



NC MEDICAID SPECIAL BULLETIN

SEPT. 5, 2019

NC Medicaid Temporary Flexibilities due to Hurricane Dorian

ALL PROVIDERS

Note to All North Carolina Medicaid and NC Health Choice Providers.....	2
Reimbursement for Medically Necessary Services during Hurricane Dorian	3
NC Health Choice Flexibilities due to Hurricane Dorian Extended through Nov. 3, 2019.....	3
Disaster Relief Applications for Health Care Professionals Not Currently Enrolled as an NC Medicaid Provider.....	4
Critical Access Hospital Bed Limit Lifted During Hurricane Dorian	4
EviCore Prior Approval Requirement Lifted for Hurricane Dorian.....	5

CAP/C AND CAP/DA CASE MANAGEMENT ENTITIES

Community Alternatives Program for Children and Community Alternatives Program for Disabled Adults.....	6
--	---

DURABLE MEDICAL EQUIPMENT PROVIDERS

DMEPOS Policy Flexibility on Replacing Medical Equipment.....	6
---	---

INNOVATIONS WAIVER PROVIDERS AND LME-MCOS

Innovations Flexibility Due to Hurricane Dorian	7
---	---

NURSING HOME PROVIDERS

Expediting Nursing Home Admissions for Individual Displaced due to Hurricane Dorian.....	9
Temporary PASRR Procedures Due to Hurricane Dorian	9

PCS IN-HOME CARE PROVIDERS AND ADULT CARE HOME PROVIDERS

State Plan Personal Care Services	10
---	----

PHARMACY PROVIDERS

Medication Prior Approval Overrides due to Hurricane Dorian	11
Early Prescription Refills during Governor's State of Emergency Declaration.....	12

Note to All North Carolina Medicaid and NC Health Choice Providers:

North Carolina Governor Cooper issued [Executive Order 101](#) on Aug. 31, 2019, which declared a state of emergency for North Carolina in anticipation of potential severe weather caused by the approach of Hurricane Dorian. As of the date of this Medicaid Bulletin, the state of emergency remains in place.

NC Medicaid is committed to North Carolina's response to and recovery from Hurricane Dorian. We are working with county and federal partners, receiving authority from the Centers for Medicare & Medicaid Services where appropriate, to make it faster and easier for beneficiaries to receive—and for health care professionals to provide—Medicaid and NC Health Choice care and services.

This Medicaid Special Bulletin describes flexibilities effective Sept. 4, 2019, to the NC Medicaid and NC Health Choice programs. Updates will be provided as they become available.

For up-to-date information, please visit:

Medicaid: [Hurricane Dorian: Receiving & Providing Medicaid Services](#)

DHHS: [Hurricane Dorian: What to Know](#)

ATTENTION: ALL PROVIDERS**Reimbursement for Medically Necessary Services during Hurricane Dorian**

North Carolina Medicaid and NC Health Choice will reimburse providers for medically necessary drugs and services, and equipment and supplies, provided during the Hurricane Dorian emergency without prior approval (PA) starting Sept. 4 through Sept. 11, 2019. Medical documentation must support medical necessity.

In addition, beneficiaries who have been evacuated out-of-state (OOS), voluntarily or involuntarily, can receive medical care if needed and Medicaid and NC Health Choice will reimburse the OOS provider without prior approval. OOS providers must enroll as North Carolina Medicaid providers in an abbreviated, expedited process here:

<https://www.nctracks.nc.gov/content/public/providers/provider-enrollment.html>

Providers are encouraged to obtain a prior approval if it is possible to do so (and normally required for the service). All claims are subject to audit.

GDIT, (800) 688-6696

ATTENTION: ALL PROVIDERS**NC Health Choice Flexibilities due to Hurricane Dorian Extended through Nov. 3, 2019**

NC Health Choice flexibilities temporarily added to several key policies and procedures are described below.

- To extend the grace period for impacted children to complete the renewal process until Nov. 3, 2019;
- To waive the annual enrollment fee and co-payments and prior authorization requirements for children in families impacted by Hurricane Dorian through Nov. 3, 2019;
- To extend the redetermination timelines for current CHIP enrollees living and/or working in a Governor declared or federally declared disaster areas;
- To waive unpaid enrollment fee balances if the child's family is determined to have been living and/or working in a Governor declared or federally declared disaster areas.

Unless otherwise noted, these exceptions are in effect for dates of service from Sept. 4 through Nov. 3, 2019. NC Medicaid will continue to evaluate the need to extend the exceptions and will publish any changes.

GDIT, (800) 688-6696

ATTENTION: ALL PROVIDERS**Disaster Relief Applications for Health Care Professionals Not Currently Enrolled as an NC Medicaid Provider**

The Centers for Medicare & Medicaid Services (CMS) granted approval on Sept. 4, 2019, for DHHS to implement a temporary, expedited enrollment process for health care professionals to become an NC Medicaid provider due to a natural disaster. This process is not for providers who regularly see NC Medicaid beneficiaries.

Health care professionals who will be rendering services to NC Medicaid beneficiaries due to Hurricane Dorian can complete and submit an application through the NCTracks Provider Portal. Please refer to the disaster provider enrollment job aid ([JA PRV703 Submit Disaster Relief Prov Enroll App](#)) for necessary instructions to complete the temporary disaster provider enrollment application. **Be sure to review the job aid before starting to complete the application, as several preliminary steps are necessary.**

For expedited Providers must indicate the application is for Disaster Relief by answering “Yes” to the Disaster Relief enrollment question on the Basic Information page of the application. Note: This is **not** for providers who see NC Medicaid recipients on a regular basis.

Please review [North Carolina Medicaid Provider Enrollment Disaster Relief and Waiver or Modification of Requirements Under Section 1135 of the Social Security Act](#) from the Secretary of Health and Human Services for additional information.

GDIT, (800) 688-6696

ATTENTION: ALL PROVIDERS**Critical Access Hospital Bed Limit Lifted During Hurricane Dorian**

As outlined in 42 CFR 485.620(a), Condition of Participation: Number of Beds and Length of Stay, “Except as permitted for CAH having distinct part units under 42 CFR 485.647, the CAH maintains no more than 25 inpatient beds. Inpatient bed may be used for either inpatient or swing-bed services.”

For dates Sept. 4 through Sept. 11, 2019, Medicaid is lifting the limit of 25 beds to accommodate the needs of beneficiaries and providers due to the anticipated impact of Hurricane Dorian.

Unless otherwise noted, these exceptions are in effect for dates of service from Sept. 4 through Sept. 11, 2019. After the storm has passed, the State will evaluate the need to extend the exceptions and will publish any changes.

GDIT, (800) 688-6696

ATTENTION: ALL PROVIDERS**EviCore Prior Approval Requirement Lifted for Hurricane Dorian**

Due to the potential impact from Hurricane Dorian, high tech imaging claims for dates of service Sept. 4-11, 2019, will not require prior approval through eviCore.

EviCore Web Support Team, (800) 646-0418 or portal.support@evicore.com

ATTENTION: CAP/C AND CAP/DA CASE MANAGEMENT ENTITIES**Community Alternatives Program for Children and Community Alternatives Program for Disabled Adults**

A critical role for case management entities serving CAP/C and CAP/DA beneficiaries is to provide support to ensure the health, safety and well-being of all CAP beneficiaries in the preparation for, during and immediately after, a natural disaster. To fulfill this requirement, NC CAP case management entities are directed to assist their assigned CAP beneficiaries in activating their emergency and disaster plans in preparation for the unknown impact of Hurricane Dorian. When helping CAP beneficiaries activate their plans, it is imperative to emphasize checking and updating disaster kits. Ready NC, <https://readync.org> is a valuable resource to use for additional information and assistance to prepare for a hurricane. Encourage beneficiaries to register with their special needs' registry in their county.

It is our utmost concern that not only are our beneficiaries safe and accounted for during times of disaster, but that case management entities are equipped to communicate with staff and beneficiaries effectively as well as take the appropriate steps to remain safe. Please coordinate with local County Emergency Management Departments if assistance is needed.

North Carolina Medicaid gave notification to AP case management entities that if the state is impacted by Hurricane Dorian, and to coordinate resources, Medicaid will request from case management entities an assessment of the health and well-being status of each CAP beneficiary. Case management entities will be required to submit a CAP Health and Safety report related to the health and well-being status of the CAP beneficiaries they serve.

Below is the information that must be included in the Health and Safety Report your agency submits to Medicaid. Your agency may use a Microsoft Word or Excel document to compile the requested information.

- Name of County
- Name of Case Management Entity
- Name of Contact Person for questions regarding the report
- Name of Beneficiary

- Beneficiary MID number
- Status of Beneficiary (Safe, Sustained Impact, Unknown)
- Beneficiary Current Location (Home, Shelter, Facility, Relative – in/out of county/state)
- Beneficiary Contact Information, if displaced from home
- Documentation if the current service plan meets the needs of the beneficiary as a result of the hurricane
- If it does not, specify what additional or replacement services are needed

Please provide reports to Patricia Hill at Patricia.Hill@dhhs.nc.gov no later than Oct. 4, 2019.

Additional guidance about NC Medicaid's efforts to support Waiver beneficiaries' recovery from Hurricane Dorian will be forthcoming.

NC Medicaid Long-Term Services and Supports, (919) 855-4340

ATTENTION: DURABLE MEDICAL EQUIPMENT PROVIDERS DMEPOS Policy Flexibility on Replacing Medical Equipment

Per clinical coverage policies 5A-1, 5A-2, 5A-3 section 5.9 and 5B, section 5.7.3: Medicaid or NC Health Choice may consider replacing the item, when repairing is no longer cost-effective and the item is out of warranty. Refer to Attachment A, Section C: Procedure Codes(s).

Note: When requesting prior approval for the replacement of an item before its usual life expectancy has ended, explain on the CMN/PA form why the replacement is needed. Specific documentation, in addition to the prescription and CMN/PA form, is required in the following situations:

- a. In cases of equipment loss or damage beyond repair, a letter from the social worker, case manager or child service coordinator explaining the circumstances.
- b. In cases of theft, a copy of the police report or a letter from the appropriate person with knowledge of the occurrence, such as the school principal, social worker, etc.
- c. In cases of equipment destruction by fire, a copy of the fire report.

For equipment loss or damage due to Hurricane Dorian, GDIT has been instructed to accept documentation from any of the entities listed above and from the NC Division of Emergency Management, Federal Emergency Management Agency, American Red Cross or other appropriate state or local authorities and agencies on the ground in the affected areas including the National Guard, fire and police departments.

GDIT, (800) 688-6696

ATTENTION: INNOVATIONS WAIVER PROVIDERS AND LME-MCOS Innovations Waiver Flexibility Due to Hurricane Dorian

This communication is to make providers and LME-MCOs aware of Innovations waiver flexibilities due to Hurricane Dorian that the State has received from the Centers for Medicare & Medicaid Services (CMS). These flexibilities are intended for NC Innovations Waiver beneficiaries impacted by the hurricane either directly or due to their staff being impacted and unable to provide services. They are not intended to be utilized by every waiver beneficiary. They are intended to be utilized only as long as needed effective Sept. 4, 2019, and not further than Dec. 3, 2019, unless the Department revises this date in the waiver. LME-MCOs should be assessing the continued need for these flexibilities case-by-case. Providers must resume compliance with normal NC Medicaid rules and regulations as soon as they are able to do so. This includes requesting prior approval, completing background checks and training staff.

NC Medicaid will allow the following approved flexibilities:

- More than the maximum number of hours allowed of Innovations waiver services may be provided by a relative of an adult who resides with the waiver beneficiary for 90 days. **This should only be used for cases where the family is unable to be reached by provider staff or when staff is unavailable due to being displaced by the hurricane.**
- Services may be provided without prior approval from Sept. 4, 2019, to December 3, 2019, unless the Division revises this date. **This should only be in cases where additional services were needed by the beneficiary because of the hurricane and either the beneficiary could not reach the provider to notify them of this need or the provider did not have the time/ability to submit prior approval. At this point, a majority of these issues should be resolved.** Additional time will be granted to enrollees to request state fair hearings.

NC Medicaid will allow the following additional flexibilities for the Innovations waiver through an Appendix K application which has been approved by CMS:

- Relatives of waiver beneficiaries who reside in the home or out of the home to provide services prior to a background check and training for 90 days. It is understood that the background check will be completed by the agency **as soon as possible** after the service begins and training will occur as soon as possible without leaving the beneficiary without necessary care.
- More than the maximum number of hours allowed for a relative who resides with an adult beneficiary may be provided by that relative for up to 90 days. The relative may also provide Community Networking and Supported Employment for 90 days. **This can only be used for cases where the family is unable to be reached by provider staff or when staff is unavailable due to being displaced by the hurricane.**
- Direct care may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker when the waiver participant is

- displaced from the home because of the hurricane, or the provider facility is inaccessible/damaged.
- Repair or replacement of home and vehicle modifications and waiver equipment, supplies, or assistive technology in excess of the waiver period limitations. **This applies to repair or replacement that is needed because the modification / equipment was damaged in the hurricane.**
 - Repair or replacement of participant goods and services in excess of the waiver year limitations. **This applies to repair or replacement that is needed because the modification/equipment was damaged in the hurricane.**
 - The \$135,000 waiver limit may be exceeded due to additional services, equipment, or modifications during Hurricane Dorian.
 - Beneficiaries who receive fewer than one service per month for a period of 90 days will not be subject to discharge.
 - Annual reassessments of level of care initiated between September 4, 2019 and December 3, 2019 may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.
 - Service plans that are expiring and currently meeting an affected waiver participant's needs, but a new person-centered plan is unable to be developed due to ongoing hurricane recovery efforts, the time limit to approve the plan by the last day of the birth month may be extended by three months after the birth month, when monthly telephonic monitoring is provided to ensure the plan continues to meet the participant's needs. Additional time may be awarded case-by-case when conditions from the hurricane continue to impede this activity.
 - Payment for direct care services for purposes of supporting 1915(c) enrollees in acute care hospital or short-term institutional stay, and waiving time limits on institutional respite, which is currently limited to a 30-day stay.
 - Include retainer payments to direct care workers when a 1915(c) enrollee is hospitalized or absent from their home for a period of no more than 90 days.
 - Waive the monthly face-to-face care coordinator and beneficiary meeting for individuals receiving residential supports, new to waiver, or relative as provider. Waive the quarterly face-to-face care coordinator and beneficiary meeting case-by-case.

Under State authority, NC Medicaid can allow Innovations waiver services to be provided out-of-state without prior approval by the LME-MCO. Respite may also be provided out-of-state for individuals who have been displaced.

NC Medicaid Behavioral Health, (919) 527-7630

ATTENTION: NURSING HOME PROVIDERS
Expediting Nursing Home Admissions for Individual Displaced due to Hurricane Dorian

Providers should upload the signed Physician Signature form with their portal submissions to NCTracks. NCTracks is designed to receive long-term care PA information in the FL2 format. Medicaid has temporarily suspended the requirement of a Pre-Admission Screening and Annual Resident Review (PASSR) number on the PA (see following article). Providers should note on their portal submissions stating that the PASRR is unavailable due to Hurricane Dorian emergency placement. In addition, providers should add all the pertinent information about the recipient's levels of care needs in their portal submission.

Lastly, the Medicare requirement of 3-day qualifying hospital stay is waived for Medicaid beneficiaries who require a short-term stay in a Nursing Facility due to care needs or shelter needs related to Hurricane Dorian for the period Sept. 4 through Sept. 11, 2019.

NC Medicaid Long-Term Services and Supports, (919) 855-4340

ATTENTION: NURSING HOME PROVIDERS
Temporary PASSR Procedures Due to Hurricane Dorian

Level I and II Preadmission Screening and Resident Reviews (PASRRs) will not be required for new admissions for 30 days. If the individual is expected to remain in the nursing facility for more than 30 days, a notice of the need for a PASRR review should be submitted via NCMUST. In addition, individuals transferred from one nursing facility to another nursing facility as a result of Hurricane Dorian will not be considered a new admission and will not need a PASRR. The transferring nursing facility must ensure that all copies of the resident's PASRR paperwork (including any Level II information) is transferred with the individual.

For those individuals receiving specialized services, the nursing facility should focus on promoting the basic health and safety of individuals who had been receiving specialized services in the nursing facility before the crisis or who were receiving specialized services in another nursing facility before the transfer.

The admitting nursing facility is responsible for submitting a claim for payment. Those nursing facilities serving as an emergency shelter due to Hurricane Dorian cannot submit a claim for payment.

The safety of your staff and the Medicaid members served by your agency are of prime importance. In the event your area is impacted by Hurricane Dorian, please follow the instructions of the local emergency operations in your area and implement your emergency plan.

NC Medicaid Long-Term Services and Supports, (919) 855-4340

ATTENTION: PCS IN-HOME CARE PROVIDERS AND ADULT CARE HOMES PROVIDERS

State Plan Personal Care Services

In preparation of the potential impact of Hurricane Dorian on North Carolina, Medicaid will cancel Personal Care Services (PCS) Independent Assessments currently scheduled from Wednesday, Sept. 4 through Friday, Sept. 6, 2019, in the following counties: Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Halifax, Harnett, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Robeson, Sampson, Tyrrell, Washington, Wayne, Wilson.

If a provider in a county not identified above feels they will be impacted, please contact the PCS unit at PCS_Program_Questions@dhhs.nc.gov or 919-855-4360 to be added to the list of counties.

Liberty will flag cancelled assessments as a priority for rescheduling as operations resume.

It is our utmost concern that not only are our beneficiaries safe and accounted for during times of disaster, but that Service Providers are equipped to communicate with staff and beneficiaries effectively as well as take the appropriate steps to remain safe. Please coordinate with County Emergency Management Departments if assistance is needed. Also, Home Care Agencies and Adult Care Home providers should adhere to Disaster/Emergency Plans developed per individual licensure regulations.

Providers should notify Liberty Healthcare of NC (919-322-5944 or 1-855-740-1400) of facility evacuations and relocations.

If an evacuee is placed in an Adult Care Home (ACH) due to sheltering needs by the local Department of Social Services (DSS), and the ACH provider agrees they have enough information on the beneficiary to determine PCS needs, NC Medicaid will utilize the expedited assessment process and may authorize up to 60 provisional hours of PCS for the evacuee. A full PCS Independent Assessment will follow. A "3051 New Request" form must be submitted to Liberty Healthcare on behalf of the evacuee. Providers accepting evacuees for local DSS who may be eligible for PCS should contact NC Medicaid prior to submission of the 3051 form for further instruction at 919-855-4360 or PCS_Program_Questions@dhhs.nc.gov.

If your facility/agency closes or is unable to provide PCS to beneficiaries, please send an email to PCS_Program_Questions@dhhs.nc.gov. Include the following in the email:

- Agency/Facility name
- NPI
- Address
- # of impacted beneficiaries

- Beneficiary listing
- Relocation facility and NPI (facility location now servicing your beneficiaries)
- Anticipated date services will resume at agency/facility

If you are a Home Care Agency and are made aware of beneficiary relocations, please contact Liberty Healthcare of NC at 919-322-5944 or 1-855-740-1400 and provide the following information:

- Beneficiary name
- MID
- Current provider name and NPI
- Temporary or permanent relocation, if known
- Temporary address

Adult Care Home facilities accepting current PCS beneficiaries from evacuated facilities may continue to provide PCS to beneficiaries. Accepting facilities must maintain service documentation of each temporary resident to include admission date, discharge date, and all PCS related tasks. Facilities will be required to provide this documentation once the beneficiary has returned to their home facility to ensure the appropriate allocation of prior approvals. Adult Care Home providers who accepted evacuated beneficiaries may submit their documentation to Medicaid once the beneficiary has returned to their home facility. Send documentation to PCS_Program_Questions@dhhs.nc.gov.

Home Care Agencies may provide PCS in the beneficiary's temporary location based on the approved service authorization if they have relocated to another primary private residence. Providers must notify Liberty Healthcare if the beneficiary will remain in a temporary private residence more than 30 days. After 30 days, a new assessment will be required to assess the beneficiary's need in the current residence.

Providers with beneficiaries who may relocated to emergency shelters may continue to provide PCS to the beneficiary, but should notify Liberty Healthcare and provide the following information:

- Beneficiary name
- MID
- Agency name and NPI
- Shelter/hotel name and address
- Date of relocation

If you have a beneficiary with an upcoming assessment and they do not have power, please contact Liberty Healthcare of NC to reschedule.

Cancelled PCS assessments will be rescheduled based on when power is restored and when it is safe for Independent Assessors to access the area.

If you have questions regarding billing of evacuated or relocated beneficiaries, please

contact Medicaid at PCS_Program_Questions@dhhs.nc.gov or 919-855-4360.

NC Medicaid staff will monitor the storm's impact and update Independent Assessment cancellations as needed.

Long-Term Services and Supports/Personal Care Unit, (919) 855-4360

ATTENTION: PHARMACY PROVIDERS

Medication Prior Approval Overrides due to Hurricane Dorian

The potential for severe weather conditions may present situations where NC Medicaid and Health Choice beneficiaries in impacted areas may have difficulty obtaining necessary prior approval for certain medications. Therefore, NC Medicaid enrolled pharmacy providers have been approved to override prior approval requirements during the state of emergency. This override of prior approval is being allowed while the governor's state of emergency order remains in place to ensure that all Medicaid beneficiaries have access to necessary medications.

In these situations, NC Medicaid enrolled pharmacy providers should **resubmit these claims with "09" (Emergency Preparedness) in the PA Type Code field** to override a denial for prior approval required. **Do not place any values in the Submission Clarification Code field.**

GDIT, (800) 688-6696

ATTENTION: PHARMACY PROVIDERS

Early Prescription Refills during Governor's State of Emergency Declaration

The potential for severe weather conditions may present situations where NC Medicaid and Health Choice beneficiaries in impacted areas may require an early refill of their medications. NC Medicaid enrolled pharmacy providers have been approved to early fill these prescriptions and will follow applicable co-pay requirements. Effective Sept. 3, 2019, the early refill is being allowed while the governor's state of emergency order remains in place to ensure that all Medicaid beneficiaries have access to necessary medications.

In these situations, NC Medicaid enrolled pharmacy providers should resubmit these claims with **"09" (Emergency Preparedness) in the PA Type Code field** and a valid value for an E.R. override in the Reason for Service, Professional Service and Result of Service fields to override a denial for an early refill. **Do not place any values in the Submission Clarification Code field.**

GDIT, (800) 688-6696
