



*United States Office of Personnel Management
The Federal Government's Human Resources Agency*

Benefits Administration Letter

Number: 23-201

Date: April 21, 2023

Subject: COVID-19 Public Health Emergency Transition

On January 30, 2023, the Biden-Harris Administration announced that the Department of Health and Human Services (HHS) intends to end the public health emergency (PHE) for coronavirus disease-2019 (COVID-19) on May 11, 2023.¹

FEHB Carriers must continue to cover benefits for the diagnosis, prevention, and treatment for COVID-19 even after the expiration of the PHE. This BAL highlights details from FEHB Carrier Letter 2023-08, which may be helpful to you in answering questions from employees.

After the PHE expires FEHB Carriers:

- Must continue to cover laboratory and over-the-counter (OTC) COVID-19 diagnostic tests including associated items and services for furnishing those tests. Carriers may impose, but are **encouraged** to waive, cost-sharing (including deductibles, copayments, and coinsurance) and medical management (including prior authorization) for COVID-19 diagnostic tests and associated items and services furnished after the end of the PHE.

¹ See Executive Office of the President, Office of Management and Budget, [Statement of Administration Policy: H.R. 382 and H.J. Res. 7 \(Jan. 30, 2023\)](#). See also [HHS Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap \(Feb. 9, 2023\), clarifying that the COVID-19 PHE is anticipated to end at the end of the day on May 11, 2023.](#)

- Are encouraged to provide notice to covered individuals about changes to key information about their COVID-19 benefits (e.g., date when the Carrier would begin to impose cost-sharing requirements).
- Must continue to cover, without cost-sharing, COVID-19 vaccines (including their administration), and any other qualifying coronavirus preventive services intended to prevent or mitigate COVID-19 on an in-network basis.

Please see this HHS [Fact Sheet](#) which offers a COVID-19 public health emergency roadmap that you may share with employees. If employees have questions on specific FEHB plans' coverage and reimbursement, please direct them to contact their FEHB plan for more information.

Medicaid and Children's Health Insurance Program (CHIP) Coverage

Between March 18, 2020 and March 31, 2023, the Centers for Medicare & Medicaid Services (CMS) temporarily waived certain Medicaid and Children's Health Insurance Program (CHIP) requirements on the condition that individuals were kept continuously enrolled (referred to as the "continuous enrollment condition"). The easing of these rules helped prevent people with Medicaid and CHIP – in all 50 states, the District of Columbia, and the five U.S. territories – from losing their health coverage during the pandemic. However, states have begun resuming or will soon resume Medicaid and CHIP eligibility reviews following the end of the continuous enrollment condition on March 31, 2023. According to some estimates, when states resume these reviews, up to 15 million people could lose their current Medicaid or CHIP coverage through a process called "unwinding."²

In an effort to minimize the number of people that lose access to health coverage as a result of unwinding, the Biden-Harris Administration is working to inform people about renewing their coverage and exploring other available health insurance options if they no longer qualify for Medicaid or CHIP.

For purposes of the FEHB Program, pursuant to 5 CFR 892.101, the loss of Medicaid or CHIP coverage would be a qualifying life event (QLE) for

² For more information about unwinding, see www.Medicaid.gov/unwinding.

employees or eligible family members, and an FEHB enrollment change is permitted within 60 days after loss of coverage. In addition, an employee or eligible family member becoming eligible for premium assistance under Medicaid or CHIP is also a QLE, and an FEHB enrollment change is permitted within 60 days after the date the employee or family member is determined to be eligible for assistance.

Agencies are encouraged to ensure that their benefits staff are aware of the resumption of Medicaid and CHIP eligibility determinations. Agencies can also encourage their employees who are enrolled in Medicaid or CHIP coverage to update their contact information with the state Medicaid or CHIP agency. Agencies may also encourage employees to respond promptly to any communication from the state. OPM's guidance is based on Question 7 of the [Frequently Asked Questions \(FAQs\) Part 58](#) issued on March 29, 2023 by the Departments of Labor (DOL), Health and Human Services (HHS), and the Treasury.

For questions concerning this Benefits Administration Letter, please contact your Agency's Headquarters Benefits Officer. If you do not know who this person is, please refer to OPM's [list of agencies and their Headquarters Benefits Officers](#).

Sincerely,

Laurie Bodenheimer
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