



Increased Flexibility to Deliver North Carolina Medicaid and NC Health Choice Services

Temporary provisions to the North Carolina Medicaid and NC Health Choice programs give health care professionals the flexibility to deliver Medicaid services more quickly while our state works to recover from the destruction caused by Hurricane Florence.

Unless noted otherwise below, these temporary provisions are in effect until notified via an NCTracks email message, Special Medicaid Bulletin post or Medicaid Hurricane Florence webpage update at medicaid.ncdhhs.gov/nc-medicaid-hurricane-florence-response-recovery. These temporary provisions are authorized by the Centers for Medicare & Medicaid Services and the NC Department of Health and Human Services (DHHS), and may be expanded or modified before NC Medicaid reverts to existing Medicaid and NC Health Choice policies. Visit the Medicaid Hurricane Florence webpage for current information.

Eligibility and Enrollment

1. Self-attestation is allowed for most eligibility criteria case-by-case for when documentation is not available.
2. Consider Medicaid and NC Health Choice beneficiaries who are evacuated from the state as “temporarily absent” when assessing residency to maintain enrollment.
3. Redetermination timelines are extended for current Medicaid and NC Health Choice beneficiaries to maintain continuity of coverage.
4. Beneficiaries are allowed more than 120 days (in the case of a managed care appeal) or 90 days (in the case of an eligibility or fee-for-service appeal) to request a fair hearing.

Benefits and Cost Sharing

1. Early prescription refills are allowed.
2. To change a beneficiary’s designated pharmacy in the Lock-in Program due to Hurricane Florence, call the NCTracks Pharmacy Call Center at 1-866-246-8505 to request a change to another prescriber or pharmacy available to write or dispense your prescription.
3. Service prior authorization requirements are waived.
4. For 30 days, Pre-admission Screening and Annual Resident Review is waived.
5. 3-day stay requirement in skilled nursing facilities is waived.
6. Critical access hospital 25-bed limit and the 96-hour limit are waived.
7. Premium payments to access Medicaid and enrollment fees for NC Health Choice enrollment are suspended.

Provider Enrollment

1. Provider enrollment requirements are waived to ensure a sufficient number of providers are available.
2. Revalidation is suspended for providers located in-state or otherwise directly impacted by a disaster. Out-of-state health professionals must be in good standing with their home state’s board and Medicaid office, and complete an abbreviated and expedited out-of-state provider enrollment application.
3. Requirements that health care professionals be licensed in the state where they are providing services are waived, as long as they have equivalent licensing in another state.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

General

1. Sanctions and penalties arising from non-compliance with HIPAA are suspended when related to:
 - Obtaining a patient's agreement to speak with family members or friends;
 - Honoring a request to opt out of the facility director;
 - Distributing a notice;
 - Patient's right to request privacy restrictions; or
 - Patient's right to request confidential communications.
2. Emergency Medical Treatment and Labor Act (EMTALA) sanctions are suspended for redirection of an individual to receive a medical screening examination in an alternative location or transfer of an individual who has not been stabilized if the transfer is necessitated by the circumstances of the declared emergency.