

May 8, 2023
MB# 23-018

MEDICAID BULLETIN

TO: All Providers

SUBJECT: Policy Clarifications and Reminders Related to End of COVID-19 Federal PHE

The coronavirus disease 2019 (COVID-19) federal public health emergency (PHE) will end May 11, 2023. In [Medicaid Bulletin 23-009](#), the South Carolina Department of Health and Human Services has previously announced an update on the future state of temporary policy changes that were created during the federal PHE. As a reminder, **these flexibilities will either be made permanent, continue for one year after the expiration of the federal PHE or expire upon the end of the federal PHE on May 11, 2023.** Policy changes that are being extended beyond May 11, 2023, have now been incorporated into their respective [provider manuals](#). This includes policy changes that are being made permanent and those that have been extended to May 11, 2024. SCDHHS will issue additional guidance on the flexibilities that have been extended for one year.

SCDHHS previously issued guidance via Medicaid bulletins announcing the status of these flexibilities once the federal PHE expires. These bulletins are described below and available via the links included with their descriptions.

- [Medicaid Bulletin 22-005](#) regarding the temporary telemedicine flexibilities issued during the COVID-19 PHE;
- [Medicaid Bulletin 23-003](#) regarding other temporary flexibilities issued during the COVID-19 PHE; and,
- [Medicaid Bulletin 23-005](#) regarding flexibilities specific to nursing facilities.

Clarification on FQHCs, RHCs and the Physician Fee Schedule

Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) will continue to be eligible for reimbursement for services rendered via telehealth. When billing for any telehealth procedure code, providers must submit claims with a GT modifier. If a code requires any other billing modifiers when submitting claims, the GT modifier should be listed after any other modifiers. Telehealth services will continue to be reimbursed as a “bill-above” service and will be paid outside of the established encounter rate. Providers will instead receive the reimbursement rate from the applicable SCDHHS fee schedule.

Clarification on Continued Coverage of COVID-19 Treatment and Vaccination

SCDHHS is clarifying guidance that was issued in [Medicaid Bulletin 23-003](#) regarding COVID-19 treatment and vaccination coverage. COVID-19 treatment and vaccination will continue to be covered as required by the American Rescue Plan Act. For COVID-19 vaccine administration, this coverage will continue for all eligibility groups. This means coverage for COVID-19 vaccine administration will continue for full-benefit Medicaid members and individuals enrolled in limited benefit programs, including the family planning limited benefit program, covered by Healthy Connections Medicaid without cost sharing until Sept. 30, 2024. COVID-19 treatment, including specialized equipment and therapies, will be covered without cost sharing for full-benefit Medicaid members until Sept. 30, 2024, without amount, duration or scope limitations that would otherwise apply when covered for purposes outside of the treatment or prevention of COVID-19.

Those who are enrolled in the optional COVID-19 testing group are covered for COVID-19 treatment in addition to testing and vaccinations only through the last day of the federal COVID-19 PHE (May 11, 2023).

Providers with questions about the policy flexibilities issued during the PHE should submit their questions to COVID@scdhhs.gov.

Restart of Provider Revalidation

The Centers for Medicare and Medicaid Services (CMS) approved South Carolina's request to temporarily cease revalidation of providers located in South Carolina or who are otherwise directly impacted by the PHE. As part of compliance with the end of the federal PHE, SCDHHS will restart the revalidation process for Medicaid providers in the second half of calendar year 2023. The agency will provide additional information and a more precise timeline for this process through a future Medicaid bulletin.

Reminder: Restart of Annual Eligibility Reviews for Medicaid Members

To comply with the provisions of the Families First Coronavirus Response Act, SCDHHS paused the standard Medicaid eligibility annual review process effective March 2020. The *Consolidated Appropriations Act, 2023*, which was passed by Congress and signed into law by President Joe Biden on Dec. 23, 2022, provided state Medicaid agencies with a date of April 1, 2023, to resume their standard annual eligibility review processes.

SCDHHS will review groups of cases each month over the 12-month period beginning April 2023. This means some members will not receive their notice or annual review form until March 2024. SCDHHS published a website with information about this process, which is available at www.scdhhs.gov/annualreviews. SCDHHS has produced a [provider fact sheet](#) about the restart of the annual review process and other material to help communicate with Medicaid members in its [communications toolkit](#) located on SCDHHS' annual reviews website.

Providers or stakeholders with questions about the annual review process can also email AnnualReviews@scdhhs.gov if they would like someone from the agency to present to their organization about this process.

Thank you for your continued support of the South Carolina Healthy Connections Medicaid program.

/s/
Robert M. Kerr