

DHB ADMINISTRATIVE LETTER NO: 01-20, ADDENDUM 1, MEDICAID/NCHC PROCEDURES FOR COVID-19

DATE: April 01, 2020

SUBJECT: Medicaid/NCHC Procedures Due to COVID-19 Public Health Emergency

DISTRIBUTION: County Directors of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

On March 13, 2020, The President issued a proclamation declaring a national emergency concerning the Coronavirus Disease outbreak (COVID-19).

This letter contains new and revised guidance on processes for all Medicaid/NC Health Choice for Children programs to address flexibilities allowed by the Centers for Medicare & Medicaid Services (CMS) during the COVID-19 Public Health Emergency. CMS has granted NC Medicaid the authority to temporarily modify several Medicaid and NC Health Choice policies. As other situations are identified, further guidance will be provided.

II. PROCEDURES

A. Certification Period Extensions

Due to the COVID-19 emergency, DHB will be extending certifications in response to flexibilities offered by CMS and to maintain eligibility for individuals currently receiving Medicaid/NC Health Choice. These extensions will be for a new 6- or 12-month certification period and will begin at the end of April. Exact time for the extensions will be issued as soon as testing and development is complete, along with details regarding the extensions. For any cases that have been extended due to the Hawkins Court Order, those extension months will be taken into account when completing the COVID extensions and assigning a new certification period.

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The current Hawkins extension continued for March as the COVID-19 extension could not be programmed that quickly. Refer to [Administrative Letter 03-19, Hawkins v Cohen Procedure](#).

B. Recertifications

Due to the COVID-19 extensions, counties will not be responsible for conducting recertifications until further notification, except as outlined below in Section III. Work Priorities.

C. Case Terminations

During the COVID-19 Public Health Emergency, counties must not terminate Medicaid eligibility, except for the following reasons:

1. The individual moves out of state,
2. The beneficiary voluntarily requests termination of Medicaid benefits, or
3. Death of the beneficiary.

Cases pending for closure effective March 31, 2020 and April 30, 2020, will be continued by NC FAST. The termination or benefit reduction will be cancelled, and cases extended as appropriate.

D. Self- Attestation for Eligibility Criteria

Self-attestation may be used as verification for evidence in certain scenarios when no electronic source or other documentation/verification is available. NC FAST assigns a level to each verification type that the system uses to determine if the evidence is properly verified. In NC FAST, Client Statement may not be an acceptable verification, or the level assigned may not allow the evidence to be applied

See [Attachment 1](#) for instructions on addressing evidence and verification in NC FAST to satisfy the level requirements when self-attestation (client statement) is not available or does not meet the minimum level.

When self-attestation/Client Statement is used to satisfy a verification requirement, the caseworker is required to document in NC FAST the reason "COVID-19, see Administrative Letters".

E. Waiver of Enrollment Fee/Premium

Individuals who are required to pay an enrollment fee for NC Health Choice or an Enrollment fee/monthly premium for Health Care for Workers with Disabilities (HCWD) will be exempt from this requirement until further notification.

NC Health Choice or HCWD Enrollment Fee evidence is required for case activation. Continue to edit the evidence as if the fee had been paid using date the of application as the Payment Received Date. The phrase "COVID-19, see Administrative Letter 01-20" must be entered in the Comment field.

Until further notice, do not request payment for enrollment fees (including unpaid balances) and/or premiums.

F. Post Eligibility Verifications

Do not send the DMA-5097, Request for Information, to request post eligibility verification(s) or actions. Document in NC FAST the reason as "COVID-19, see Administrative Letter 01-20."

Post eligibility verifications include:

1. Information on non-custodial parents; and
2. Application for other benefits such as:
 - a. Unemployment Benefits (UIB)
 - b. Veterans Administration (VA)
 - c. Third Party Responsibility (TPR)
 - d. Retirement, Survivors
 - e. Disability Insurance (RSDI)
3. Cases with existing Child Support sanction (see [DHB Administrative Letter 02-20](#))

G. Change in Circumstance

Caseworkers will not react to any changes in circumstance that will result in any reduction or termination of benefits.

1. Only react to change in circumstance when the change results in a greater benefit. For example, if a Family Planning case has sufficient medical expenses to meet a deductible or reduced/terminated income and is eligible for a greater benefit, authorize the case.

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2. Caseworkers must react to reported address changes but not reduce or terminate benefits based on the changed address. This will ensure that notices and other communications reach the beneficiary.
3. Patient Monthly Liability (PML) Changes
 - a. Decrease: Caseworker should react to changes that result in a decrease in PML.
 - b. Increase: Caseworkers should not react to changes that increase the PML. The caseworker will react to the PML increases at the next recertification. Document the action reason as "COVID-19, see Administrative Letters."

H. State Hearings and Appeals

In response to COVID-19 Public Health Emergency, all State Appeal Requests (DSS-1473, DSS-1473A, DSS-1473B) along with the related hearing information and notifications should be sent to the new Hearings & Appeals service e-mail account (Medicaid.DSS.State.Appeals@dhhs.nc.gov) using the [DHHS ZixMail portal](#) for secure encryption.

See the [Attachment 2](#) for ZixMail Instructions with E-mail Examples for Submitting State Appeal Requests. Send questions to the Hearings & Appeals Section at Medicaid.DSS.State.Appeals@dhhs.nc.gov or 919-855-3260.

I. Non-Emergency Medical Transportation

During this unprecedented public health emergency, Non-Emergency Medical Transportation (NEMT) vendors are essential providers to ensure Medicaid beneficiaries receive the care that they need. People requiring covered NEMT services should expect to receive those services to access medical care and treatment. NCDHHS expects that local DSS will continue to provide contract monitoring oversight and support for this important service.

The DSS may establish alternate arrangements to provide transportation to Medicaid covered services. This may include utilizing a non-contracted vendor. For vendors who are not enrolled in NC Tracks or contracted with the county, reimbursement will be submitted via the monthly [DMA-2055, Reimbursement for Medical Transportation](#), along other NEMT expenses such as meals, lodging, direct payment to beneficiaries, etc. Use the appropriate type of expense code.

NC Medicaid recommends DSS and NEMT vendors following the recommendations and requirements outlined by NCDHHS and the Centers for Disease Control and Prevention (CDC). This guidance and other resources are located on the NCDHHS COVID-19 resource website at www.ncdhhs.gov/coronavirus.

Additional information was provided in [SPECIAL BULLETIN COVID-19 #18: Guidelines for Non-Emergency Medical Transportation](#).

J. Face to Face/ Agency Procedures

Guidance from CMS suggests that applicants and beneficiaries must be clearly advised of the alternate methods for contacting the county departments of social services or applying for assistance, including ePASS, telephone, fax, mail and e-mail. Counties should make every effort to provide these methods of contact without significant wait times.

Per the Director Letter sent on March 22, 2020;

1. Paper applications for Medicaid, Food and Nutrition, Work First and Low-Income Energy Assistance Program must be available at the DSS office for client access during business hours.
2. Counties must have a secure drop box for all applications and other required application information to accommodate secure access inside and outside the building if hours are altered.
3. Counties must have a schedule for retrieving from drop boxes daily to continue to process applications in a timely manner.
4. Agencies must clearly post telephone numbers for customer questions.

III. WORK PRIORITIES

In light of the procedures and flexibilities covered in this guidance, certain actions should be prioritized:

A. Applications

By accepting self-attestation for most eligibility requirements and not working recertifications, counties should focus on processing applications as quickly as possible to provide medical coverage to eligible individuals during the public health emergency.

Due to the services needed, priority should be given to Community Alternatives Program (CAP), Long Term Care (LTC) and Program of All-Inclusive Care for the Elderly (PACE) applications.

B. Recertifications (FPP)

Counties should only work Family Planning Program recertifications to determine if the beneficiary is eligible for a full Medicaid program. If the beneficiary is eligible for a greater benefit, authorize the case. If the beneficiary remains eligible only for FPP, or is ineligible, take no further action. The case will be extended by NC FAST.

C. Reports

Counties must focus on working reports that cause problems with creating or extending eligibility, as noted below:

1. Incarceration Reports – The caseworker should not take any case action for the Incarceration Report. NC FAST will continue to suspend cases if they remain otherwise eligible.
2. TMA Quarterly Report – The caseworker should enter Transitional Benefits Report evidence as Received. Document in NC FAST, COVID-19, see Administrative Letter 01-20”.
3. Death Report - The caseworker should review the case per policy and enter the date of death when the case is closed.
4. SDX Exceptions Report – The caseworker should review per policy. The caseworker must resolve exceptions to ensure that SDX cases are created in NC FAST or an appropriate denial notice is sent.
5. SDX Out of State Address Report- The caseworker should review and ensure the beneficiary is in North Carolina. If so, the address needs to be a higher-level address than the SDX in the hierarchy. If mailing address is different than physical address, caseworker will need to enter both Private and Mailing address.

This is a new report located in NC FAST Help.

6. MA Extension of Eligibility Error Report (Hawkins Error Report)- located on the O&M dashboard - The caseworker should continue to review these cases and resolve any errors/issues so that the cases can be properly extended by NCF.
7. Any error or cleanup reports resulting from the COVID or Hawkins extensions or other issues that prevent eligibility from being activated or extended.

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IV. IMPLEMENTATION

These policies and procedures are effective immediately for applications and recertifications. This also includes applications or recertifications currently in process.

Counties will be notified of any changes or revisions to the above guidance.

If you have any questions regarding the guidance in this letter, please contact your [Medicaid Operational Support Team Representative](#).

DocuSigned by:


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Dave Richard

Deputy Secretary, NC Medicaid

Attachments:

Attachment 1: DHB Self-Attestation

Attachment 2: ZixMail Instructions with E-mail Examples for Submitting State Appeal Requests