

## NC DHHS/Division of Health Benefits HIEA Hardship Extension Request Form

Complete the following information as applicable to your request:

Date of Request:	
Individual Provider Name:	
Individual Provider NPI:	
Organization Provider Name:	
Organization/Group NPI:	

Are you an active:

- NC Medicaid or NCHC Provider?  Yes  No
- NC State Health Plan Provider?  Yes  No
- Blue Cross NC Blue Options Provider?  Yes  No

Has the provider signed an HIEA Participation Agreement?  Yes-Full  Yes-Submit Only  
 No

### Reason for Hardship Extension

- Chiropractor
- Behavioral Health Residential Treatment Facility
- Therapeutic Foster Care Treatment Facility
- Psychiatric Residential Treatment Facility
- Behavioral Health Provider Other Than Psychiatrist
- Children's Developmental Services Agency
- Rehabilitative, Restorative and Assistive Technology Service Providers for the North Carolina Assistive Technology Program Participant
- Provider nearing retirement on or before December 31, 2022 – *Expected Date:* \_\_\_\_\_
- Provider closing their practices on or before December 31, 2022 – *Expected Date:* \_\_\_\_\_
- Provider operating in rural areas with lack of access to affordable internet / broadband capacity adequate to support implementation of electronic health record technology and connection to NC HealthConnex.
- Provider in a community with few or no alternatives that might otherwise lead to an access to care issue for beneficiaries

Signature: \_\_\_\_\_

Printed Name/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_