

DHB ADMINISTRATIVE LETTER NO: 02-23, MEDICAID PROCEDURES FOR COVID-19 – CHANGE TO DUALY ELIGIBLE PROCEDURES

DATE: February 14, 2023

SUBJECT: Medicaid Procedures Due to COVID-19 Public Health Emergency – Change to Dually Eligible Procedures

DISTRIBUTION: County Departments 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).

The purpose of this letter is to provide **recently updated** instructions for applicants/beneficiaries who are dually eligible for full Medicaid and Medicare but are determined ineligible for full Medicaid during the COVID-19 Public Health Emergency (PHE).

Due to a recent court order issued in *Carr v. Becerra*, a federal lawsuit against the Centers for Medicare and Medicaid Services (CMS), policy for dually eligible beneficiaries is being revised. Dually eligible individuals **will no longer be terminated** during the COVID-19 PHE required Continuous Coverage period.

The Consolidated Appropriation Act (Omnibus Bill) decoupled the continuous coverage from the COVID-19 PHE. Effective March 31, 2023, the Continuous Coverage period ends, and the Division of Health Benefits (DHB) will issue policy guidance that counties will follow during the Continuous Coverage Unwinding (CCU).

As a reminder, counties should continue to follow recertification/change in circumstance procedures found in [DHB Administrative Letter 07-21, Amended 2, Application/Recertification/Change of Circumstance Procedures for COVID-19](#).

II. PROCEDURES

New guidance has been given regarding dually eligible individuals.

A. Recertification

At recertification, when it is determined that the beneficiary no longer meets the eligibility requirements for full Medicaid and/or the MQB program the individual is currently eligible for:

1. Continue full Medicaid coverage following guidance provided in [DHB Administrative Letter 07-21, Amended 2, Application/Recertification/Change of Circumstance Procedures for COVID-19](#)
2. If the beneficiary is no longer eligible for MQB, terminate the MQB case following timely notice policy found in MA-[2420/3430](#), Notice and Hearings Process.

Example:

Tommy is receiving MAA, Medicare and MQB-Q. Tommy starts receiving a monthly pension that puts him over the income limit for MAA and MQB-Q. After reviewing the case, Tommy is still receiving Medicare and is also determined to now be eligible for MQB-B. The caseworker must **continue full Medicaid coverage (MAA)** following guidance in [DHB Administrative Letter 07-21, Amended 2, Application/Recertification/Change of Circumstance Procedures for COVID-19](#). The caseworker must also authorize and activate the MQB-B PDC in NC FAST.

B. Change of circumstance:


When a change of circumstance is reported by the beneficiary or discovered by the local agency, and the beneficiary it is determined that the beneficiary no longer meets the eligibility requirements for full Medicaid and/or the MQB program the individual is currently eligible for:

1. Continue full Medicaid coverage following guidance provided in [DHB Administrative Letter 07-21, Amended 2, Application/Recertification/Change of Circumstance Procedures for COVID-19](#).
2. Terminate the MQB case following timely notice policy found in MA-[2420/3430](#), Notice and Hearings Process.

III. IMPLEMENTATION

These policies and procedures are effective **immediately** for recertifications and changes of circumstances. This also includes recertifications currently in process. Counties will be notified of any changes to the above guidance.

If you have any questions regarding this information, please contact your [Medicaid Operational Support Team representative](#).

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Dave Richard
Deputy Secretary, NC Medicaid