

2023 ORH Hospital Quality Workshop

May 15-17, 2023

Seaside Civic and Convention Center | Seaside, OR

Centers for Medicare & Medicaid Services (CMS) End of the COVID-19 Public Health Emergency (PHE) and Status of Flexibilities

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Preparing For the End of the COVID-19 Public Health Emergency

Background

- A [national emergency declaration](#) was issued in March of 2020, pursuant to Section 201 of the [National Emergencies Act](#) and with several continuation notices were issued to [continue beyond March 1, 2022](#).
- Additionally, Congress enacted several major legislative initiatives to address COVID-19 including the [Families First Coronavirus Response Act](#) (FFCRA), the [Coronavirus Aid, Relief, and Economic Security \(CARES\) Act](#), the [American Rescue Plan Act](#) (ARPA), the [Inflation Reduction Act](#) (IRA), and the [Consolidated Appropriations Act, 2023](#) (CAA).
- [On Jan. 30, 2023, the Biden Administration announced](#) its intent to end the national emergency and Public Health Emergency (PHE) declarations related to the COVID-19 pandemic on May 11, 2023. The Centers for Medicare & Medicaid Services has resources available to help you prepare for the end of the PHE, some of which have been updated based on recent action by Congress. Many of the flexibilities have been in place since early 2020 to provide flexibility to waive or modify certain requirements in a range of areas, including in the Medicare, Medicaid, and Children's Health Insurance Programs (CHIP), and in private health insurance.

Preparation For the End of the COVID-19 PHE

- CMS used a combination of emergency authority waivers, regulations, enforcement discretion, and sub-regulatory guidance to ensure access to care and give health care providers the flexibilities needed to respond to COVID-19 and help keep people safer.
- Many will terminate at the end of the PHE, as they were intended to address the acute and extraordinary circumstances of a rapidly evolving pandemic and not replace existing requirements.
- <https://www.cms.gov/coronavirus-waivers>

The CMS COVID-19 Response



Telehealth

People with Medicare can now get telehealth services from their home, increasing their access to care.



Care by Phone

Patients can consult with a doctor, nurse practitioner, psychologist, and others and Medicare will cover it.

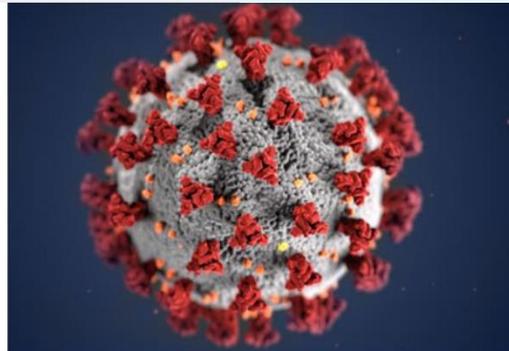


Expanding Hospital Capacity

Community resources like hotels, convention centers and surgery centers can be converted for hospital care.

COVID-19 Vaccine Policies & Guidance

We're giving you the information you need to provide the COVID-19 vaccine. We have many resources about coverage and billing for providers, state Medicaid plans, and private health plans.

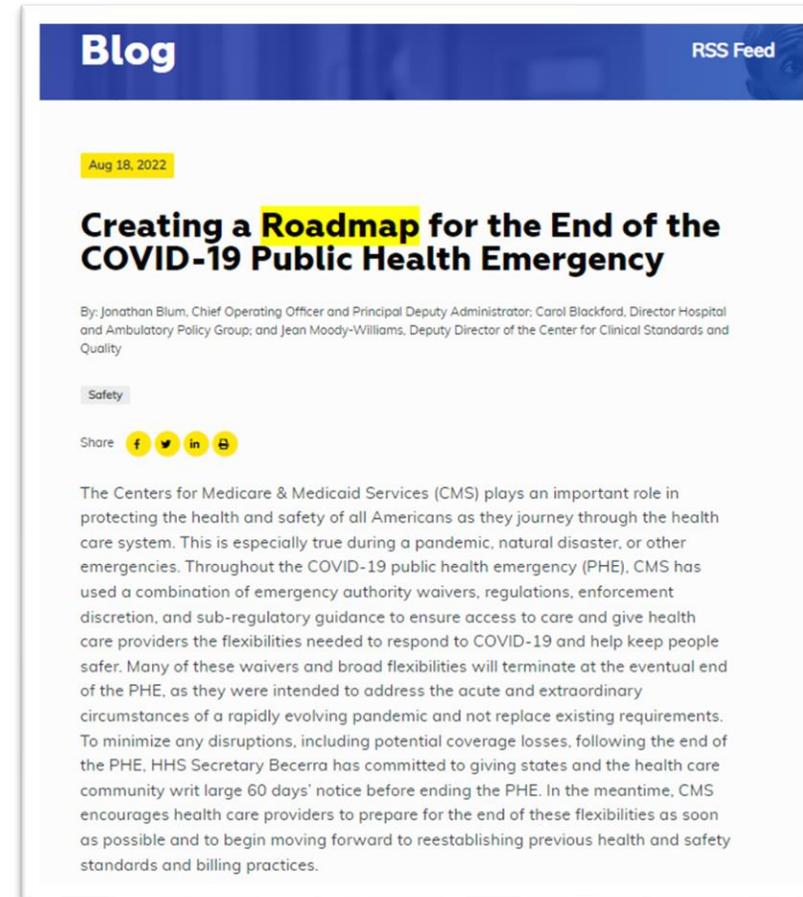


COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers

<https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>

A Roadmap for the End of the COVID-19 PHE

- In August 2022, CMS released [roadmap](#) for the eventual end of the Medicare PHE waivers and flexibilities, to ensure that the health care system is more resilient and better prepared to adapt to future disasters and emergencies that we know we can expect.



CMS Roadmap: <https://www.cms.gov/blog/creating-roadmap-end-covid-19-public-health-emergency>

Keeping Patients/Residents at the Center

- Early on, CMS encouraged providers to prepare for the end of these waivers and the return to our previous rules for Conditions of Participation and billing practices, if possible.
- In some instances, CMS phased out certain flexibilities that were generally no longer needed to re-establish certain minimum standards to protect the health and safety of those residing in Skilled Nursing Facilities/Nursing Facilities (SNFs/NFs).

Press release

CMS Returning to Certain Pre-COVID-19 Policies in Long-term Care and Other Facilities

Apr 07, 2022 | Nursing facilities

Share    

Actions continue to protect the health and safety of nursing home residents

The Centers for Medicare & Medicaid Services (CMS) is taking steps to continue to protect nursing home residents' health and safety by announcing guidance that restores certain minimum standards for compliance with CMS requirements. Restoring these standards will be accomplished by phasing out some temporary emergency declaration waivers that have been in effect throughout the COVID-19 Public Health Emergency (PHE). These temporary emergency waivers were designed to provide facilities with the flexibilities needed to respond to the COVID-19 pandemic.

During the PHE, CMS used a combination of emergency waivers, regulations, and sub-regulatory guidance to offer health care providers the flexibility needed to respond to the pandemic. In certain cases, these flexibilities suspended requirements in order to address acute and extraordinary circumstances. CMS has consistently monitored data within nursing homes and has used these data to inform decision making.

Flexibilities

- Sub-Regulatory Guidance
- Blanket Waivers
- Emergency Interim Regulations

Flexibilities and Waivers Ending May 11, 2023

- Skilled Nursing Facility (SNF) 3-Day In-Patient Hospital Stay
- COVID OTC Testing Demo
- Hospitals Without Walls

Waivers & Flexibility Timeline

May 11, 2023

The Public Health Emergency (PHE) for COVID-19 declared under section 319 of the Public Health Services Act, set to expire at the end of the day, May 11, 2023.

June, 2023

SNF enforcement discretion allowing pharmacies to administer vaccines in SNF ends.

December 31, 2023

Virtual supervision flexibility to expire.

December, 2024

Reduced reporting requirements for nursing home and hospitals

December 31, 2024

Most Medicare telehealth flexibilities provisions end.

May 11, 2023

Most blanket waivers will end in response to emergencies or natural disasters including scope of practice and health and safety waivers. OTC testing coverage ends.

December 31, 2023

Medicaid continuous enrollment condition will end.

April 30, 2024

End of nursing home and hospital reporting requirements.

December 31, 2024

Extension of Acute Hospital of Care at Home ends.



Acute Hospital Care At Home

- Acute Hospital Care at Home expanded CMS' Hospital Without Walls initiative as a part of a comprehensive effort to increase hospital capacity, maximize resources, and combat COVID-19 to keep people safe.
- CAA, 2023 extended program through December 31, 2024.
- Hospitals can still apply to participate. For more information on the program, please view our <https://qualitynet.cms.gov/acute-hospital-care-at-home>

Telehealth and Medicare

- Consolidated Appropriations Act of 2023
- Extended certain telehealth provisions until December 2024
 - Available in any geographic area — not just rural
 - Can be done in home rather than travelling to a facility
 - Audio only available for those without smart phones or computers

Telehealth and Medicare

- Medicare Advantage Plans may offer additional telehealth services.
- Accountable Care Organizations (ACOs) may offer telehealth services that allow primary care doctors to care for patients without an in-person visit.

Telehealth and Medicaid & CHIP

- Telehealth has been offered by many state Medicaid programs prior to the pandemic.
- Coverage varies by State
- Telehealth Toolkit:
<https://www.medicaid.gov/medicaid/benefits/downloads/medicaid-chip-telehealth-toolkit-supplement1.pdf>.

Telehealth and Private Insurance

- Varies by plan
- Contact insurer for more info

Medicare and Vaccines, Testing & Treatments

- Vaccine will continue to be available
- Testing with no cost sharing when ordered by a doctor or other qualified health care provider
- Treatment-continued access to oral antivirals

Medicaid & CHIP and Vaccines, Testing & Treatments

- American Rescue Plan Act of 2021
 - States must provide Medicaid & CHIP coverage without cost sharing through September 30, 2024.

Private Insurance and Vaccines, Testing & Treatments

- Vaccines will continue to be covered.
- Testing coverage will vary by health plan.
- Treatments continue as currently covered.

Useful Resources



[CMS
Emergencies
Page](#)



[What Do I Need to
Know? CMS
Waivers,
Flexibilities, and the
Transition Forward
from the COVID-19
Public Health
Emergency](#)



[Coronavirus Waivers
and Flexibilities](#)

Medicaid.gov/Unwinding: Resource Page for States and Partners

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Home > Resources for States > Coronavirus Disease 2019 (COVID-19) > Unwinding and Returning to Regular Operations after COVID-19

Unwinding and Returning to Regular Operations after COVID-19

The expiration of the continuous coverage requirement authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the passage of the Affordable Care Act. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase, states have been required to maintain enrollment of new enrollees. When the FFCRA coverage requirement expires, states will have up to 12 months to return to normal operations.

Additionally, many other temporary authorities adopted by states during the public health emergency, including Section 1135 waivers and disaster relief state plan amendments, will need to plan for a return to regular operations across the country. Additional tools and resources are released.

Unwinding Guidance

- [Promoting Continuity of Coverage and Distributing Eligibility at the State Level](#) (PDF, 815.14 KB) (Posted 3/3/2022)

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CMCS Informational Bulletin

DATE: January 5, 2023

FROM: Daniel Tsai, Deputy Administrator and Director
Center for Medicaid and CHIP Services

SUBJECT: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023

On Thursday, December 29, 2022, the Consolidated Appropriations Act, 2023 (CAA, 2023) was enacted. This law includes various Medicaid and Children's Health Insurance Program (CHIP) provisions, including significant changes to the continuous enrollment condition at section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) that take effect April 1, 2023.¹ Under this section of the FFCRA, states claiming a temporary 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) have been unable to terminate enrollment for most individuals enrolled in Medicaid as of March 18, 2020, as a condition of receiving the temporary FMAP increase. When this continuous enrollment condition ends, states must, over time, return to normal eligibility and enrollment operations. As described in prior Centers for Medicare & Medicaid Services (CMS) guidance, states will have up to 12 months to initiate, and 14 months to complete, a renewal for all individuals enrolled in Medicaid, CHIP, and the Basic Health Program (BHP) following the end of the continuous enrollment condition—this process has commonly been referred to as “unwinding.”² The newly enacted CAA, 2023 does not address the end date of the COVID-19 Public Health Emergency (PHE), and as of January 2023, the PHE is still in effect; it does, however, address the end of the continuous enrollment condition, the temporary FMAP increase, and the unwinding process.

Under the CAA, 2023, expiration of the continuous enrollment condition and receipt of the temporary FMAP increase will no longer be linked to the end of the PHE. The continuous enrollment condition will end on March 31, 2023, and the FFCRA's temporary FMAP increase will be gradually reduced and phased down beginning April 1, 2023, and will end on December 31, 2023. Beginning April 1, 2023, states will be able to terminate Medicaid enrollment for individuals no longer eligible. The conditions for receiving the temporary FMAP increase listed at subsections 6008(b)(1), (2), and (4) of the FFCRA will continue to apply to states claiming the temporary FMAP increase while the FMAP increase remains available, through December 31, 2023 (although the CAA, 2023 also amends subsection 6008(b)(2), effective April 1, 2023; CMS

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Strategic Approaches to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations

JANUARY 2023 UPDATE

Centers for Medicare & Medicaid Services

Medicaid and CHIP Continuous Enrollment Unwinding:

A Communications Toolkit

This toolkit has important information to help inform people with Medicaid or CHIP about steps they need to take to renew their coverage.

Responding to New Emergencies

- Blanket and Individual 1135 waivers and 1812(f) waivers necessary and appropriate to accommodate the needs of those impacted by an emergency or disaster can be rapidly granted following any new Presidential Declaration (National Emergencies Act issued under COVID Pandemic) and Secretary Public Health Emergency Declaration (PHE).
- CMS has streamlined the request and inquiry process by creating the [CMS 1135 Waiver / Flexibility Request and Inquiry Form web portal](#). We have also created additional resources to help you learn how to submit an [1135 waiver \(PDF\)](#) or a [PHE inquiry \(PDF\)](#) using this new process.

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Thank you!

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