

G.S. 150B-21.3A Report for 11 NCAC 20, Managed Care Health Benefit Plans												
Agency - Department of Insurance												
Comment Period - July 1, 2024 - September 6, 2024												
Date Submitted to APO - Filled in by RRC staff												
Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B-21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B-21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]	RRC Determination of Public Comments [150B-21.3A(c)(2)]	RRC Final Determination of Status of Rule for Report to APO [150B-21.3A(c)(2)]	OAH Next Steps
	SECTION .0100 MANAGED CARE DEFINITIONS	11 NCAC 20 .0101	SCOPE AND DEFINITIONS	Amended Eff. February 1, 2019	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0200 CONTRACTS BETWEEN NETWORK PLAN CARRIERS AND HEALTHCARE PROVIDERS	11 NCAC 20 .0201	WRITTEN CONTRACTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0202	CONTRACT PROVISIONS	Readopted Eff. August 1, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0203	CHANGES REQUIRING APPROVAL	Readopted Eff. December 1, 2017	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0204	CARRIER AND INTERMEDIARY CONTRACTS	Readopted Eff. August 1, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0205	FILING REQUIREMENTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0300 PROVIDER ACCESSIBILITY AND AVAILABILITY	11 NCAC 20 .0301	PROVIDER AVAILABILITY STANDARDS	Readopted Eff. June 1, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0302	PROVIDER ACCESSIBILITY STANDARDS	Readopted Eff. June 1, 2018	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0304	MONITORING ACTIVITIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0400 NETWORK PROVIDER CREDENTIALS	11 NCAC 20 .0401	CREDENTIAL VERIFICATION PROGRAM	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0402	ORGANIZATION STRUCTURE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0403	WRITTEN CREDENTIAL VERIFICATION PLAN	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0404	APPLICATION	Readopted Eff. December 1, 2017	Necessary	No		Yes	Necessary	One or more comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0405	VERIFICATION OF CREDENTIALS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0406	PROVIDER FILES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0407	REVERIFICATION OF PROVIDER CREDENTIALS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0408	CONFIDENTIALITY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0410	DELEGATION OF CREDENTIAL VERIFICATION ACTIVITIES	Readopted Eff. December 1, 2017	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0411	SUSPENSION OR TERMINATION OF NETWORK PROVIDERS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0500 HMO QUALITY MANAGEMENT PROGRAMS	11 NCAC 20 .0501	PROGRAM	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

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		11 NCAC 20 .0502	STRUCTURE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0503	PLAN	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0504	ACTIVITIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0505	QUALITY OF CARE COMPLAINTS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0506	DELEGATION OF ACTIVITIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0507	CORRECTIVE ACTION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0508	CONFLICTS OF INTEREST	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0509	CONFIDENTIALITY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0511	INTERNAL AUDIT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
	SECTION .0600 SIGNIFICANT MODIFICATIONS TO HMO OPERATIONS	11 NCAC 20 .0601	APPLICATIONS FOR MODIFICATIONS TO SERVICE AREAS OR PRODUCT LINES	Readopted Eff. December 1, 2017	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt
		11 NCAC 20 .0602	WRITTEN NOTICE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. December 16, 2014.	Necessary	No		No	Necessary	No comments with merit	Necessary and must be readopted	Agency must readopt

Agency	Rule	Name	Type of Comment	Comment	Agency Response
<b>Copy all columns in this row to the right of this yellow cell and paste in new rows</b>			Other Statement		
Department of Insurance	11 NCAC 20 .0404	APPLICATION	Other Statement	<p>Sent: September 5, 2024 9:34PM</p> <p>From: Peter T. Daniel</p> <p>RE: 11 NCAC 20 Section .0400 - Network Provider Credentials</p> <p>Dear Ms. Benjamin,</p> <p>The North Carolina Association of Health Plans (NCAHP) appreciates the opportunity to provide comments regarding 11 NCAC 20 Section .0400- Network Provider Credentials.</p> <p>NCGS 58-3-230 requires that insurers adopt a uniform provider credentialing application with information to assess and verify provider information. Along with it, 11 NCAC 20.0404 details the contents of the form approved by the Commissioner. In light of the development of technology and business processes since the creation of the current application, NCAHP is submitting comments requesting that NCDOL amend 11 NCAC 20.0404 to allow for the adoption of the CAQH Universal Credentialing Application.</p> <p>The CAQH application is</p>	Thank you for your comments. At this stage of the periodic rules review process, we are only determining the necessity of the rule. However, the Department will consider your suggestion to amend 11 NCAC 20.0404 at the appropriate time.

				<p>broadly utilized by insurers and providers across the country. The CAQH application is comprehensive and is consistently evolving to meet industry standards. The current application criteria contained in the NCDOI application would continue to be adhered to if the CAQH universal application is adopted. Healthcare's rapid growth has created a desire to continue to develop and evolve better business practices so insurers and providers in our network can keep the focus on the needs of individual members. The provider credentialing process is an area in which there is room for added efficiency. North Carolina is a national outlier since its uniform application no longer captures all the required elements for credentialing, enrollment and certain accreditation programs. Amending the application process to allow payers to make use of a more efficient application will ensure that the citizens of NC continue to receive high quality care from providers that have been appropriately vetted. Thank you for your consideration.</p> <p>Peter T. Daniel Executive Director</p>	
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Department of Insurance	11 NCAC 20.0404	APPLICATION	Other Statement	<p>Sent: September 6, 2024 12:17PM</p> <p>From: David Streeter</p> <p>RE: CAQH Feedback on 11NCAC 20</p> <p>Dear Ms. Benjamin,</p> <p>CAQH appreciates the opportunity to provide feedback as part of the Department's 10 year review of chapter 11 NCAC 20. CAQH is a leading organization focused on aligning the healthcare ecosystem around essential solutions, creating a more connected and less costly experience for all. For more than 20 years, CAQH has partnered with millions of providers, thousands of health plans, state Medicare agencies, and other healthcare stakeholders who leverage the organization's solutions, operating rules, and insights to connect and exchange data every day as a part of the business of healthcare. Working in concert with a wide range of healthcare stakeholders, CAQH develops and implements shared, industry-wide initiatives to reduce administrative burden. CAQH regularly engages with ~2.5 million providers to reduce the burden of data submission and validation associated with credentialing, network maintenance, provider</p>	<p>Thank you for your comments. At this stage of the periodic rules review process, we are only determining the necessity of the rule. However, the Department will consider your suggestion to amend 11 NCAC 20.0404 at the appropriate time.</p>
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				<p>directories, and primary source verification. This includes engagement with physicians and additional providers representing over 50 provider types including dentists, physician assistants, nurse practitioners, psychologists, and chiropractors to name a few. This data is shared with payers representing more than 265 million covered lives enrolled in employer plans, individual and Marketplace coverage, Medicare Advantage, Medicaid Managed Care, Medicaid FFS, and CHIP. Today, providers in NC regularly engage with CAQH via our Provider Data Portal. The portal captures provider information as required by the Uniform Application to Participate as a Health Care Practitioner, and the data is available in an exportable format that replicates the Department's uniform application. The portal also collects data fields required by National Committee for Quality Assurance (NCQA) standards and additional data fields that have become industry standard. The data providers enter and attest to in the portal is regularly shared with the major health plans serving NC residents for</p>	
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				<p>credentialing, directory management, and other administrative purposes such as network adequacy analysis and reporting. NC healthcare providers and managed care plans can maximize efficiencies and reduce burden by leveraging the CAQH Provider Data Portal to collect and update critical provider data through a centralized data access point, which providers in NC and across the country are already using to exchange and update information. Moreover, adopting CAQH's standard credentialing and recredentialing application would promote standardization and uniformity by aligning NC with other states. Regionally, VA and TN are among the states that have mandated CAQH's application for at least one line of business while SC accepts CAQH's standard application. CAQH notes the Commissioner's statutory authority in NCGS 58-3-230 to "by rule adopt a uniform provider credentialing application form," and that "[t]he Commissioner may update the uniform provider credentialing form, as necessary." Additionally, the current language in 11 NCAC 20.0404 references the "application on the form approved by the</p>	
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				<p>Commissioner." Given this authority, CAQH recommends the Department consider replacing the Uniform Application to Participate as a Health Care Practitioner with CAQH's electronic standard credentialing and recredentialing application (or, as a minimum alternative, amend the regulations to also accept CAQH's electronic standard credentialing and recredentialing application). As an NCQA accredited organization, CAQH strives to ensure that our application reflects the most current NCQA standards as they are updated each year. Adopting CAQH's application in place of the Department's NC specific application minimizes the need for the Department to update its own application to reflect national credentialing standards. CAQH would welcome the opportunity to meet with you and other staff to provide an overview of the Provider Data Portal and the CAQH standard credentialing application. These tools would improve and simplify access to healthcare in NC by eliminating redundant and inefficient administrative processes between providers and</p>	
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				<p>payers for credentialing and other essential business functions. Thank you again for the opportunity to provide feedback and your consideration of prescribing CAQH's standard application for credentialing and recredentialing. Should you have any questions, please contact me at... Sincerely, Melissa Speck</p>	
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