

End of the Public Health Emergency

The U.S. Department of Health and Human Services will end the COVID-19 public health emergency (PHE) May 11, 2023. Ending the PHE will eliminate several pandemic flexibilities, while others have been extended by Congress. Please visit the [MHA website](#) for more resources, including an [MHA webinar recording](#) detailing the steps hospitals should take to prepare for the end of the federal and state PHE.

Medicaid Redetermination:

- Continuous Enrollment for Medicaid beneficiaries ended March 31, 2023. Michigan has restarted Medicaid eligibility renewals as required by federal guidance, and must be completed for all Medicaid beneficiaries within the next 12 months.
- It is important Medicaid Beneficiaries update their contact information in [MI Bridges](#) to ensure they receive information about the redetermination process and changes in coverage.
- The MHA hosted a [Medicaid Redetermination webinar](#) March 20.
- The temporarily enhanced Federal Medical Assistance Percentage (FMAP) of 6.2% will gradually be reduced beginning April 1, 2023.

Telemedicine Flexibilities:

- The following telehealth flexibilities will permanently remain in place in Michigan:
 - Per Michigan Medicaid policy ([MMP 23-10](#)), telemedicine reimbursement rate will be the equivalent to the in-person reimbursement rate.
 - No prior authorization (PA) required when providing telemedicine services, unless the equivalent in-person service requires a PA.
- The following telehealth flexibilities are extended through Dec. 31, 2024 under federal law:
 - Medicare beneficiaries can access telehealth services in any geographic area.
 - Medicare beneficiaries can stay in their homes for telehealth visits.
 - Certain telehealth visits may be delivered through audio-only technology.

COVID-19 Flexibilities and Waivers:

- Most [Blanket waivers](#) in effect to prevent gaps in care will expire at the end of the PHE.
- The 20% increase in Medicare payment rate for hospitals treating patients with COVID-19 will expire at the end of the PHE.
- Emergency waivers for nurse aid training will expire at the end of the PHE, at which time facilities have four months to have all nurse aides complete a state-approved training program.
- Reinstating the three-day prior hospitalization admission requirement for skilled nursing facilities.
- The Acute Hospital Care at Home initiative has been extended through Dec. 31, 2024.

COVID-19 Vaccines, Testing and Treatment:

- **Uninsured:** Upon expiration of the PHE, tests, vaccines and treatments will no longer be provided cost-free. Once the federal supply is depleted, individuals will need to pay for tests.
- **Medicare:** Upon expiration of the PHE, vaccines will remain covered. Cost sharing requirements will be reinstated for tests, testing-related services and most treatments.
- **Medicaid:** Upon expiration of the PHE, vaccines will remain covered. Testing and treatments will remain covered but will be subject to cost-sharing one year after the PHE ends.
- **Privately insured:** Upon expiration of the PHE, vaccines will remain covered. Tests, testing-related services and most treatments will be subject to cost sharing.

Members with questions should contact [Kelsey Ostergren](#) at the MHA.

Brian Peters, Chief Executive Officer