

# END OF COVID-19 PUBLIC HEALTH EMERGENCY - HEALTH INSURANCE POLICY CONSIDERATIONS

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Over three years ago, the US government declared a national public health emergency in response to the global pandemic caused by COVID-19, granting the government power to access stockpiles of medical equipment and waive certain rules and regulations in the interest of public safety. This included the fast track and emergency authorization of COVID-19 tests and vaccines, allowing health care providers more flexibility in providing virtual care, expanding telemedicine, and extending insurance requirements and deadlines.

On May 11, 2023, this Public Health Emergency (PHE) ended, bringing about changes to the health care system that will impact people all over the nation. This handout will outline some important things to know during this transition.

## MEDICARE

Medicare recipients will continue to receive COVID-19 vaccines at no cost.

Over-the-counter tests are no longer covered by Medicare. However, diagnostic tests that are done through a laboratory and ordered by a healthcare provider will be covered.

Under PHE, Medicare expanded coverage of telehealth services to include non-behavioral health services to promote social distancing. This will continue post-PHE but will revert back to only covering behavioral telehealth after December 31, 2024.

## MEDICAID

Typically, Medicaid recipients must renew their eligibility every year. In March 2020, the Families First Coronavirus Response Act allowed for continuous Medicaid coverage until March 31, 2023. Medicaid recipients should make sure their contact information is up to date on [YourTexasBenefits.com](https://www.yourtexasbenefits.com) to receive renewal notices. Renewal applications can be submitted online, by mail, by calling 211, or by visiting a Texas Health and Human Services office.

Medicaid recipients will continue to receive COVID-19 vaccines at no cost until September 30, 2024, according to the American Rescue Plan Act of 2021.

Certain telehealth flexibilities will remain in place until December 2024.

## CHIP

CHIP recipients will continue to receive COVID-19 vaccines and diagnostic tests at no cost until September 30, 2024, according to the American Rescue Plan Act of 2021.

The telehealth expansions made under PHE will remain in place until December 2024.

## PRIVATE INSURANCE

Changes may vary from insurer to insurer.

COVID-19 diagnostic tests are no longer required to be covered by insurance plans.

COVID-19 vaccines may be provided at no cost by an in-network provider. Under PHE, plans were required to reimburse for vaccines administered by out-of-network providers. Now, there could be a cost for receiving the vaccine from an out-of-network provider.

Many insurance plans expanded telehealth service coverage during the PHE. This may change depending on the insurer.

## Medicaid Eligibility and Medicare Telehealth Resources

Texas HHSC will review eligibility for current enrollees through May 2024. HHSC has prepared an *End of Continuous Medicaid Coverage Ambassador Toolkit* which includes resources for patients and for providers including fact sheets, flyers, and FAQs.



Regarding telehealth, The Texas Medical Association has provided a concise *Post-PHE Telehealth Guidance* sheet detailing which Medicare services and waivers will expire and the timing and consequences of those expirations.



## Navigating COVID-19 Safety

Navigating life post-PHE is important. Although the PHE has ended, adherence to proper safety measures such as hand washing, and mask-wearing where indicated must continue for various reasons including:

- Mitigating the number of new cases of Long COVID, a chronic, often debilitating condition affecting over 20 million Americans
- Preventing variants and future waves with new variants having the potential to be resistant to existing vaccines and to be a source of new waves of infection causing morbidity and mortality

## Practical Ways Health Care Workers and Organizations Can Assist in Post-PHE Transition

- Talk to patients and clients about it including asking if they have checked their insurance eligibility
- Share information about existing insurance eligibility resources via posters and leaflets in patient settings such as clinic waiting rooms or consultation rooms
- Be knowledgeable about what the PHE ending means in practical terms for patients and clients served