

Harvey, Irma and Medicare: Information for Advocates in Texas and Florida

In the wake of Hurricanes Harvey and Irma, older adults and people with disabilities will require additional help to ensure they have access to the Medicare benefits they rely upon.

Many may have been forced to leave walkers or other medical equipment behind or lost prescription drugs during an evacuation. They may not be able to use the suppliers or pharmacies that keep their prescription records or are in their plan networks. Some may experience even greater disruptions, such as no longer being able to live in care facilities they called home or losing access to the provider network upon which they depended to live safely in their community.

The Centers for Medicare and Medicare Services (CMS) has put into place a number of measures to help address these issues and ensure access to services following hurricanes Harvey and Irma. The measures focus on Medicare rules, since that program is directly administered by CMS. CMS reports that it is also working with state Medicaid agencies to support state-specific emergency measures.

CMS created a [hurricane page](#) collecting all the agency's hurricane information. Below is a summary of the Medicare measures most directly related to beneficiary access, looking at areas where rules are being waived and where limits to flexibility remain.

Durable Medical Equipment Covered by Medicare

- Under a blanket waiver, the face-to-face requirement, a new physician's order, and new medical necessity documentation are not required for replacement of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) where DMEPOS are lost, destroyed, irreparably damaged or otherwise rendered unusable.
- In fee-for-service Medicare, beneficiaries still must use Medicare suppliers and must use competitive bidding suppliers for those items that are subject to competitively bidding rules.
- In Medicare Advantage, beneficiaries should contact their plan. Though CMS requires that plans ensure that their members have access to DME and use flexibility to ensure that access, plans have discretion in how they modify their policies.
- CMS created a [fact sheet](#) for Medicare beneficiaries and suppliers.

Replacement Prescription Fills

- Part D plans and Medicare Advantage plans must ensure enrollees have adequate access to covered Part D drugs dispensed at out-of-network pharmacies when those enrollees cannot reasonably

be expected to obtain covered Part D drugs at a network pharmacy, and when such access is not routine.

- Plans are expected to lift their “refill-too-soon” edits. Plans have operational discretion as to how these edits are lifted during a disaster or emergency as long as access to Part D drugs is provided at the point-of-sale.
- Plans are expected to allow an affected enrollee to obtain the maximum extended day supply, if requested and available at the time of refill.
- Instruction to plans are found [here](#) and [here](#).
- CMS created a [Q&A for consumers](#) about drug coverage in an emergency.

Waiver of Three-Day Hospital Stay Requirement for Skilled Nursing Facility Coverage

- CMS has waived the 3-day prior hospitalization for coverage of a skilled nursing facility stay. The 1812(f) waiver allows nursing facility admission without the 3-day hospital stay and also waives the spell of illness requirement for evacuees and others affected by the hurricane who need skilled nursing facility care. This waiver is limited to identified impacted counties and geographical areas. The Texas waiver is [here](#) and the Louisiana waiver is [here](#).

Use of Out-of-Network Providers in Medicare Advantage

- Plans must allow Part A/B and supplemental Part C plan benefits to be furnished at specified non-contracted facilities.
- Plans must waive, in full, requirements for gatekeeper referrals where applicable.
- Plans must temporarily reduce plan-approved out-of-network cost sharing to in-network cost-sharing amounts.

Where to Find More Information

Significant additional information is available on the [CMS hurricane page](#), including the disaster declarations for each state, information on relaxation of some HIPAA requirements and modification of reporting requirements for facilities. More limited information is also available on South Carolina and Georgia.

Seeking Help from CMS Regional Offices

If advocates have clients who are having problems accessing Medicare services, we recommend contacting the CMS regional office for [Region 6 Office in Dallas](#) for Texas and the CMS regional office for [Region 4 Office in Atlanta](#), which covers Florida.

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