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.*