



To: All Providers

From: Khristine Brewington, MS, LCMHCS, LCAS, CCS, CCJP
VP of Network Management

Date: October 11, 2023

Subject: SPECIAL BULLETIN COVID-19 #270: Clinical Policy Flexibilities Ending on Nov. 11, 2023



SPECIAL UPDATE BULLETIN MEDICAID TRANSFORMATION

SPECIAL BULLETIN COVID-19 #270: CLINICAL POLICY FLEXIBILITIES ENDING ON NOV. 11, 2023

[Special Bulletin COVID-19 #270](#)

The policy changes listed within this bulletin will apply to NC Medicaid Direct and NC Medicaid Managed Care.

To support providers and the NC Medicaid community, NC Medicaid is providing a list of clinical policy flexibilities related to the federal Public Health Emergency (PHE), including:

-  All COVID-19 Clinical Policy flexibilities which were made permanent.
-  Temporary Appendix K flexibilities that will end six months after the end of the federal PHE (Nov. 11, 2023).

The Centers for Medicare & Medicaid Services (CMS) allows states to apply for Appendix K flexibilities during emergency situations to request amendments to approved 1915(c) Home and Community-Based Services (HCBS) waivers. NC Medicaid has four approved 1915(c) waivers which are the Community Alternatives Program for Children (CAP/C), Community Alternatives Program for Disabled Adults (CAP/DA), Innovations and Traumatic Brain Injury (TBI) waivers. All flexibilities ending on Nov. 11, 2023, are related to flexibilities for these four waivers. Information on the flexibilities which are ending are found in the Behavioral Health Services section and the Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) section in the [full version of this bulletin](#).

NC Medicaid has evaluated data from the use of federal COVID-19 public health emergency flexibilities and stakeholder feedback on the State's pandemic response. Based on this review, many of the policy flexibilities implemented during federal PHE have been or will be incorporated into permanent NC Medicaid Clinical Coverage Policy. These flexibilities have been shown to be beneficial for both providers and members, improving the access and/or quality of care provided to NC Medicaid beneficiaries. The flexibilities are outlined below.

NC Medicaid continues to be committed to providing as much advance notice as possible to the provider community as temporary COVID-19 flexibilities end. NC Medicaid continues to monitor a variety of factors, including:

- 🌱 Beneficiary and provider impact of sunseting some flexibilities.
- 🌱 Time needed by providers to adjust to the rescinding of the policy given the unprecedented nationwide workforce shortages, which impact providers' ability to deliver care.

Please see the details in the document linked in this bulletin for more information on which flexibilities will be sunseting Nov. 11, 2023.

As a reminder, many flexibilities associated with the end of the Federal PHE ended on May 11, 2023. These flexibilities were published in [COVID-19 Special Bulletin #265](#).

NC MEDICAID TO REMOVE COPAYS FOR HIV ANTIRETROVIRAL MEDICATIONS

🌱 [NC Medicaid to Remove Copays for HIV Antiretroviral Medications](#)

Effective Nov. 1, 2023, NC Medicaid will remove all copay requirements for antiretroviral medications which decrease viral load in patients with HIV.

Effective Nov. 1, 2023, in preparation for the launch of NC Medicaid Expansion, NC Medicaid is removing copayment requirements for HIV antiretroviral (ARV) medications provided through the Outpatient Pharmacy benefit for all NC Medicaid beneficiaries. This change applies to both NC Medicaid Direct and NC Medicaid Managed Care.

Currently, an eligible Medicaid beneficiary who receives prescribed drugs is required to pay a \$4 copay for each prescription received unless they are exempt for one of the reasons listed in the Outpatient Pharmacy Clinical Coverage Policy No. 9, which is available on the [Program Specific Clinical Coverage Policies](#) page.

This new exemption, effective Nov. 1, 2023, would apply to all approved ARVs used to treat HIV, which are provided through the Outpatient Pharmacy benefit. This policy change supports public health efforts to reduce the transmission of HIV.

CHILD MEDICAL EVALUATION CHECKLIST UPDATED

[Child Medical Evaluation Checklist Updated](#)

Use the latest form when submitting to the NC Medicaid fiscal agent

The [Child Medical Evaluation Checklist, Form DHB-1061](#) found on the NCDHHS website has been updated.

This link can also be accessed from the [NC Medicaid Forms webpage](#).

Providers can access the updated Child Medical Evaluation Checklist Form by clicking on **CMEP Form** and then the words “*Checklist for Child Medical Evaluation (CME) Reporting (DHB-1061)*.” Providers may choose to complete the form for each individual or pre-populate information on the site prior to printing the form. Signature fields may not be pre-populated.

Providers should always use the latest version when submitting the Child Medical Evaluation Checklist form to the NC Medicaid fiscal agent.