



Key Payments & Policies Tied to the COVID-19 Public Health Emergency

Expires at the end of the PHE:

EMTALA waiver to allow hospitals, psychiatric hospitals and Critical Access Hospitals (CAHs) to screen patients at a location offsite from the hospital's campus.

For the treatment of patients diagnosed with COVID-19, hospitals receive a 20% increase in the Medicare payment rate through the hospital inpatient prospective payment system.

The 3-day prior hospitalization requirement is waived for skilled nursing facility (SNF) stays for those Medicare beneficiaries who need to be transferred because of the effect of a disaster or emergency. Beneficiaries who may have recently exhausted their SNF benefit can have renewed SNF coverage without first having to start a new benefit period.

MA plans are required to cover services at an out-of-network facility that participates in Medicare and charge these enrollees no more than they would if care was at an in-network facility.

Specific aspects of Stark self-referral enforcement

Uninsured pathway to cover COVID-19 testing, vaccinations and treatment services.

Beneficiaries in Medicare fee-for-service and Medicare Advantage (MA) pay no cost-sharing for COVID-19 at home testing, testing related services, and certain treatments.

Clinical diagnostic testing and COVID-19 vaccines will continue at no cost.

Private health plans are required to cover COVID-19 tests and related services without cost sharing or prior authorization; up to 8 over the counter tests per month

Private health plans must cover COVID-19 vaccines without cost sharing.

Flexibility for quality reporting requirements and financial methodology for Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs).

Participation options for eligible ACOs.

Expires 60 days after the end of the PHE or earlier date approved by CMS:

Medicaid Section 1115 demonstration waivers

Expires at the end of the Calendar Year that the PHE ends:

CMS will pay \$40 per dose for administering COVID-19 vaccines in outpatient settings.

CMS will reimburse a total payment of approximately \$75 per dose to administer COVID-19 vaccines in the home for certain Medicare patients.

Expires no later than 6 months after the end of the PHE:

Section 115 Home and Community Based Services (HCBS) waivers

Expires last day of the first calendar quarter beginning one year after the end of the PHE:

Medicaid beneficiaries receiving free COVID-19 testing or treatments without cost-sharing.

Below are policies and waivers that are no longer tied to the PHE

Expires December 31, 2024

Telehealth waivers to the geographic and originating site restrictions.

Expansions to the list of eligible practitioners for telehealth

Eligibilities for federally qualified health centers and rural health clinics for telehealth

Allowing telehealth to be provided through audio-only telecommunications.

Allowing telehealth to be used for a required face-to-face encounter prior to the recertification of a patient's eligibility for hospice care.

Delaying the in-person visit requirement before a patient receives tele-mental health services.

Acute Hospital at Home

Beginning April 1, 2023:

Medicaid continuous enrollment and 6.2 FMAP increase begins to unwind, and the FAMP is gradually decreased over the remainder of 2023.