

End of COVID-19 Public Health Emergency (PHE) FAQ

On January 30, the Biden administration announced that the COVID-19 public health emergency is set to end on May 11, 2023. The following information only applies to Medicare services. Commercial insurance plans will create their own rules. Medicaid telehealth has separate rules (discussed below).

Will coverage for telehealth services stop once the PHE is over?

Telehealth services through Medicare, that were expanded by the COVID PHE, would have ended on May 11, 2023, but Congress has acted to temporarily extend telehealth services until December 31, 2024 through the Consolidated Appropriations Act (2023 CAA).

How has Congress acted to extend telehealth coverage after the PHE?

In December 2022, Congress passed the Consolidated Appropriations Act (2023 CAA), which includes provisions to extend Medicare telehealth flexibilities for the <u>formerly expanded list of Medicare-covered services</u> through December 31, 2024. During this <u>temporary</u> extension, Medicare will allow telehealth services to be provided to patients in any geographic area, including in their homes. Covered services may be delivered via smartphone in lieu of equipment with both audio and video capability. Up until May 11, 2023, Medicare-covered providers may use any <u>non-public facing application</u> to communicate with patients without risking any federal penalties — even if the application isn't in compliance with HIPAA. We expect additional regulations to come from HHS to update and finalize additional rules prior to the expiration on December 31, 2024. As an optometrist, Medicare will allow you to continue to provide telehealth services using 92 and 99 codes. Please reference the <u>AOA Telehealth Policy</u> for the appropriate use of telemedicine in optometry to access high-value, high-quality eye, health and vision care.

How will reimbursement amounts by Medicare for telehealth services be impacted by the end of the PHE?

Right now, under the PHE, Medicare pays the same amount for telehealth services as it would if the service were furnished in person. Billing for Medicare telehealth services, as well as for the telephone assessment and management services, and additional flexibilities for communications technology-based services (CTBS) were effective only through the end of the PHE (May 11, 2023). The CAA has extended this to December 31, 2024.

How will the PHE ending impact the number of adults with Medicaid coverage and telehealth services?

The PHE expanded Medicaid coverage. With the end of the PHE, as many as 14.2 million Americans may have their Medicaid coverage terminated. States and the federal administration are working to finalize continuous enrollment rules for handling these changes and rules will vary on a state by state basis. For optometrists, it may be challenging to identify which patients may be on the verge of losing coverage. CMS <u>announced</u> that temporary waivers are available to states to facilitate the renewal process and limit terminations. An overview of states obtaining those waivers is available <u>here</u>. Most states still allow telehealth for Medicaid enrollees including 92 and 99 codes. Check with your state for changes and updates to Medicaid Telehealth rules.

What is AOA doing regarding telehealth?

AOA has been leading the fight to define what telemedicine in optometry is and is not. Each year, we have significantly increased support for and awareness of optometry's essential and expanding role in health care, which has put increased scrutiny and advocacy pressure on coalitions, companies, organizations and individuals (including those tied to ophthalmology) who want to undermine the standard of care, limit optometry and gain an expanded role for themselves in defining the future of eye care. You can read AOA's Telemedicine in Optometry policy statement here. If you have recommendations or concerns regarding AOA's current policy, please contact Kara Webb at kcwebb@aoa.org.

Does the end of the PHE impact the student loan repayment moratorium?

On March 13, 2020, all eligible federal student loans were placed on administrative forbearance, automatically pausing payments and setting interest rates to 0%. Without an additional extension or permanent legislation, the student loan pause is set to end on June 30, 2023, and payments will resume 60 days after that.

How is COVID testing and treatment impacted?

There will be changes to coverage for COVID-19 vaccines, tests, and treatments when the national and public health emergencies end in May. Vaccines and boosters will continue to be covered for people with private insurance when given by in-network providers. Medicare and Medicaid beneficiaries will continue to receive free vaccines. Uninsured people will no longer be able to access free vaccines.

When will the PREP Act related to <u>vaccination authority</u> end?

In March 2020, the Secretary of HHS issued a PREP Act Declaration covering COVID-19 tests, drugs and vaccines providing liability protections to manufacturers, distributors, states, localities, licensed healthcare professionals, and others identified by the Secretary who administer COVID-19 countermeasures. The PREP Act expanded the list of professionals who are qualified to administer vaccines and are protected from liability. The PREP Act related to vaccination authority will end on October 1, 2024.