

The End of COVID Emergency Declarations and Its Implications

After three-and-a-half years since going into effect, the Department of Health and Human Services (HHS) is planning to finally let the Public Health Emergency declarations for COVID-19 expire on May 11, 2023. This has substantial implications for healthcare providers across the country, as everyone tries to determine which policies are worth keeping, which should be discontinued, and which should be decided on a state-by-state basis.

Generally speaking, the flexibility extended to telehealth and access to care for COVID-19 will remain, at least for a time. People with Medicare coverage will continue having access to COVID-19 vaccinations without cost sharing, and there is no anticipated change in Medicare coverage of treatment for those exposed to COVID-19.

The same is true for Medicaid and CHIP covered individuals, though the coverage without cost sharing will only last until September 30th, 2024. After that point, Medicaid and CHIP coverage of Covid-19 treatment and testing will vary by state.

Along with that, the telehealth flexibility extended through the Consolidated Appropriations Act of 2023 will continue through the end of 2024.

Waivers, Administration Flexibility, and Payment Changes

The flexibility extended to labs, physicians, and administration, however, is largely coming to an end, at least in its current forms.

During the health emergency, CMS allowed for more flexibility in staffing, particularly regarding staff who were allowed to work without physician supervision or supervise diagnostic tests. The regulations regarding who is qualified to perform certain tasks will largely be expected to go back to prior standards before the emergency declarations were put in place.

Physicians who either haven't gotten full approval to work at hospitals or ambulatory surgical centers yet, or those whose qualifications have expired, will still be allowed to practice at the hospital, but only to assist with shortages related to COVID-19.

The ability to bypass certain self-referral rules (i.e., the "Stark Law") is another emergency-era policy that is going to be discontinued. This was originally set in place to ensure access to care for Medicare and Medicaid beneficiaries, but as the state of emergency is essentially over, the prior regulations are expected to go back into effect.

One major element of the emergency-era policies was greater flexibility in approved physical locations to provide services. Hospitals were allowed to use alternative patient care sites, as providing care was the foremost priority, but this is another standard that is likely to regress—or at least be addressed at the state level.



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From a payment perspective, payments for HCPCS® codes G2023 and G2024 will be discontinued when the Public Health Emergency ends in May. These codes apply to lab specimens that are collected from a patient's home.

Finally, hospitals currently receive a 20% premium on top of the regular rate for Medicare reimbursements for COVID-19 inpatient admission. This is also set to expire in May, although an add-on payment for providing new COVID-19 treatments will be extended to the end of the 2023 fiscal year.

How Does This Affect Me

Ultimately, circumstances can be slightly different from one state to another, but the general expectation is that practitioners should anticipate going back to the more restrictive environment they were used to prior to the emergency declarations being implemented.

There are some policies that will stick around, but most of them are related to telehealth and access to COVID-19 treatment for all patients. One exception is with the Clinical Lab Improvement Act (CLIA). CMS will continue allowing expedited lab certification for labs to begin testing after receiving a CLIA number and paying a lab fee, which was a policy adjustment made during the emergency-era. Any regulations or policies related to qualifications or reimbursement, however, should be expected to go back to prior standards unless policy makers enact new legislation specifically designed to keep new policies around.

For more details on the expected changes from letting the Emergency Declarations expire, please see the [PHE Fact Sheet](#) and [Laboratories Fact Sheet](#) released by the CMS. As always, APS will continue to monitor any changes made to these policies and continue to report on how they may affect your business.

Please contact your Practice Manager with any further questions.