

DHB ADMINISTRATIVE LETTER NO: 06-21, MEDICAID PROCEDURES FOR COVID-19 – INCREASING PMLS

DATE: July 15, 2021

SUBJECT: Medicaid Procedures Due to COVID-19 Public Health Emergency – Increasing Patient Monthly Liabilities (PML)

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 new guidance and instructions to allow an increase in the patient monthly liability (PML) for long-term care (LTC) beneficiaries and Program of All-Inclusive Care for the Elderly (PACE) beneficiaries.

[DHB Administrative Letter 09-20, Amended-2, Recertification Procedures for COVID-19](#) has been updated to remove guidance that prevented increases to the beneficiary's PML. Counties should continue to follow other, applicable recertification/change in circumstance procedures found in Administrative Letter 09-20, Amended-2.

II. RECERTIFICATION/CHANGE IN CIRCUMSTANCE POLICY – INCREASING THE PML

Updated guidance from CMS allows changes to be made that increase patient monthly liability (PML).

Caseworkers should begin allowing increases to the PML for long-term care (LTC) and Program of All-Inclusive Care for the Elderly (PACE) beneficiaries for reported changes in circumstances or at the next recertification. See MA-[2270](#), Long-Term Care Need and Budgeting, and MA-[2275](#), PACE. Previously reported changes that have not been reacted to during the PHE should be reacted to no later than the next recertification or change in circumstance.

Timely notice is required. See MA-[2420/3430](#), Notice and Hearings Process.

Current NC FAST process prevents increasing the PML for some LTC/PACE beneficiaries. Until this process is adjusted and functionality is available to allow an increase in the PML, caseworkers should follow the procedures below on a case by case basis. More information, including reports identifying cases impacted by the current system edits, will be provided at a later date.

III. PROCEDURES

A. Recertification

Caseworkers should continue to follow normal recertification procedures. When requested information is not returned or the beneficiary is determined ineligible or eligible for a lesser level of coverage, caseworkers should reference the following DHB Administrative Letters for guidance:

- [DHB Administrative Letter, 09-20, Amended-2 Medicaid/NC Health Choice Recertification Procedures for COVID-19](#)
- [DHB Administrative Letter, 05-21, Medicaid/NCHC Procedures for COVID-19 – Allowable Program Changes and Terminations](#)

For all LTC and PACE recertifications for which LTC or PACE will continue with an increased PML, caseworkers should take the following actions:

1. Complete the recertification following applicable policy found in [MA-2270](#), Long-Term Care Need and Budgeting, [MA-2275](#), Program of All-Inclusive Care for the Elderly (PACE), and [MA-2320](#), Redetermination of Eligibility.
2. Follow the [NC FAST Job Aid](#), Traditional Medicaid Recertifications, to complete the recertification in NC FAST.
3. Caseworkers must ensure that a [DHB-5016 Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability](#), is generated and mailed to the correct LTC or PACE facility.
4. Review the LTC or PACE product delivery case (PDC) evidence tab. If Medicaid Continued Eligibility evidence is found, end date the evidence using the last day of the month in which timely notification ends. In the event that there is no Medicaid Continued Eligibility evidence on the PDC but the PML does not increase correctly, the county should contact their assigned OST after completing NC FAST troubleshooting steps if needed.
5. Follow [NC FAST Job Aid](#), Working with Changed Decisions, to ensure that the correct decision is accepted, and timely notice is generated and mailed.
6. Review the beneficiary's benefit history in NC FAST to ensure that the **ongoing** PML is correct. If there is a discrepancy, follow [NC FAST Job Aid](#), DHB Queue for Claims to submit a [DMA-5164 Change to PML Request Memo to DMA Claims Analysis Unit](#).

As a reminder, timely notice is required before increasing a PML. See [MA-2420, Notice and Hearings Process](#).

B. Change of Circumstance

When a LTC or PACE beneficiary reports a change in circumstance or a change is discovered, caseworkers should ensure that the change is reacted to in a timely manner. Refer to [MA-2270](#), Long-Term Care Need and Budgeting, [MA-2275](#), Program of All-Inclusive Care for the Elderly (PACE), and [MA-2340](#), Change in Situation.

When the beneficiary is determined ineligible or eligible for a lesser level of coverage due to the reported change in circumstance, caseworkers should reference the following DHB Administrative Letters for guidance:

- [DHB Administrative Letter, 09-20, Amended-2 Medicaid/NC Health Choice Recertification Procedures for COVID-19](#)
- [DHB Administrative Letter, 05-21, Medicaid/NCHC Procedures for COVID-19 – Allowable Program Changes and Terminations](#)

When the change will result in an increased PML, caseworkers should take the following actions:

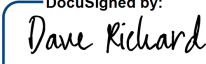
1. Refer to [NC FAST Job Aid](#), Most Common Change of Circumstance, and take the steps noted for the applicable change being reacted to.
2. Caseworkers must ensure that a [DHB-5016 Notification of Eligibility for Medicaid/Amount and Effective Date of Patient's Liability](#), is generated and mailed to the correct LTC or PACE facility.
3. Review the LTC or PACE product delivery case (PDC) evidence tab. If Medicaid Continued Eligibility evidence is found, end date the evidence using the last day of the month in which timely notification ends. In the event that there is no Medicaid Continued Eligibility evidence on the PDC but the PML does not increase correctly, the county should contact their assigned OST after completing NC FAST troubleshooting steps if needed.
4. Follow [NC FAST Job Aid](#), Working with Changed Decisions, to ensure that the correct decision is accepted, and timely notice is generated and mailed.
5. Review the beneficiary's benefit history in NC FAST to ensure that the **ongoing** PML is correct. If there is a discrepancy, follow [NC FAST Job Aid](#), DHB Queue for Claims to submit a [DMA-5164 Change to PML Request Memo to DMA Claims Analysis Unit](#).

As a reminder, timely notice is required before increasing a PML. See [MA-2420, Notice and Hearings Process](#).

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 to the above guidance.

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

DocuSigned by:


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Dave Richard

Deputy Secretary, NC Medicaid