



A METROCARE PHYSICIANS PUBLICATION

APRIL 2023

THE END IS NEAR: WHAT WILL HAPPEN AT THE END OF THE PHE?

The Biden Administration proclaimed an end to the COVID-19 public health emergency to be formalized on May 11, 2023. Some things will change immediately while other PHE waivers and rules will have a slow runout.

COVID VACCINES	COVID TESTING	COVID TREATMENT
GOVERNMENT SUPPLIED vaccines will remain free to all until supplies are exhausted	Medicare patients will no longer receive free home test kits effective 5/11/23	Doses of Paxlovid or other pharmaceuticals purchased by the government will remain free while supplies last.
Vaccines obtained commercially will be covered by health insurance plans at 100% if administered by in- network provider	Commercial payers may no longer cover test kits effective 5/11/23	Medicare patients may face cost sharing for some treatments starting 5/11/23. Medicaid and CHP have no cost share through the end of 2024.
Uninsured and underinsured will likely pay out-of- pocket after government stock used up	Provider administered tests will incur a plan-dependent cost-share for those covered by commercial insurance and Medicare patients may pay for the doctor visit but not the test itself	Behavioral health site of service in the patient home as been made a permanent provision. No geographic restriction for originating site for BH/Mental health services.
TELEHEALTH SERVICES Compliance Changes As of 5/11/23: use of applications such as Face Time that are not HIPAA compliant will no longer be acceptable for telehealth encounters	Continued through 12/31/24: 1. All 2023 telehealth fee schedule services. 2. No geographic restrictions on originating site for services under current waiver. 3. Some audio-only platforms will remain. 4. OT/PT/SLT encounters by by telehealth	CLICK HERE FOR CMS SUMMARY OF CHANGES

SDOH: Continuous Medicaid Enrollment Provision Ends

During the COVID PHE, Medicaid enrollment was made continuous, preventing states from disenrolling Medicaid patients for any reason until the government-declared end of the PHE. The Consolidated Appropriations Act of 2023 will bring that specific COVID provision to a hard stop on March 31, 2023. On April 1, the state will begin to disenroll all those who are not too new to need validation during their normal eligibility renewal month. This will require disenrollment of the vast majority of Medicaid enrollees in one twelve month period.

The state of Tennessee plan is to automatically re-enroll all eligible beneficiaries that can be confirmed electronically through SNAP benefit registrations, etc., but some estimates expect nearly half of all Tenncare-eligible patients disenrolled will not be automatically re-enrolled due to changes in contact information or other issues. Elderly patients may be especially at risk for losing their benefits. You may help your patients maintain their coverage by informing them of the upcoming disenrollment and need to re-enroll and by assisting them with updating their contact information with TennCare.

ACCESS TN INFO HERE

MS MEDICAID INFO HERE

AR MEDICAID INFO HERE

SDOH: Lunchtime Coding Webinars

Coding for Social Determinants of Health: Good for patient care, quality measure outcomes, and E&M levels

Lunchtime sessions: March 8 March 15

click date to register

April 5 April 12

Payers have begun to acknowledge that regardless of proper medical attention and prescribed treatment, circumstances in a patient's life outside the control of the physician and the patient heavily influence a patient's health and well-being. And evaluating your patient for these issues may elevate E&M level selection.

Codes to describe these harmful situations, whether environmental or economic or other, allow for reporting of treatment failures, unexpected negative outcomes, and generally increased risk in patients who may have socioeconomic reasons for less than expected positive outcomes and higher cost.

SVMIC Practice Management 101 Online On Demand training at no extra charge to covered practices

This program is one of the many valuable services provided free of charge to medical practice executives in practices covered by SVMIC malpractice insurance. click here for information and access

Catch Up on APRIL ICD 10 Updates

In 2020, COVID 19 diagnoses, testing, vaccines, and treatments necessitated new ICD-10 code development between the customary Oct 1 dates. A regular April 1 update was added to the code release schedule to allow for mid-period updates.

Join us to catch up on the 2023 April 1 updates in a brief lunchtime format May 10 click here or May 21 click here.

Dissecting and Coding Op Notes in 2023

Do not miss Karen's popular detailed discussion on analyzing and coding op notes. March 24 9AM click here

We Are Here to Assist You

T. Carter Towne, MD
Chairman
t 901.360.1360
carter.towne@metrocarephysicians.com

Taylor Bailey, Executive Director t 901.261.7804

taylor.bailey@metrocarephysicians.com

Clinical Services

Fran Parker
Provider Relations and
Quality Improvement
t 901.261.7791
fran.parker@metrocarephysicians.com

Wendy Hughes, LPN
Quality Reporting Coordinator
t 901.261.7790
wendy.hughes@metrocarephysicians.com

Education Services

Donna Pendergrass, MD, CPPM, CPCO Communications Director t 901.261.7796 donna.pendergrass@ metrocarephysicians.com



Credentialing Services

Kelly Jordan, CPMSM Credentialing Manager t 901.261.7797 kelly.jordan@metrocarephysicians.com

Teresa Stacks
Credentialing Specialist
t 901.261.7792
teresa.stacks@metrocarephysicians.com

MetroCare Physicians telephone 901.360.1360 fax 901.360.1336