

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 24-0015**

**This file contains the following documents in the order listed:**

- 1) Approval Letter
- 2) Form CMS 179
- 3) Approved SPA Page

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

---

April 3, 2024

Jay Ludlam  
Deputy Secretary of Medical Assistance  
Division of Medical Assistance  
2001 Mail Service Center  
1985 Umstead Drive  
Raleigh, NC 27699-20014

Re: North Carolina State Plan Amendment (SPA) 24-0015

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under Transmittal Number 24-0015. This amendment proposes to update the state plan to reflect the Third-Party Liability-Related provisions 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.

We conducted our review of your submittal according to statutory requirements in the Consolidated Appropriations Act, 2022. This letter informs you that North Carolina's SPA 24-0015 was approved on April 3, 2024, with an effective date of January 1, 2024.

Enclosed are copies of Form CMS-179 and the approved SPA page to be incorporated into the North Carolina State Plan.

If you have any questions, please contact Morlan Lannaman at (470) 890-4232 or via email at [Morlan.Lannaman@cms.hhs.gov](mailto:Morlan.Lannaman@cms.hhs.gov).

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Betty J. Staton, NC DHHS  
Emma Sandoe, NC DHHS

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 5</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 01, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section 202 of the CAA, 2022</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>0</u> b. FFY <u>25</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>SUPPLEMENT 1 TO ATTACHMENT 4.22</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>SUPPLEMENT 1 TO ATTACHMENT 4.22</b>	

9. SUBJECT OF AMENDMENT  
**Third-Party Liability (TPL) Payers Rules**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: **Secretary**

Signed by: [Redacted] OF STATE AGENCY OFFICIAL	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME <b>Jay Ludlam</b>	
13. TITLE <b>Deputy Secretary</b>	
14. DATE SUBMITTED <b>02/12/24   6:59 PM EST</b>	

<b>FOR CMS USE ONLY</b>	
16. DATE RECEIVED <b>02/26/2024</b>	17. DATE APPROVED <b>04/03/2024</b>

<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>01/01/2024</b>	19. SIGNATURE OF APPROVING OFFICIAL [Redacted]
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

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

TN No: 09-003

Approval Date:04/03/2024 Effective Date:1/01/2024