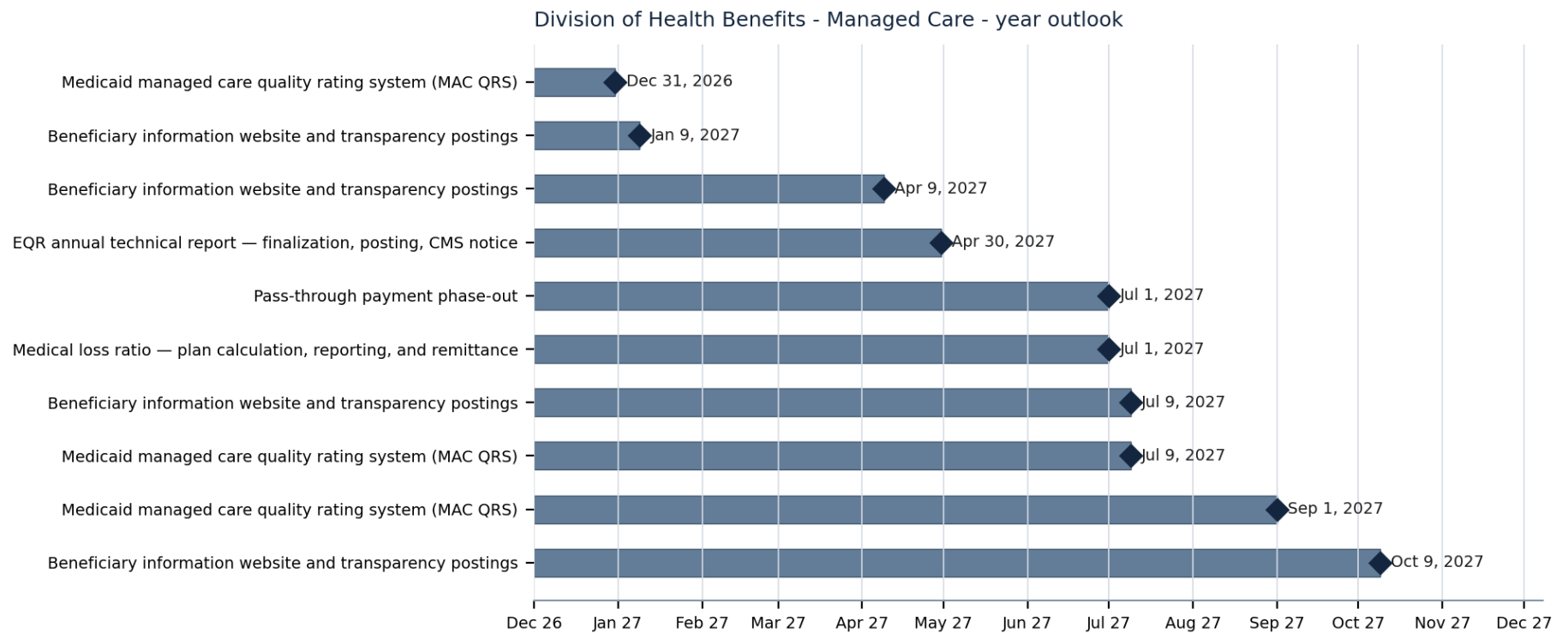
Every standing obligation in the sample, counted by home and by the reason no date is shown. The class columns foot to the 473 standing obligations named in Section 1; homes with no obligations in the sample are not listed.

Home	Dated in year outlook	Event-triggered	Recurring, no published due date	One-time, date not stated	Dated before the outlook year
Division of Health Benefits - Managed Care	10	18	42	11	0
Division of Health Benefits - Policy	5	26	18	16	0
Division of Health Benefits - Finance	5	15	36	17	1
Division of Health Benefits - Children's Health Insurance	3	9	48	15	0
Division of Health Benefits - Provider Operations	0	18	13	1	0
Division of Health Benefits - Office of Compliance and Program Integrity	6	7	17	1	0
Division of Health Benefits - Pharmacy	0	3	11	1	0
Division of Health Benefits - Quality	1	3	7	1	0
Division of Health Benefits - Third Party Liability	0	2	4	1	0
Division of Health Benefits - Waivers and Long-Term Services	6	2	8	5	0
County Eligibility Operations (Division of Social Services)	0	7	28	2	1
NCTracks (Office of Information Technology Services)	10	1	5	0	0
Office of Administrative Hearings	0	3	1	0	0
Agency Level (NC Department of Health and Human Services)	2	19	23	6	0
All homes	48	133	261	77	2

Section 7: One Home in Full - Division of Health Benefits - Managed Care

A subscription issues one packet for each unit of the agency. This section is one unit's cut, complete in the form its own edition takes: the same obligations the agency edition carries, seated on the one home that owns them.

Dated obligations in the year outlook: 10. Monthly duties in force: 2. Standing obligations: 71 (one-time - date not stated in the published source: 11; recurring - due date not stated in the published source: 42; event-triggered - no calendar date: 18).



Date	Obligation	Citation	Cadence or trigger	Response clock
December 31, 2026	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
January 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-

Date	Obligation	Citation	Cadence or trigger	Response clock
April 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-
April 30, 2027	EQR annual technical report — finalization, posting, CMS notice	42 CFR 438.364	Annual; finalized and posted by April 30; CMS notified within 14 calendar days of posting; 5 years of reports maintained	-
July 1, 2027	Pass-through payment phase-out	42 CFR 438.6(d)	Annual base-amount recalculation while in transition; hard end: hospital pass-throughs prohibited for rating periods beginning on/after 2027-07-01	-
July 1, 2027	Medical loss ratio — plan calculation, reporting, and remittance	42 CFR 438.8	Annual MLR reports due within 12 months of MLR reporting year-end	within 12 months; within 180 days
July 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-
July 9, 2027	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
September 1, 2027	Medicaid managed care quality rating system (MAC QRS)	42 CFR 438.505, 42 CFR 438.510, 42 CFR 438.515, 42 CFR 438.520, 42 CFR 438.535	Implemented by 2028-12-31; ratings calculated and displayed annually; annual CMS report	-
October 9, 2027	Beneficiary information website and transparency postings	42 CFR 438.10(c)(3), 42 CFR 438.602(g)	Continuous operation; website function/timeliness verified at least quarterly; postings updated as reports/contracts change	-

Monthly duties in force

Obligation	Citation	Cadence as published
Monthly capitation for IMD short stays (ages 21–64)	42 CFR 438.6(e)	Each capitation month in which an IMD stay occurs; rate-setting each rating period
Monthly federal database checks on plans, subcontractors, owners, agents	42 CFR 438.602(d)	At contracting and at least monthly thereafter