

Medicare and the End of the COVID-19 Public Health Emergency

By the GWAAR* Legal Services Team

The end of the federal Covid-19 Public Health Emergency (PHE) on May 11, 2023, brought about an end to some of the waivers and flexibilities tied to this emergency declaration. These changes were intended to improve access to care during the pandemic. Although some of the changes will be permanent, others have been allowed to expire. Read on for information about which waivers and flexibilities have been extended and which will end due to the end of the PHE.

- **Access to COVID-19 vaccines**

People with Medicare coverage will continue to have access to COVID-19 vaccinations without out-of-pocket costs after the end of the PHE. Once the federal government is no longer purchasing or distributing COVID-19 vaccines, people with original Medicare pay nothing for a COVID-19 vaccination if their doctor or other qualified health care provider accepts assignment for giving the shot.

People with Medicare Advantage (MA) plans should contact their plan for details about payment for COVID-19 vaccines, but MA enrollees will pay nothing for a COVID-19 vaccination if they receive their vaccinations from an in-network provider.

- **Access to COVID-19 treatment**

There is no change in Medicare coverage of treatments for those exposed to or infected with COVID-19 once the PHE ends, and in cases where cost sharing and deductibles apply now, they will continue to apply. Generally, the end of the COVID-19 PHE does not change access to oral antivirals, such as Paxlovid and Lagevrio.

For individuals enrolled in a MA plan, the plans must cover treatments that Traditional Medicare covers, but they may require the individual to see a provider who is in the MA plan's network and may have different cost sharing than Traditional Medicare.

- **COVID-19 diagnostic testing**

People with original Medicare can continue to receive COVID-19 PCR and antigen tests with no cost-sharing when the test is ordered by a physician or certain other health care providers, such as physician assistants and certain registered nurses, and performed by a laboratory.

People enrolled in MA plans can continue to receive COVID-19 PCR and antigen tests when the test is covered by Medicare, but their cost-sharing may change when the COVID-19 PHE ends.

Through the end of the COVID-19 PHE, Medicare covers and pays for over-the-counter (OTC) COVID-19 tests at no cost to people with Medicare Part B, including those with MA plans.

The demonstration that allowed coverage and payment for OTC tests ended when the PHE ended on May 11; Medicare Advantage plans may continue to cover the tests, so check with your plan for details.

- **Waiver of the three-day hospital stay requirement prior to a SNF stay**

The waiver of the Medicare three-day qualifying hospital stay requirement prior to a Medicare-covered SNF stay ended with the end of the PHE.

For any Medicare Part A-covered SNF stay which began on or prior to May 11, 2023, without a qualifying hospital stay, that stay can continue for as long as the beneficiary has Part A SNF benefit days available and for as long as the beneficiary continues to meet the SNF level of care criteria (e.g., requiring daily skilled care). For any new Medicare Part A-covered SNF stay which begins after May 11, 2023, (including stays which experience a break in Part A coverage that exceeds three consecutive calendar days before resuming SNF coverage), these stays will require a qualifying hospital stay.

Additionally, MA plans may elect to cover post-hospital SNF care in the absence of the prior qualifying hospital stay as part of their Medicare-covered services. MA enrollees should check their Evidence of Coverage document for coverage requirements related to SNF care.

- **Telehealth**

In most cases, individuals will be able to continue to see providers virtually using telehealth. During the PHE, Medicare beneficiaries had broad access to tele-health services, including in their homes, without the geographic or location limits that usually apply. These waivers were included as provisions of The Consolidated Appropriations Act, 2023, which extended many telehealth flexibilities through December 31, 2024, such as:

- People with Medicare can access telehealth services in any geographic area in the United States, rather than only in rural areas.
- People with Medicare can stay in their homes for telehealth visits that Medicare pays for rather than traveling to a health care facility.
- Certain telehealth visits can be delivered using audio-only technology (such as a telephone) if someone is unable to use both audio and video (such as a smartphone or computer).

However, beneficiaries' ability to receive routine home care via telehealth under the hospice benefit ended at the end of the PHE.

MA plans may offer additional telehealth benefits. Individuals in an MA plan should check with their plan about coverage for telehealth services.

*GWAAR = Greater Wisconsin Agency on Aging Resources Inc. <https://gwaar.org/>