

## Medicare and Disasters: Information for Advocates

When Hurricane Florence or other disasters strike, older adults and people with disabilities 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 depend to live safely in their community.

The Centers for Medicare and Medicaid Services (CMS) has put into place measures to help address these issues and ensure access to Medicare services following disasters.

CMS [created a current emergencies page](#). As of the date of this alert, North Carolina, South Carolina and Virginia have declared emergencies which result in Medicare flexibilities. Flexibilities of most interest to advocates include:

- **Prescription Drug Coverage:** Plans are expected to provide flexibility with respect to use of out-of-network pharmacies; to lift their refill-too-soon edits; and to allow affected enrollees to obtain the maximum extended day supply if requested and available. See [CMS Q&A for consumers](#), [instruction to plans](#), and [additional guidance to plans](#).
- **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. A [CMS fact sheet](#) explains that, in fee-for-service, beneficiaries still must use Medicare suppliers, including, where appropriate, competitive bidding suppliers. In Medicare Advantage, beneficiaries should contact their plan regarding supplier availability.
- **Waiver of Three-Day Hospital Stay Requirement for Skilled Nursing Facility Coverage:** Through an [1812\(f\) waiver](#), CMS has waived the 3-day prior hospitalization for coverage of a skilled nursing stay and the spell of illness requirement for evacuees and others affected by the hurricane who need skilled nursing facility care.
- **Use of Out-of-Network Providers in Medicare Advantage:** [CMS has instructed plans](#) that they 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.

## Help from CMS

For specific problems, we recommend starting with the CMS Regional Office for your state. [Region 4 in Atlanta](#) covers North and South Carolina. [Region 3 in Philadelphia](#) covers Virginia.

## NCLER Fact Sheet

A [fact sheet](#) from the National Center on Law and Elder Rights provides a wealth of additional information on disaster assistance relevant to older adults.

## Resources for Providers

CMS also provides flexibilities for providers in HIPPA requirements and has relaxed [reporting requirements for facilities and providers](#). See the [CMS current emergencies page](#) and a recently issued [MLN Matters article](#).

## More to Come?

In past emergencies, CMS has offered enrollment flexibilities for affected individuals who had a Medicare Part A or Part B initial enrollment period or Special Enrollment Period (SEP) during the incident period of the disaster. When a disaster has occurred during the annual Open Enrollment Period, CMS offered a SEP for affected individuals. Neither has been announced in connection with Hurricane Florence. Advocates should be on the lookout for further developments.