

# Farewell to the Public Health Emergency



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The federal government’s declaration of a “public health emergency (PHE)” on January 27 2020 is finally coming to an end. On **May 11, 2023**, the PHE concludes – following a lengthy three-year period combatting COVID-19. While there may be no end in sight to the *disease* that caused the world-wide pandemic, the conclusion of the PHE will impact many medical practices from an administrative perspective. Let’s run down the key areas that may affect yours:

- Patients will no longer have access to free over the counter COVID tests, vaccines, and (some) treatments; although some insurers may maintain some coverage, it won’t be mandated by the federal government. In addition to overhearing some grumbling, your staff may process referrals for these services based on insurers’ imposing them as requirements (for example, a referral may be needed for a COVID test by some insurers). Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024. After that, coverage

- and cost sharing may vary by state.
- States have been required to hold their Medicaid rosters through the PHE, halting periodic eligibility redeterminations for more than three years. Further, the government required inclusion for a broad spectrum of uninsured patients. With control returned to the states, many are expected to review and (potentially) purge the recipient lists. Disenrollments will begin as early as April 1, making eligibility verifications essential for your practice during the registration process at scheduling and check-in.
  - Perhaps the most significant exception granted during the PHE for medical practices was that of telemedicine; prior to the pandemic, telemedicine was limited to a narrow set of circumstances. Just weeks before telemedicine restrictions were to be reimposed with the end of the PHE, the government passed the [Consolidated Appropriations Act of 2023](#). In essence, the new law replicates the flexibilities for telemedicine that the PHE delivered. Therefore, despite the end of the PHE, many services can still be delivered via telemedicine. The new law only covers Medicare beneficiaries, however, so don't be surprised if some insurers – including Medicaid – place more restrictions on virtual services, to include lowering payment rates.

Hospitals have received a 20% increase in the Medicare payment rate through the hospital inpatient prospective payment system for treating COVID patients; that will be eliminated on May 11. Although this reversal of extra payment won't affect medical practices, you may hear (lots of) grumbling from the hospital execs in your community.

For more information, see the [government's post about the PHE's conclusion](#).

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