

COVID-19 | National Emergency & Public Health Emergency Unwind FAQs

What is happening?

As of May 11, 2023, the COVID-19 national emergency and public health emergency declarations will end per the Biden Administration's announcement on January 30, 2023. This will bring about the return to pre-COVID-19 pandemic health insurance coverage per members' policies as originally written.

Below is a summary of what will and will not change as of result of the end of these emergency declarations

Note: For Medicare Advantage members; Members with Align powered by Sanford Health Plan and Great Plains Medicare Advantage plans will continue with existing PHE coverage through December 31, 2023.

FOR MEMBERS (*Not on a Medicare Advantage Plan*)

Vaccines

What's changing: Effective May 11, 2023, vaccines received In-Network will remain covered at no-cost to members, and the cost-share waiver for vaccines received Out-of-Network will expire. Coverage of Out-of-Network vaccines will be based on the member's benefit plan.

At-home COVID Test

What's changing: Over the counter COVID-19 tests will no longer be covered by Sanford Health Plan. However, members can choose to pay for over the counter COVID-19 tests with flex dollars or over-the-counter Medicare Advantage benefits as available through their specific plan design.

Clinical Diagnostic COVID-19 Tests

What's changing: Effective May 11, 2023, the cost-share waiver for clinical diagnostic testing will end, and coverage will be based on the member's benefit plan.

Standard COVID-19 Treatment

What's changing: No change. Medically necessary treatment for COVID-19 will remain covered in accordance with the member's benefit plan.

COVID-19 Related Telehealth/Virtual Care Visits

What's changing: Effective May 11, 2023, the cost-share waiver for telehealth (or virtual care) visits will end, and coverage will be based on the member's benefit plan (e.g., similar to office-visit cost-share requirements).

COVID-19 Related Telehealth/Virtual Care Visits for HSA HDHP Plans:

What's changing: The current safe harbor allowing for plans to provide coverage of COVID-19 related diagnostic telehealth visits without cost-share in HSA-eligible HDHPs will expire with on May 11, 2023. Please note: This is separate from the cost-share waiver for treatment via telehealth, which ended in 2021). This coverage may be extended through December 31, 2023, as permitted under the CAA Sec. 4151, if desired by a self-funded group.

FOR PROVIDERS:

COVID-19 Testing Provider Reimbursement

What's changing: Effective May 11, 2023, if the plan does not have a negotiated rate with a provider for COVID-19 diagnostic testing services, the plan is no longer required to reimburse the cash price for such service that is listed by the provider on a public website.

Prior Authorization for in-patient care:

What's changing: Sanford Health Plan will resume requiring prior authorization for any in-patient care including those related to COVID-19 as of May 11, 2023.

Telehealth Reminder:

What's changing: Sanford Health Plan will resume requiring all telehealth services to be provided using a HIPAA compliant platform per pre-pandemic regulations as of May 11, 2023.

This information will be posted and available to all audiences on sanfordhealthplan.com under the Quick Links Bar across the home page beginning week of April 3, 2023.