POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

Hurricane Helene Relief and NCDHHS Medicaid Flexibilities

Brieanne Lyda-McDonald, MSPH[1]

[1] North Carolina Institute of Medicine

Keywords: Brieanne Lyda-McDonald, Hurricane Helene, Hurricane relief efforts, Medicaid flexibilities, NCDHHS, long-term recovery, Western North Carolina

https://doi.org/10.18043/001c.137313

North Carolina Medical Journal

Vol. 86, Issue 1, 2025

Hurricane Helene left many communities in Western North Carolina with a wide range of needs for immediate relief and long-term recovery. To address needs related to health care access for individuals enrolled in Medicaid, the North Carolina Department of Health and Human Services (NCDHHS) established various temporary flexibilities, effective from September 26, 2024, through February 28, 2025.

Temporary Flexibilities

The North Carolina Department of Health and Human Services (NCDHHS) temporary flexibilities included:

- "A temporary, expedited enrollment process for health care providers to become a NC Medicaid provider due to a natural disaster.[1]"
- "NC Medicaid will reimburse providers for medically necessary drugs and services, equipment and supplies, provided during the Hurricane Helene emergency without prior authorization (PA).[1]"
- "NC Medicaid, in partnership with the DHHS Division of Mental Health, Developmental Disabilities and Substance Use Services (DMHDDSAS) and the Division of Health Service Regulation (DHSR), is temporarily modifying its Behavioral Health and Intellectual and Developmental Disability clinical coverage policies to better enable the delivery of care to NC Medicaid beneficiaries impacted by Hurricane Helene.[1]"
- "NC Medicaid Direct has temporarily modified its Family Planning CCP, 1E-7 to better enable the delivery of remote care to Medicaid beneficiaries. Both new and established MAFDN-eligible beneficiaries may receive family planning services, including a new patient visit, in-person or via telemedicine, and an annual exam is not required.[1]"

- "Private Duty Nursing (for pediatric and adult beneficiaries) may be provided without prior authorization (PA) for NC Medicaid Direct and NC Medicaid Managed Care beneficiaries.[1]"
- "NC Medicaid Direct and NC Medicaid Managed Care encourages local health departments to provide maternal support services in-person when it is safe to do so; however, if an in-person or home visit is not feasible, eligible providers may conduct maternal support services with new or established patients via telemedicine.[1]"
- "NC Medicaid Direct and NC Managed Care will allow temporary telehealth flexibilities for the delivery of select outpatient specialized therapies (OST) evaluation and treatment services.[1]"
- "NC Medicaid enrolled pharmacy providers have been approved to override [prior authorization] requirements for people impacted by the storm.[1]"
- "[T]o support providers during Hurricane Helene, the eligibility requirements at 42 CFR 482.58(a)(1)-(4), 'Special Requirements for hospital providers of long-term care services (swing-beds)' have been waived.[1] This allows hospitals to establish skilled nursing facility (SNF) swing beds payable under the SNF prospective payment system (PPS) to provide additional options for hospitals with patients who no longer require acute care but are unable to find placement in a SNF.[1,2]"

Table 1 shows the total number of Medicaid enrollees in each of the 25 Western North Carolina counties included in the Governor's disaster declaration (data from June 2024).[3,4] In June 2024, there were nearly half a million (457,600) individuals enrolled in Medicaid in these counties, with 18% of those being enrolled through expanded Medicaid eligibility.

Healthy Opportunities Pilots Services

Fifteen of the 25 Helene-impacted counties are part of the Impact Health region of the Healthy Opportunities Pilots.[5] These pilots are serving Medicaid enrollees by connecting them with services related to housing, food, transportation, and interpersonal violence.[6] Operations of the pilots

1 "A swing bed hospital is a hospital or critical access hospital (CAH) participating in Medicare with CMS approval to provide post-hospital skilled nursing facility care".[2]

Table 1. Count of Medicaid Enrollees by County Included in WNC Helene Disaster Declaration, June 2024

County	Total Medicaid Enrollment	Medicaid Expansion Enrollment (% of Total)
Alexander	9457	1632 (17%)
Alleghany	3268	552 (17%)
Ashe	6858	1138 (17%)
Avery	4302	693 (16%)
Buncombe	58,293	11,765 (20%)
Burke	27,211	5393 (20%)
Caldwell	25,967	4763 (18%)
Catawba	42,365	7420 (18%)
Clay	3048	507 (17%)
Cleveland	34,731	5908 (17%)
Gaston	70,107	11,841 (17%)
Haywood	18,062	2658 (15%)
Henderson	3706	22,796 (16%)
Jackson	10,920	2162 (20%)
Lincoln	19,889	3608 (18%)
Macon	9813	1649 (17%)
Madison	6214	1148 (18%)
McDowell	15,279	2659 (17%)
Mitchell	4061	645 (16%)
Polk	4498	856 (19%)
Rutherford	21,242	3710 (17%)
Transylvania	7374	1328 (18%)
Watauga	6233	1226 (20%)
Wilkes	20,494	3624 (18%)
Yancey	5118	929 (18%)
Total	457,600	81,550 (18%)

Source: Enrollment by county and budget groups SFY 2024. NC Medicaid; North Carolina Department of Health and Human Services – Division of Health Benefits.[5]

were affected by the hurricane, with NCDHHS sharing, "Due to Hurricane Helene, many Healthy Opportunities Pilots (HOP) services in Western NC (Impact Health) were temporarily down. HOP enrollment has resumed, and services have been restored at limited capacity, but there may be a delay in service delivery due to ongoing recovery efforts. If you need immediate help, please call NC 211".[5] In March 2025, NC Medicaid received approval from the Centers for Medicare & Medicaid Services (CMS) for a 1115(a) demonstration waiver to allow recipients of HOP services who were displaced by the storm to continue receiving services even if they are not currently residing in a HOP region.[7]

Preparedness Policies

Some notable recommendations from the previous NCIOM Task Force on Pandemic Preparedness are reflected in the flexibilities provided by NCDHHS:

Recommendation 8.1. Ensure access to high-quality, low-barrier health care before, during, and after public health emergencies.

Strategy 8.1a. The North Carolina General Assembly should increase access to and utilization of health care services for uninsured residents.

Strategy 8.1b. NC Medicaid and private insurers should explore opportunities to relieve prior authorization requirements for prescription medications.

Conclusion

These flexibilities highlight the role that policy can play in times of disaster to quickly address health care access challenges. While we do not yet know the outcomes of these temporary policy changes, what we learn can help guide state-level actions as North Carolina faces weather-related disasters and other sources of emergencies in the future.

Disclosure of interests

Brieanne Lyda-McDonald, MSPH, serves as a project director for the NCIOM. No further interests were disclosed.

Published: April 30, 2025 EDT.

REFERENCES

1. Hurricane Helene policy flexibilities to support providers and members. North Carolina Department of Health and Human Services. October 11, 2024. https://medicaid.ncdhhs.gov/blog/2024/10/11/hurricane-helene-policy-flexibilities-support-providers-and-members-oct-11-2024

2. Swing bed providers. Centers for Medicare & Medicaid Services. Accessed April 29, 2025. http://www.cms.gov/medicare/payment/prospective-payment-systems/skilled-nursing-facility-snf/swing-bed-providers

3. NC Governor Roy Cooper. North Carolina receives federal major disaster declaration for North Carolina. September 29, 2024. https://governor.nc.gov/news/press-releases/2024/09/29/north-carolina-receives-federal-major-disaster-declaration-north-carolina

4. Enrollment by county and budget groups SFY 2024. NC Medicaid; North Carolina Department of Health and Human Services -- Division of Health Benefits. June 12, 2024. https://medicaid.ncdhhs.gov/reports/nc-medicaid-enrollment-reports#FiscalYear2024EnrollmentReports-3418

5. Healthy Opportunities Pilots. North Carolina Department of Health and Human Services. October 30, 2024. http://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots

6. Nandagiri V, Huber K, Bleser W. North Carolina's Medicaid experiment is working. Here's how we know. Harvard Public Health. October 7, 2024. Accessed April 29, 2025. https://harvardpublichealth.org/policy-practice/nc-medicaids-social-determinants-of-health-efforts-are-working/?utm_source=LinkedIn&utm_medium=social&utm_campaign=Michael_Fitzgerald

7. US Department of Health & Human Services. North Carolina Hurricane Helene Public Health Emergency Section 1115(a) Demonstration. March 25, 2025. Accessed April 29, 2025. https://medicaid.ncdhhs.gov/hurricane-helenesection-1115disaster-waiver-approved-03252025/download?attachment