



URGENT

NOTIFICATION FOR PROVIDERS

NC Medicaid Temporary Flexibilities

NC MEDICAID TEMPORARY FLEXIBILITIES DUE TO HURRICANE IAN

[NC Medicaid Temporary Flexibilities Due Hurricane Ian](#)

September 29, 2022

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

North Carolina Governor Cooper issued Executive Order 270 on Sept 28, 2022, which declared a state of emergency for North Carolina in anticipation of potential severe weather caused by the approach of Hurricane Ian. 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 Ian. We are working with county and federal partners, utilizing many existing federal authorities in place due to the COVID-19 Public Health Emergency, 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. 29, 2022, to the Medicaid and NC Health Choice programs including NC Medicaid Direct and NC Medicaid Managed Care, as indicated below. Updates will be provided as they become available.

Flexibilities for Both NC Medicaid Direct and NC Medicaid Managed Care

Reimbursement for Medically Necessary Services during Hurricane Ian

NC Medicaid Direct and NC Medicaid Managed Care will reimburse providers for medically necessary drugs and services, and equipment and supplies, provided during the Hurricane Ian emergency without prior approval (PA) starting Sept. 29, 2022 through the end of the state of emergency.

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 Direct and Medicaid Managed Care will reimburse the OOS provider without prior approval. OOS providers must enroll as North Carolina Medicaid providers in an abbreviated, expedited process at [NCTracks - Provider Enrollment](#)

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.

Disaster Relief Applications for Health Care Professionals Not Currently Enrolled as an NC Medicaid Provider

Existing federal authorities grant 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 Ian 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.

Expediting Nursing Home Admissions for Individuals Displaced due to Hurricane Ian

NC Medicaid Direct and NC Medicaid Managed Care will allow for expedited nursing home admissions for individuals displaced by Hurricane Ian starting Sept. 29, 2022 through the end of the state of emergency.

For NC Medicaid Direct, 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 Ian emergency placement. In addition, providers should add all the pertinent information about the recipient's levels of care needs in their portal submission.

For NC Medicaid Managed Care, providers should contact the Standard Plan provider service line (numbers below) to confirm if additional documentation or process need to be completed to allow for expedited admissions.

- ▲ AmeriHealth Caritas 888-738-0004 (TTY: 1-866-209-6421)
- ▲ Carolina Complete 833-552-3876 Option 3
- ▲ Healthy Blue 844-594-5072
- ▲ United Healthcare 800-638-3302
- ▲ WellCare 866-799-5318

Lastly, the Medicare requirement of 3-day qualifying hospital stay is waived for NC Medicaid Direct and NC Medicaid Managed Care beneficiaries who require a short-term stay in a Nursing Facility due to care needs or shelter needs related to Hurricane Ian for the period Sept. 29, 2022 through the end of the state of emergency.

Temporary PASRR Procedures Due to Hurricane Ian

NC Medicaid Direct and NC Medicaid Managed Care will not require Level I and II Preadmission Screening and Resident Reviews (PASRRs) for new admissions for 30 days.

For NC Medicaid Direct:

- ▲ 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 Ian 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 NC Medicaid Managed Care:

- ▲ Providers should contact the Standard Plan provider service line (numbers below) to confirm if additional documentation or process need to be completed to individuals expected to remain in the nursing facility for more than 30 days.
- ▲ Provider Service Lines:
 - AmeriHealth Caritas 888-738-0004 (TTY: 1-866-209-6421)
 - Carolina Complete 833-552-3876 Option 3
 - Healthy Blue 844-594-5072
 - United Healthcare 800-638-3302
 - WellCare 866-799-5318

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 Ian 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 Ian, please follow the instructions of the local emergency operations in your area and implement your emergency plan.






Medication Prior Approval Overrides due to Hurricane Ian

The potential for severe weather conditions may present situations where NC Medicaid and NC 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.

For NC Medicaid Direct, 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. Additional questions can be directed to the NCTracks service line (800-688-6696).

For NC Medicaid Managed Care, providers should contact the Standard Plan pharmacy service line (numbers below) to confirm if additional documentation or processes need to be completed to allow for prior authorization overrides due to Hurricane Ian.

Pharmacy Help Desk Contact Information:

-  AmeriHealth Caritas: 866-885-1406
-  Carolina Complete Health: 833-992-2785
-  Healthy Blue: 833-434-1212
-  United Healthcare: 855-258-1593
-  WellCare: 866-799-5318, option 3

Early Prescription Refills during Governor's State of Emergency Declaration

The potential for severe weather conditions may present situations where NC Medicaid and NC 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. 29, 2022, 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.

For NC Medicaid Direct, 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. This allows the beneficiaries to receive their medication during an emergency without using either of their limited-use Submission Clarification Code overrides. Additional questions can be directed to the NCTracks service line (800-688-6696).

For Medicaid Managed Care, providers should contact the Standard Plan pharmacy service line (numbers above) to confirm if additional documentation or processes need to be completed to allow for emergency prescription refills during the state of emergency.

FLEXIBILITIES FOR NC MEDICAID DIRECT ONLY

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 Ian. When helping CAP beneficiaries activate their plans, it is imperative to emphasize checking and updating disaster kits. [Ready NC](#), 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 CAP case management entities that if the state is impacted by Hurricane Ian, 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 complete in the eCAP systems the Disaster Wellness Check Documentation related to the health and well-being status of the CAP beneficiaries they serve. Below is the information that must be included in the Disaster Wellness report.

- 🌿 Name of Contact Person for questions regarding the report
- 🌿 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 through a plan revision

To seek technical assistance in managing a Waiver beneficiary's recovery from Hurricane Ian, contact the CAP unit at medicaid.capc@dhhs.nc.gov or medicaid.capda@dhhs.nc.gov

Innovations and TBI Waiver Flexibility Due to Hurricane Ian

This communication is to make providers and LME/MCOs aware that the COVID-19 PHE Appendix K flexibilities for the Innovations and TBI waiver may be used to support members impacted by Hurricane Ian. These flexibilities below are intended for NC Innovations and TBI 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 until further notice. LME-MCOs should be assessing the continued need for these flexibilities case-by-case. Please note that COVID related Appendix K flexibilities will continue until six months after the end of the Federal Public Health Emergency per [SPECIAL BULLETIN COVID-19 #250: Planning for the Transition out of the Appendix K Public Health Emergency for CAP/C and CAP/DA Waivers](#).

The flexibilities below are specific to beneficiaries impacted by Hurricane Ian. NC Medicaid continues to allow the following approved flexibilities:

- 🌱 Allow relatives of adult waiver beneficiaries and minor waiver beneficiaries who reside in the home and out of the home to provide services prior to 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. Once conducted, if the background check demonstrates the individual should not continue working with the participant long-term, that individual will be immediately determined unqualified to render services. Relatives of adult waiver beneficiaries may provide Community Living and Supports, Day Supports, Supported Employment, Community Networking and Supported Living. 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 due to issues related to Hurricane Ian. 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.
- 🌱 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, Day Supports 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.
- 🌿 The \$135,000 waiver limit may be exceeded due to additional services, equipment, or modifications during Hurricane Ian.
- 🌿 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 Sept. 29, 2022, and the end of the state of emergency may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.
- 🌿 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.
- 🌿 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.
- 🌿 Innovations waiver services may be provided out of state without prior approval by the MCO. Respite may also be provided out of state for individuals who have been displaced.

DO NOT REPLY to this email, as this is an unmonitored email address. If you have any questions please send an email to NetworkManagement@TrilliumNC.org.

[URGENT NOTIFICATIONS FOR NETWORK PROVIDERS](#)

