

# End of the Federal Public Health Emergency

Andrea De La Bruere, Commissioner  
Department of Vermont Health Access (DVHA)

**May 9, 2023**



- The **Public Health Emergency** declaration provided flexibility to states in administering the Medicaid program.
- The Biden Administration has announced that the Public Health Emergency will end on May 11, 2023.
- Some programs will revert back to pre-pandemic criteria and/or funding levels.

## COVID cost sharing:

- Vermont Medicaid coverage *without cost sharing, including copays*, of all services, drugs, tests, and vaccines for the treatment and prevention of COVID-19 will end September 30, 2024.

# Telehealth Changes when Federal Public Health Emergency Ends

4

- Before the Public Health Emergency began, Vermont Medicaid did not reimburse providers for audio-only telehealth services.
- Currently, under flexibilities granted during the Public Health Emergency, Vermont Medicaid covers audio-only telehealth services and pays parity to audio/visual telehealth services.
- The codes that disallow audio-only services will be discontinued for payment by Vermont Medicaid as of July 1, 2023.
- DVHA has made a policy decision to cover audio-only telehealth coverage and to pay parity for codes that are allowed per correct coding through December 31, 2024.

## Telehealth:

- Medicaid will follow DEA rules for telehealth for prescribing controlled substances.
- During the Public Health Emergency, there was a provision that allowed a waiver of HIPAA-compliant connections, as permitted by federal law or guidance regarding enforcement discretion for telemedicine, including store and forward. This waiver ends with the end of the federal PHE. Vermont Medicaid will require HIPAA-compliant connections going forward.

- DVHA has been collaborating with health care association leaders regarding future telehealth coverage.
- DVHA is carefully looking at which services make sense to provide via audio-only telehealth, and whether to pay the same amount as for audio/visual telehealth visits for Vermont Medicaid.
- DVHA is using data to inform future decisions about audio-only coverage.
- Moving forward, we will cover codes that are medically necessary and clinically appropriate for audio-only.

# Telehealth Utilization Data – All Services

SFY	Audio Only % of all Claims	SFY	Video/Audio % of all Claims	SFY	All Other % of all Claims
2020	0.63%	2020	2.18%	2020	97.19%
2021	1.49%	2021	6.86%	2021	91.65%
2022	0.76%	2022	5.27%	2022	93.96%
2023	0.67%	2023	4.71%	2023	94.62%

The Department is gathering data about customer satisfaction and experience for audio-only services. We are using the following criteria to help us determine coverage and payment for audio-only telehealth going forward:

- Codes that would violate correct coding rules would be determined ineligible for audio-only reimbursement (i.e. code requires face-to-face visit).
- Whether Medicare has indicated audio-only can meet the requirements for these services.
- Whether it is clinically appropriate to deliver these services via audio-only telehealth.



- The Department will follow Federal guidelines for sending public notice of any changes to telehealth and audio-only coverage.
  - Federal guidelines require the Department to send public notice at least one day before the change is implemented.
  - The Department makes every effort to provide longer public notice.