

# **DMA ADMINISTRATIVE LETTER NO: 11-05, EMERGENCY MEDICAID PROCEDURES FOR HURRICANE KATRINA VICTIMS**

**DATE:** SEPTEMBER 2, 2005

**SUBJECT:** EMERGENCY MEDICAID PROCEDURES FOR HURRICANE  
KATRINA VICTIMS

**DISTRIBUTION:** COUNTY DIRECTORS OF SOCIAL SERVICES  
MEDICAID SUPERVISORS  
MEDICAID ELIGIBILITY STAFF  
DMA STAFF  
CARELINE STAFF

## **I. BACKGROUND**

In response to the destruction resulting from Hurricane Katrina, North Carolina Medicaid is helping to coordinate efforts to provide essential services for Medicaid recipients who have evacuated to North Carolina from Louisiana (LA), Mississippi (MS), and Alabama (AL).

This letter provides guidance and procedures regarding assisting the displaced Louisiana, Mississippi, and Alabama Medicaid and Health Choice recipients evacuating to North Carolina. Each county DSS must take and process applications for Medicaid and Health Choice for these individuals.

If approved, the recipient will be eligible for 3 to 4 months of Medicaid or North Carolina Health Choice (NCHC) coverage for the period of September 1, 2005 through November 30, 2005 for applicants who meet North Carolina eligibility requirements. Retroactive coverage can be considered for the period August 1, 2005 through October 31, 2005. (There is no retroactive coverage for NCHC.)

This policy applies to displaced individuals from areas devastated by Hurricane Katrina in the following counties and parishes:

### **A. Alabama**

Baldwin, Clarke, Choctaw, Mobile, Sumter, and Washington

### **B. Mississippi**

Amite, Forrest, George, Greene, Hancock, Harrison, Jackson, Lamar, Marion, Pearl River, Perry, Pike, Stone, Walthall, and Wilkinson

### **C. Louisiana**

Acadia, Ascension, Assumption, Calcasieu, Cameron, East Baton Rouge, East Feliciana, Iberia, Iberville, Jefferson, Jefferson Davis, Lafayette, Lafourche,

Livingston, Orleans, Pointe Coupee, Plaquemines, St. Bernard, St. Charles, St. Helena, St. James, St. John, St. Mary, St. Martin, St. Tammany, Tangipahoa, Terrebonne, Vermilion, Washington, West Baton Rouge, and West Feliciana

## **II. POLICY PRINCIPLES**

### **A. Waived requirements**

The following requirements are waived for Hurricane Katrina Emergency Medicaid applicants.

1. Medicaid termination in AL, MS or LA,
2. Verification requirements excluding possible online verifications, and
3. State residency.

### **B. Accept applicant's statement for income and assets if verification is not available. Use SOLQ to verify SSA and SSI.**

## **III. SPECIAL POLICY PROCEDURES**

### **A. The application processing time standard for Hurricane Katrina Emergency Medicaid applicants is 5 work days.**

### **B. Accept applicant's statement for county/parish and state residence. The applicant must complete and sign the Application for Temporary Medicaid for [Victims of Hurricane Katrina, Attachment 1](#).**

### **C. If a social security number is unknown or unavailable, use zeros. Verify the social security number using SOLQ.**

### **D. Enter the DSS address on the 8125 in order for the Medicaid card to come to the DSS for client to pick up each month.**

### **E. Document a local contact address in the case file for future notifications.**

### **F. Applicants for Emergency Medicaid for Hurricane Katrina victims are exempt from Carolina Access. Enter the exempt code 9900030 in EIS.**

### **G. Special Indicator Code**

At the individual level in EIS, enter an Individual Special Use Code of AL (for Alabama), MS (for Mississippi), or LA (for Louisiana). In the Date field beside the Individual Special Use code, enter the first and last month of eligibility. For example, an application taken in September with August retro eligibility would have dates entered 082005112005.

#### **H. Medicaid Card**

1. Issue a "County Issued" Medicaid card for the first month of eligibility. Do not remove the pharmacy stub. Destroy the Medicaid card generated by EIS when received by the county dss.
2. Subsequent Medicaid cards for the remaining months will be mailed to the dss. The recipient should be instructed to pick up their Medicaid card each month at the dss.

#### **I. Reviews**

Complete a review using normal Medicaid or NCHC eligibility criteria when the recipient picks up the November card. Send a manual 10 day notice of termination to the address provided as a local contact if the individual is not eligible under regular Medicaid/NCHC rules.

If the Medicaid card has not been picked up by November 10<sup>th</sup>, send a manual 10 day notice of termination to the address provided as a local contact.

### **IV. AID/PROGRAM CATEGORIES**

#### **A. The following programs are exempt from this policy:**

1. Special Assistance  
The Division of Aging will provide Special Assistance instructions.
2. Refugee Assistance Program  
For questions regarding refugee, asylee's, etc., contact the Division of Social Services, Refugee Services at 919-733-4650 for guidance.
3. Work First  
The Division of Social Services will provide Work First instructions.

#### **B. Health Choice**

Approve applicants eligible for NCHC for one year, complete a review in November, and terminate effective November 30, 2005 if they are no longer in North Carolina or do not meet eligibility requirements in North Carolina. By entering the county dss address in EIS, the card will be mailed to the county dss, where the recipient can pick it up.

Enter a special review code or keep a list of NCHC recipients in order to review their eligibility before November 30, 2005.

**C. SSI Recipients**

Verify SSI recipients through SOLQ and approved as non-SSI following procedures in II and III above.

**D. MQB-B and MQB-E**

Recipients who have their Medicare premium paid by another state are not eligible for MQB-B or MQB-E. However, due to eligibility differences between states the applicant may be eligible for full Medicaid in North Carolina.

**V. EFFECTIVE DATE**

This policy is effective August 1, 2005 through November 30, 2005.

You may encounter situations that we have not identified or variations on the situations identified in this letter not identified at this time. Should you encounter situations in which you need additional guidance, please contact your Medicaid Program Representative.

L. Allen Dobson, Jr., M.D., Assistant Secretary  
For Health Policy and Medical Assistance

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