



The End of the COVID-19 Public Health Emergency:

What Hospitals Need to Know Now to Adapt



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As we reflect on the past three years and the public health emergency (PHE) that came to an end on May 11, 2023, it's apparent we have weathered the storm of the COVID-19 pandemic. We've all faced the challenges that have left the healthcare industry worn out and margins spread thin. However, a new day is dawning, and as you navigate the roadblocks of employee education, leadership, and more, Ovation Healthcare is here to help.

It's crucial for hospitals and health systems to adapt and transition from the temporary waivers and flexibilities that were granted during the PHE. Setting up the following initiatives will lay the foundation for a successful transition back to compliance:



Develop a Work Team:

To effectively navigate the transition, it's essential to establish dedicated directors or vice presidents for each provider type within your healthcare system. By assigning accountable leaders, you can streamline communication and decision-making processes.

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Review Centers for Medicare & Medicaid Services (CMS)–Published FAQs:

Thoroughly review the CMS–published FAQs that will help you determine which providers are currently operating under waivers. This knowledge is crucial for developing an action plan to ensure compliance. [View CMS–published FAQs here.](#)



Understand Waivers:

There are hundreds of waivers currently in place due to the COVID-19 national emergency that provide compliance exemptions to Medicare regulations. It's vital for hospitals, practices, home health agencies, hospices, and others to review the waivers specific to their operations. This analysis will enable organizations to identify whether they are operating under a waiver and plan accordingly. CMS and Department of Health and Human Services (HHS) regularly update these sites, making them the best source of information for providers nationwide.

Links to each list of waivers, their discussions, and expiration dates:

• Physicians and Other Clinicians.....	View PDF
• Hospitals and CAHs (including Swing Beds, DPUs), ASCs and CMHCs.....	View PDF
• Teaching Hospitals, Teaching Physicians and Medical Residents.....	View PDF
• Long Term Care Facilities (Skilled Nursing Facilities and/or Nursing Facilities.....	View PDF
• Home Health Agencies.....	View PDF
• Hospice.....	View PDF
• Inpatient Rehabilitation Facilities.....	View PDF
• Long Term Care Hospitals & Extended Neoplastic Disease Care Hospitals.....	View PDF
• Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs).....	View PDF
• Laboratories.....	View PDF
• Medicare Shared Savings Program.....	View PDF
• Durable Medical Equipment, Prosthetics, Orthotics and Supplies.....	View PDF
• Medicare Advantage and Part D Plans.....	View PDF
• Ambulances.....	View PDF
• End Stage Renal Disease (ESRD) Facilities.....	View PDF
• Participants in the Medicare Diabetes Prevention Program.....	View PDF



Permanent Waivers:

Ongoing lobbying efforts aim to make certain waivers permanent which HHS/CMS can do if they review the statutes and determine that doing so would not violate them. However, in most cases, an Act of Congress is required to make the waiver permanent.

Any waivers made permanent are published and discussed by CMS in their annual rules. As we approach the annual rulemaking calendar, any permanent changes will be published in these rules:



Service/Provider Type	Effective Date	Proposed	Final
Inpatient PPS	Oct. 1	May 1	Aug. 1
Outpatient PPS	Jan. 1	July 15	Nov. 1
Skilled Nursing Facility	Oct. 1	May 1	Aug. 1
Inpatient Rehab.	Oct. 1	May 1	Aug. 1
Inpatient Psychiatric	Oct. 1	May 1	Aug. 1
Home Health Agency	Jan. 1	Aug. 1	Nov. 1
Physician Fee Schedules	Jan. 1	July 15	Nov. 1
Rural Health Clinics/FQHCs	Jan. 1	Aug. 1	Nov. 1
End Stage Renal Dialysis Facilities	Jan.1	Aug. 1	Nov.1
*CMS releases proposed and final rules earlier than the above schedule. See the CMS website.			
*Major legislation implemented through these rules			

NOTE: It's crucial to stay informed about these developments and adapt your compliance strategies accordingly.



Medicaid Enrollment and Insurance Expiration

As various Medicaid enrollment waivers expire, it may result in the removal of approximately 20 million enrollees from Medicaid. Additionally, tax credits provided to individuals purchasing health insurance on the federal or state insurance exchange are also set to expire. These factors may lead to an increase in uninsured patients visiting emergency rooms. Preparing for this potential influx is essential for hospitals to continue providing quality care.



CMS Letter to Survey Teams

Recently, HHS and CMS published a PDF document called “CMS Letter to Survey Teams.” This letter is directed to state survey directors and other accrediting bodies. It serves as a concise and informative summary memorandum, covering various waivers related to provider conditions of participation regulations and their expiration dates. [View it here.](#)

Merit-Based Incentive Payment Program (MIPS) Update

With the end of the PHE, it's crucial for eligible providers to prepare for the changes that lie ahead in the MIPS program. In 2024, no PHE-related exceptions for extreme and uncontrollable circumstances are expected, which means reporting will be required for eligible providers. It's time to revisit the MIPS reporting instructions to ensure you have the necessary access to the MIPS portal and reporting tools. Touch base with your vendors to confirm their capabilities to support your reporting requirements.

The end of the COVID-19 public health emergency brings both challenges and opportunities for healthcare organizations. By understanding the wind-down process, reviewing waivers, staying compliant with regulations, and preparing for the future of MIPS reporting, hospitals can successfully adapt to the changing landscape. Remember, this journey requires ongoing vigilance and flexibility. Stay tuned for the next part of this playbook for guidance through these transitions as we navigate the path to a brighter healthcare future.