

End of the COVID-19 Public Health Emergency FAQ



This document provides information regarding the end of the COVID-19 Public Health Emergency (PHE) based on the announcement made by the Biden Administration on January 30, 2023. Their intent was to end the National Emergency and Public Health Emergency based on downward trends and the country's ability to respond to and treat the virus and variants.

General and informational questions

When did the PHE end?

The Biden Administration ended both the COVID-19 National Emergency and PHE on May 11, 2023.

What lines of business are impacted by the end of the PHE?

All lines of business are impacted by the ending of the PHE, including commercial (individual and group plans), Medicare, Medicaid, and services offered through PacificSource Administrators, Inc.

Now that the PHE has ended, must all four states in our service area comply, or can they require some or all of the provisions to remain in place?

The PHE is being issued at the federal level, so CMS regulations would apply to all four states. For additional information, please see the [COVID-19 Public Health Emergency Transition Roadmap](#).

Benefit adjustments—Medicare market

What benefit-related provisions have expired in the Medicare market?

There are several provisions that will expire once the PHE ends, unless CMS issues an HPMS memo for Medicare.

| Item/Service | Provision | Provision Expiration Date | Change |
|-------------------|--|--|--|
| COVID-19 tests | \$0 cost sharing for COVID-19 testing related services | May 11, 2023 | Members will be responsible for the plan's cost share associated with the services billed by the provider. |
| | Coverage of eight over-the-counter (OTC) COVID-19 tests per month at no cost | May 11, 2023, unless further extended by CMS | Members will be responsible for the full cost of OTC tests. Medicare Advantage plans that offer an OTC benefit through Nations may cover some COVID-19 tests under that benefit. |
| | Coverage of one COVID-19 clinical lab test without a clinician order | May 11, 2023 | Members will need a clinician order for COVID-19 lab tests. |
| COVID-19 vaccines | Coverage of COVID-19 vaccines | Permanent | No change. Vaccines will continue to be covered at a \$0 copay. |

| Item/Service | Provision | Provision Expiration Date | Change |
|--|---|---------------------------|---|
| COVID-19 Treatment | Coverage of COVID-19 oral antivirals under emergency use authorization (EUA) | December 31, 2024 | Part D Formulary and drug cost shares apply. |
| | Coverage of COVID-19 monoclonal antibodies | December 31, 2023 | No change through December 31, 2023 |
| COVID-19 services administered at out-of-network facilities | In-network cost sharing at out-of-network facilities | May 11, 2023 | Members are responsible for applicable out-of-network cost sharing. |
| Prescription policies | Members may get up to a 90-day supply in one fill if utilization management (UM) requirements are met and there are no safety concerns. | May 11, 2023 | Prescriptions must be written as a 90-day supply by provider. |

What benefit changes will occur?

Benefit changes include the following:

- COVID-19 testing will be subject to standard testing benefits under the plan.
- Eight OTC COVID-19 tests will no longer be covered at \$0 monthly.
- As of January 1, 2023, office visits, urgent care, and emergency room visits with a COVID-19 diagnosis will be subject to normal plan benefits, such as deductibles, copays, and coinsurance.
- Out-of-network services will no longer be paid as in-network.

What is the average cost of an OTC COVID-19 test kit?

The average cost is between \$7 and \$15 per test kit, as of the date of this FAQ.

Does the 100% coverage for the COVID-19 vaccine and/or booster include the cost of the vaccine and administration?

Yes, the cost of the vaccine and/or booster and the administration are covered at 100% when administered by an in-network provider.

Clinical/operational provisional adjustments

Are there clinical provisions that have expired or changed with the end of the PHE?

Yes.

| Item/Service | Provision | Provision Expiration Date | Change |
|-------------------|--|---------------------------|--|
| Providers | 20% increase to the diagnosis-related group (DRG) weights used in original Medicare payments to hospitals for beneficiaries who are COVID-19 positive | May 11, 2023 | Medicare Advantage plans will no longer be required to pay the increase for care provided by out-of-network providers. |
| Pharmacies | Relaxing of plan-imposed policies that may discourage certain methods of delivery, such as mail or home delivery, for retail pharmacies that choose to offer these delivery services in these instances. | May 11, 2023 | Plan-imposed policies will be adhered to, including all utilization management/prior authorization policies. |

| Item/Service | Provision | Provision Expiration Date | Change |
|--|---|---------------------------|---|
| Telehealth | Flexibility in telehealth delivery across state lines | May 11, 2023 | The state licensure flexibility has ended. Further state licensure requirement flexibility would need to be evaluated by Congress. |
| | Telehealth flexibilities, including flexibility in provider types, originating site and geographic location, originating site facility fees, audio-only telehealth, access at FQHCs and RHCs Medicare FFS telehealth requirements for periodic in-person visits for mental health conditions | December 31, 2024 | Medicare Advantage plans may continue to offer enhanced telehealth benefits beyond what FFS Medicare allows. |
| | Plans may expand telehealth services and make other mid-year benefit enhancements. | May 11, 2023 | Medicare Advantage plans may no longer make midyear benefit changes. |
| Emergency use authorization (EUA) | To date, Health and Human Services has issued four EUA declarations for: <ul style="list-style-type: none"> • In vitro diagnostics • Personal respiratory protective devices • Medical devices • Drugs and biological products | N/A | The ending of the PHE will not impact FDA's ability to authorize devices (including tests), treatments or vaccines for emergency use. EUAs for products will remain in effect and the agency may continue to issue new EUAs going forward when criteria for issuance are met. |



Sources

- [HHS.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html](https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html)
- [CMS.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency](https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency)
- [CMS.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf](https://www.cms.gov/files/document/what-do-i-need-know-cms-waivers-flexibilities-and-transition-forward-covid-19-public-health.pdf)
- [CMS.gov/coronavirus-waivers](https://www.cms.gov/coronavirus-waivers)