



Medicaid and NC Health Choice Eligibility

Auditor's Guide to COVID-19 PHE Policy

Presented by:
OCPI/Quality Assurance
September 2020

revised 05/2021

Agenda Items

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COVID-19 Emergency Provisions

COVID-19 Emergency Provisions Apps & Recerts

Self-Attestation

- Accept self-attestation for all eligibility criteria, EXCEPT citizenship & immigration status, when documentation and/or electronic sources are not available
- Includes, but not limited to:
 - State Residency
 - Financial Resources
 - Income (including income deductions)
 - Medical Expenses/Bills

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Self-Attestation – AL 06-20 (Effective 08/06/2020)

- Self-Attestation versus Electronic Verification
 - When electronic verification and self-attestation differ, the County should follow Reasonable Compatibility policy
 - When only self-attestation is available and no electronic verification is available, accept self-attestation and determine eligibility
- This guidance applies to both applications and recertifications when self-attestation is used in the following areas
 - State Residence
 - Income
 - Resources

**Reminder: Self-Attestation is not allowable for
Transfer of Assets or Reserve Reduction**

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Self-Attestation – AL 06-20 (Effective 08/06/2020)

- Medical Bills for Deductible
 - A/b statement must include the dates of service, provider names and the amount of the medical expenses
 - The County must verify in the case record that the medical bills/expenses were not applied to a previously met deductible
- Documentation
 - The County should enter the a/b statement in NCFAST and document case notes, that the method of verification was self-attestation and notating “COVID-19”
- Citizenship/Immigration Status
 - Self-attestation is not allowable for citizenship/immigration status, as verification is required by federal regulations. However, the caseworker must apply reasonable opportunity to provide these verifications as stated in policy, if applicable

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

State Residency – Temporary Absence

- Individuals who are temporarily absent from NC continue to meet state residency requirements, unless another state has determined the individual is a resident of their state
 - Follow temporary absence rules in Medicaid policy
 - Consider applicants/beneficiaries who are displaced from the state, due to COVID-19, as temporarily absent when evaluating for state residency

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Enrollment Fees/Premiums

- Individuals who are required to pay an enrollment fee and/or premium will be exempt from this requirement until further notification
 - NC Health Choice (NCHC)
 - \$50.00 or \$100.00 Fee
 - Health Care for Workers with Disabilities (HCWD)
 - Enrollment Fee
 - Monthly Premiums
- Counties should document: “COVID-19”

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

MAGI Deductions

- Per IRS guidelines, Moving Expenses and Tuition/Fees, are no longer allowable deductions. (NCFAST System functionality was removed, and existing evidence end dated as of 06/30/2020)
- Per CMS guidance, Medicaid cannot implement any eligibility change that is more restrictive; therefore, Moving Expenses and Tuition/Fees remain an allowable deduction for MAGI until further notice
 - Procedures → Counties will use the following steps:
 - Applications
 - For Moving Expenses, use “Transportation expense”
 - For Tuition/Fees, use “Education assistance”
 - Document in NCFAST, “COVID-19”
 - Ongoing Cases
 - Refer to instructions provided in DHB AL 05-20, Section IV.

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Pandemic Unemployment Benefits

DCDL dated 07/14/2020 & 04/16/2021

NC FAST and Department of Employment Services (DES) have established a coding system to identify the different unemployment compensation types with system functionality available July 15, 2020. The new codes are below.

0 – Regular: NC's regular unemployment compensation.

1 – Extended: Unemployment for those receiving regular unemployment who have reached the 13-week limit.

3 – Pandemic Unemployment Assistance (PUA): Federal program for those not eligible for state unemployment compensation available for weeks through 12/26/20. An option for those ineligible for regular unemployment or any extensions, and unable to work as a direct result of COVID-19.

4 – Pandemic Emergency Unemployment Compensation (PEUC): 13-week extension to state unemployment, available for weeks ending 04/04/20-12/26/20, for those eligible for regular unemployment but have exhausted their 12 weeks of compensation. Reason for loss of work does not need to be COVID-19.

6 – Mixed Earner Unemployment Compensation (MEUC): Available unemployment compensation for individuals with at least \$5,000 in net income from self-employment.

9 – Federal Pandemic Unemployment Compensation (FPUC): Individuals do not need to apply separately for this compensation awarding \$600 weekly to eligible individuals.

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Pandemic Unemployment Benefits (Cont'd)

The chart below distinguishes each program with the countable unemployment compensation code. Compensation included in the eligibility determination for Medicaid is indicated by an 'X' in the column that corresponds to the codes below

- 0 – Regular
- 1 – Extended
- 3 – Pandemic Unemployment Assistance (PUA)
- 4 – Pandemic Emergency Unemployment Compensation (PEUC)
- 6 – **Mixed Earner Unemployment Compensation (MEUC)**
- 9 – Federal Pandemic Unemployment Compensation (FPUC)

COUNTABLE TO MEDICAID PROGRAM						
Unemployment Type	0	1	3	4	6	9
Medicaid	X	X	X	X	X	

COVID-19 Emergency Provisions Apps & Recerts (Cont'd)

Pandemic Unemployment Benefits (Cont'd)

AL 07-20 dated 08/06/2020 Amended 2 dated 03/22/2021:

- Per guidance received from CMS, the weekly \$600.00 pandemic unemployment assistance, FPUC, is non-countable income for all eligibility determinations
 - Any amount remaining after 12 months is a countable resource for applicable programs
- CMS has issued the following guidance regarding COVID-19 Stimulus Check (AL 07-20 Amended 2)
 - The \$1200.00 stimulus check and additional \$500.00 per child are non-countable income for all Medicaid (MAGI and Traditional) and NC Health Choice eligibility determinations (as well as the additional \$1400.00 stimulus check per individual)
 - Any amount remaining after 12 months is countable as a resource for applicable programs

CP Extensions

Certification Period Extensions for Recertifications

- Due to the COVID-19 Emergency, DHB began extending certification period “end dates” in response to flexibilities offered by CMS to maintain eligibility for a/b’s currently receiving Medicaid/NCHC
 - Certification Periods were initially extended 1 month at a time; however, the extensions have transitioned to 6- or 12-month cp extensions
 - For recertifications not processed by the County by end date, cp extensions are automated by NCFAST and require no action from the County
- Timeliness Requirement
 - North Carolina has received a waiver during the COVID-19 Emergency with special considerations to timeliness of application and/or recertification processing

QUESTIONS



Reduction/Termination

COVID-19 Impact on Reduction and/or Termination of Benefits (AL 09-20 dated 08/06/2020)

During the COVID-19 Emergency, states must not terminate Medicaid/NCHC eligibility, except for the following reasons:

- Beneficiary moves out of state
- Beneficiary voluntarily requests termination of benefits
- Death of the beneficiary
- Beneficiary no longer meets the citizenship/immigration status requirements

Reduction/Termination (Cont'd)

COVID-19 Impact on Reduction and/or Termination of Benefits ([AL 09-20 dated 08/06/2020](#))

During the COVID-19 Emergency, states also cannot reduce a beneficiary's Medicaid benefits

- Reduction in benefits includes actions/transfers that require timely notice, including but not limited to:
 - Authorized Medicaid going to deductible status
 - Increasing PML for LTC beneficiary
 - Medicaid beneficiary moving to NCHC

Reduction/Termination (Cont'd)

COVID-19 Impact on Reduction and/or Termination of Benefits (AL 09-20 dated 08/06/2020)

Loss of certain coverage while under COVID-19 emergency provisions is allowable

In the following situations, certain coverage may end...but Medicaid benefits must continue

- LTC beneficiary moves out of a facility to private living arrangement
- CAP beneficiary is no longer eligible for or participating in CAP services
- PACE beneficiary is disenrolled from PACE

Counties are directed to refer to the Forced Eligibility Chart IV. F. in AL 09-20, if the beneficiary is ineligible or if the beneficiary would have a deductible

Reduction/Termination (Cont'd)

Reasonable Opportunity Period (ROP)

Per **AL 09-20 dated 08/06/2020**, the following applies when a beneficiary has been receiving Medicaid/NCHC during a ROP, or is a pregnant woman/child under age 19 who is lawfully residing:

- During or after the ROP expires, beneficiaries with an immigration status only eligible for emergency services should be terminated with timely notice
 - Coverage must continue if information is not provided, or county is unable to determine citizenship status
- Pregnant women with lawfully residing status, but only eligible for emergency services after birth of the child, should be terminated with timely notice at the end of the post-partum period
- Children turning age 19 who are lawfully residing, and are only eligible for emergency coverage, should be terminated with timely notice for failure to meet citizenship/immigration status

Reduction/Termination (Cont'd)

Post-Eligibility Verification

Per AL 02-20 dated 03/26/2020

- Child Support: Compliance will require a post-eligibility request under usual process. However, due to the COVID-19 emergency, once eligibility has been determined, no follow up on the cooperation status with Child Support Services is required at this time.

QUESTIONS



Recertification Timeline & Guidance

Recertification Timeline & Guidance

DHB AL 05-20 dated 07/02/2020 (Obsolete 08/06/2020)

- As required in Senate Bill 808, counties should begin working cases with certification periods ending August 31, 2020, and then each subsequent month
 - Termination and/or Reduction of Benefits continues to not be allowable due to COVID-19 emergency provisions
 - Detailed guidance is provided in AL 05-20 for cases where:
 - Beneficiary moves from LTC to PLA
 - CAP beneficiary no longer eligible for CAP services
 - PACE beneficiary disenrolled from PACE
 - Beneficiary ages out of the current program
 - MPW beneficiary who is no longer pregnant
 - Beneficiary receiving under Reasonable Opportunity Period
 - Beneficiary under age 19 who is pregnant and lawfully residing
 - Beneficiary is determined ineligible or eligible for a lesser benefit
 - Beneficiary's SSI terminated and SSI Ex Parte Review is due

Recertification Timeline & Guidance (Cont'd)

DHB AL 05-20 dated 07/02/2020 (Cont'd)

(Obsolete 08/06/2020)

- **Certification Periods:**

- Will be a new 6 or 12-month period, as appropriate, if eligible for the same or greater benefit
- If ineligible or eligible for reduced benefit, treat as Medically Needy and assign a 6-month certification period with \$0.00 deductible
- If case previously extended, the extension months must be included in the new cp
- CP for MPW is through the post-partum period
- CP for MQB/E is through the end of the calendar year
- CP for most Changes in Circumstance is the remainder of the current cp

Recertification Timeline & Guidance (Cont'd)

DHB AL 05-20 dated 07/02/2020 (Cont'd)
(Obsolete 08/06/2020)

- **Forced Eligibility:**

- In certain situations, Medical Forced will need to be entered in order for the beneficiary's Medicaid benefits to continue:
 - LTC beneficiary is discharged/goes home and is not eligible as PLA or would have a deductible
 - PACE beneficiary disenrolls and is not eligible as PLA or would have a deductible
 - CAP beneficiary no longer eligible for CAP waiver services, not eligible as PLA or would have a deductible
 - Beneficiary has deductible spenddown for the next cp
 - Beneficiary is determined ineligible or eligible for reduced benefit and cannot use Medical Continued Evidence
 - SSI Ex Parte
 - Recertification
 - Change in Circumstance
 - MPW at end of post-partum period

QUESTIONS



COVID-19 Optional Testing Group (MCV)

COVID-19 Optional Testing Group

DCDL 08/14/2020 & DHB AL 11-20 08/25/2020

- **Eligibility Requirements for MCV**

- The following are the eligibility requirements:
 - Applicant must not have health insurance. Health insurance includes:
 - ✓ Medicaid, NC Health Choice, Medicare, TRICARE and Veterans Administration, and federal employee health plan
 - ✓ Group health plan or health insurance coverage
 - Must be a North Carolina Resident
 - Must be a U.S. Citizen or have eligible immigration status which qualifies individual for Medicaid programs (Refer to MA-3330/2504, Alien Requirements policy)

COVID-19 Optional Testing Group (Cont'd)

DCDL 08/14/2020 & DHB AL 11-20 08/25/2020 (Cont'd)

- **MCV Coverage**

- Coverage begins on the first day of the month of application, or up to 3 months prior to MCV application, but no earlier than June 1, 2020, and continues through the end of the Public Health Emergency (PHE)
- Certification end date will show as 12/31/9998
- NC FAST will automatically generate a notice and terminate MCV coverage at the end of the Public Health Emergency

- **Terminations**

- MCV coverage may be terminated when the beneficiary:
 - Obtains health insurance as referenced in AL 11-20 Section II. A.
 - Is no longer a NC resident
 - Does not meet the citizenship/immigration requirement
 - Becomes eligible for another Medicaid program

COVID-19 Optional Testing Group (Cont'd)

DCDL 08/14/2020 & DHB AL 11-20 08/25/2020

- **Medicaid Applications**

- Individuals who have applied for Medicaid and were denied for any Medicaid programs, including FPP, must be evaluated for Medicaid for Coronavirus (MCV)
- The local agency will use the same application date from the DHB-5200, Application for Health Coverage & Help Paying Costs or from the submitted date on the ePass application. Individuals must meet the requirements in AL 11-20 Section II. The local agency will follow the procedures in Section V.
- If the individual has not provided self-attestation of health insurance, the local agency will need to contact the individual to continue to process for Medicaid for Coronavirus (MCV)

- **Implementation**

- Medicaid for Coronavirus (MCV) coverage will begin accepting applications on September 1, 2020

COVID-19 Optional Testing Group (Cont'd)

DCDL 08/14/2020 & DHB AL 11-20 08/25/2020 (Cont'd)

- **Automated Processing for MCV Applications**

- NCFAST will process the MCV applications. If all eligibility requirements in Section II. of AL 11-20 are verified, the beneficiary will receive an appropriate notice:
 - Approved Application
 - ✓ NCFAST will generate NCF-20019 COVID-19 Testing Approval Notice and a Medicaid card to the beneficiary
 - Denied Application
 - ✓ NCFAST will generate a DSS-8109, Notice of Denial or Withdrawal to the applicant
 - ✓ Applicants may request an appeal. Refer to MA-3430, Notice and Hearings Process policy
 - Fall-Out Application
 - ✓ If NCFAST cannot determine eligibility, the application will fall-out during the automated processing due to the following reasons:
 - The individual is already registered in NCFAST as a Prospect Person
 - Person Merge could not be completed
 - U.S. Citizenship or immigration status could not be verified and ROP could not be applied

COVID-19 Optional Testing Group (Cont'd)

DCDL 08/14/2020 & DHB AL 11-20 08/25/2020 (Cont'd)

- **Fall-Out Application Processing Procedures**
 - ROP Follow-Up
 - If the local agency determines an individual has an invalid immigration status during the ROP period, the local agency will timely terminate the case and send the notice. Refer to MA-2420/3430, Notice and Hearings Process policy. The individual is only eligible for emergency services and will need to apply
 - If the 90-day ROP period ends and the citizenship/immigration status was not verified, the MCV coverage continues to the end of the Public Health Emergency (PHE)

QUESTIONS



DHB Administrative Letters

DHB Admin Letters

- **AL 01-20 Medicaid/NCHC Special Policy Procedures for COVID-19 dated 03/20/2020 (Obsolete as of 08/06/2020)**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al01-20.pdf
- **AL 02-20 Child Support Guidance Eligibility Verification dated 03/26/2020**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al02-20-signed-1.pdf
- **AL 01-20: Medicaid/NCHC Special Policy Procedures for COVID-19 Addendum 1, Att 1a & Att 2 dated 04/01/2020 (Obsolete as of 08/06/2020)**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al02-20-addendum-1-covid-19-1.pdf
<https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/dhb-admin-ltr-01-20-add-1-att-1.pdf>
<https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/dhb-admin-ltr-01-20-addendum-attachment-2.pdf>

DHB Admin Letters (Cont'd)

- **AL 05-20 Medicaid/NC Health Choice Recertification Procedures for COVID-19 dated 07/02/2020 (Obsolete as of 08/06/2020)**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al05-20-covid-19-recert-instructions-final-003-002.pdf
- **AL 08-20 Procedures for MAGI Deductions dated 07/09/2020**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al08-20-magi-deduction-procedures-docx.pdf
- **AL 06-20 Medicaid/NCHC Procedures for COVID-19 dated 08/06/2020 and Attachment: DHB Self Attestation**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al_06-20_covid-19-self-attestation-and-reports-final-1.pdf
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/attachment_dhb_self_attestation_8-2020_final.pdf

DHB Admin Letters (Cont'd)

- **AL 07-20 Medicaid/NCHC Procedures Due to COVID-19 dated 08/06/2020 and Attachment B**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/mal_07-20_policy_procedures_covid-19_amended_final.pdf
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/attachment_b-zixmail_instructions_with_email_examples_for_submitting_state_appeal_requests_-004-1.pdf
- **AL 09-20 Medicaid/NCHC Procedures Due to COVID-19 dated 08/06/2020**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/mal09-20_recertification_final.pdf
- **DCDL COVID-19 Testing Medicaid dated 08/14/2020**
[https://files.nc.gov/ncdma/documents/County/DCDL - COVID-19 Testing Medicaid FINAL.pdf](https://files.nc.gov/ncdma/documents/County/DCDL_-_COVID-19_Testing_Medicaid_FINAL.pdf)

DHB Admin Letters (Cont'd)

- **AL 11-20 Medicaid COVID-19 Optional Testing Group Eligibility dated 08/25/2020**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al-11-20-med-covid-19-opt-testing-grp.pdf
- **AL 10-20 Extended Limits of Confinement- Inmate Release Procedures Due to COVID-19 dated 09/09/2020**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al-10-20-elc-for-covid-19.pdf
- **AL 07-20 Amended 2 COVID-19 Stimulus Check dated 03/19/2021**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2020/ma_al_07-20-amended-2.pdf
- **AL 02-21 NCHC Beneficiary at the Age of 19 Procedures and Reports dated 03/22/2021**
https://policies.ncdhhs.gov/divisional/health-benefits-nc-medicaid/family-and-childrens-medicaid/administrative-letters/2021/ma_al-02-21-2.pdf

Medicaid Eligibility Single Audit Findings Workbook

Medicaid Eligibility Single Audit Findings Workbook

- **Tips for Workbook Completion**

- Column E should indicate the 3-letter Medicaid Program acronym
- Column F should indicate the 1-letter Medicaid Classification
- Column J should indicate all errors associated with the claimant's CNDS ID noted in Column C
 - Do not list multiple errors for the same CNDS ID on multiple rows
- Return the completed Medicaid Eligibility Single Audit Findings Workbook to DHB (Mary Spivey & Odessia Houston) at the completion of the Medicaid audit

	A	B	C	D	E	F	G	H	I	J	K	L	M
1		MED Eligibility											
2													
	County	County Name	CNDS ID	PDC#	PROD	CLS	DOP (Date of Payment)	DOS (Claim from Date of Service)	Claim Amount	Error Description	Date Sent to DHB	Date Error Identified and Reported to County	
3													
4	1	ALAMANCE	123456789L	987654321	MAF	D	1/7/2021	12/16/2020	101.66	Enter a description of the error(s) associated with the CNDS ID noted in Column C. If multiple errors, indicate all errors in this cell. Do not list multiple errors on separate rows. All errors associated with a CNDS ID should be indicated on one row. Please provide as much information as possible for the error(s) cited.	7/15/2021	6/25/2021	EXAMPLE CASE
5													
6													
7													



QUESTIONS

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