



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

KODY H. KINSLEY
SECRETARY

February 9, 2024

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2024-0015

Dear Mr. Scott:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program.

This State Plan Change will allow North Carolina to align with N.C.G.S. 108A-55.4 revisions. The Centers for Medicare & Medicaid Services (CMS) notice requires that states have laws in place that bar responsible third-party payers from refusing payment for an item or service solely on the basis that such item or service did not receive prior authorization under the third-party payer rules. The CMS notice also requires third-party payers to respond to state inquiry regarding a health care claim that is submitted no later than 3 years after the provision of such item or service to specify that the third party must respond within 60 days of receiving the inquiry.

The proposed effective date of the SPA is January 01, 2024.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at (919) 538-3215.

Sincerely,

DocuSigned by:

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Jay Ludlam
Deputy Secretary

Enclosures

SUPPLEMENT 1 TO ATTACHMENT 4.22

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NORTH CAROLINA

STATE LAW REQUIREMENTS FOR PARTIES LEGALLY RESPONSIBLE FOR PAYMENT OF A CLAIM FOR A HEALTH CARE ITEM OR SERVICE, AS CONDITION OF ANY SUCH PARTY DOING BUSINESS IN THE STATE.

State has in effect laws compliant with 42 U.S. Code § 1396a(a)(25)(1) as amended by the consolidated Appropriations Act 2022, PL 117-103, March 15, 2022, 136 Stat 49.

TN No: 24-0015

Supersedes

Approval Date:

Eff. Date: 1/01/2024

TN No: 09-003