In addition to the COVID-19 FAQs that have provided ongoing information and will continue, Blue Cross and Blue Shield of Minnesota (Blue Cross) is providing a supplemental communication specific to COVID-19 vaccine information. This document will provide ongoing updates as vaccine development and distribution facts become known including information on how Blue Cross is supporting members, employers and agents during this challenging time.

Our top priority is to ensure the health and safety of our members. We continue to follow the developing guidance of local and federal health officials.

UPDATE 2 - December 8, 2020

BLUE CROSS READINESS AND MEMBER SUPPORT

Overview

In accordance with federal law and applicable regulation, for the duration of the COVID-19 public health emergency, Blue Cross will provide coverage with no member cost-sharing (including deductibles, copayments, and coinsurance) for the administration of FDA-authorized COVID-19 vaccines, regardless of the administering provider’s network status. This coverage requirement applies to Medicare, Medicaid, and Commercial markets.

The federal government is currently paying for all doses of the COVID-19 vaccine, which will be distributed to states, health care providers, and pharmacies free of charge. As part of this distribution, the federal government will prohibit any provider who receives the vaccine at no cost from the federal government from balance billing the member.

When providers begin paying for the vaccine, this communication will be updated to reflect any changes to how the vaccine charges will be covered.

At this time, the determination of who will receive the vaccination first (i.e. frontline care workers, etc.) and where it will be administered, has not been communicated. This decision is made by state governors in consultation with their own public health experts.

Provider Reimbursement

While there is no cost share for the member for the vaccine and its administration, providers will be reimbursed for the administration of the vaccine and eligible related office visit charge*. 

- Blue Cross medical reimbursement rates for the vaccine administration will align with CMS Medicare reimbursement rates. (See below for information on Prime Therapeutics)
- Medicare administration rates for COVID-19 vaccine will be $28.39 for single-dose vaccines. For two-dose vaccines, the administration rate will be $16.94 for the first dose and $28.39 for the final dose.
- Blue Cross will process claims from non-par providers using each individual Group’s non-par pricing methodology.

*Office Visit Charge: The provider visit is assumed to be included in the vaccine administration. An example of a related provider visit that would not be eligible to have cost share waived would be if the member saw their
provider for a sprained wrist and received the COVID-19 vaccination during that office visit. In this scenario, only the vaccine and its administration charge would apply no member cost share.

Prime Therapeutics

Once the vaccine is made available to pharmacies, there will be no member cost share regardless of pharmacy’s participation status within their plan’s networks.

- This means that members who have Prime Therapeutics (Prime) as their pharmacy benefit manager (PBM) may receive the COVID-19 vaccination at no cost at in-network, out-network, participating or non-participating providers.
- Prime will pay providers the Medicare vaccine administration rate for all lines of business.
- As this is a phased distribution process, we anticipate pharmacies to begin receiving vaccines for the general public in the spring of 2021. Please keep in mind, this is a fluid situation and ongoing updates can be expected.

Member Support

- Blue Cross customer service is ready to help support member calls regarding vaccination benefit coverage and answer general questions.
  - It is advisable for members to contact their care provider for clinical questions.
- The Blue Cross website COVID-19 page will continue to provide ongoing benefit information for members and will also include vaccine information from our Chief Medical Officer, Dr. Mark Steffen, through his blog starting in mid-December.
- Dr. On Demand is reviewing ongoing vaccine information and working on how they can support members. We will update you when more details are available.

COVID-19 Vaccine Codes

We have implemented the applicable COVID-19 vaccine administration codes and are prepared to process incoming vaccine claims. For your reference:

Pfizer, Inc. vaccine (91300)
- 0001A (first dose)
- 0002A (second dose)

Modena, Inc. vaccine (91301)
- 0011A (first dose)
- 0012A (second dose)

UPDATE 1 RELEASED: November 16, 2020

“THE AGENCIES” COVID-19 VACCINATION RELEASE

Blue Cross is sharing some details about a recent release from the “The Agencies” (Departments of HHS, Labor, and Treasury) and guidance from the CDC for your reference.
The Agencies have released their 4TH interim final rule (IFC-4), with a comment period of sixty days, establishing coverage of and payment parameters for a COVID-19 vaccine once one is available, among other provisions.

- The IFC-4 implements provisions of the CARES Act that require vaccines to be administered at no cost to patients.
- CMS noted the federal government will initially be the sole purchaser of the vaccine with payers expected to reimburse providers for vaccine administration.

The IFC implements provisions of the CARES Act that require COVID-19 vaccines to be administered at no cost to patients, including coverage requirements across Medicare, Medicaid, and commercial markets.

The IFC requires a reasonable reimbursement rate for out-of-network (non-participating) providers and includes balance billing protections for consumers. There is mention that one reasonable OON/Non par pricing option would be Medicare rates.

For Commercial Plans, below are some key highlights from the release and corresponding guidance:

**COVERAGE**

1. **Requires cost-share waiver for the vaccine, related items and services, and the administration fee:**
   - The IFC also provides that during the public health emergency (PHE) for COVID-19, plans and issuers must cover, with no cost share, qualifying coronavirus preventive services, regardless of whether an in-network or out-of-network provider delivers such services.
   - The IFC also affirms that plans and issuers subject to section 2713 of the Public Health Service Act must cover, with no cost share, items and services that are integral to the furnishing of recommended preventive services, including the administration of COVID-19 immunizations.

2. **Required coverage of all ACIP-recommended COVID-19 vaccines within 15 days of recommendation issuance:**
   - Guidance encourages plans to be prepared to implement upon issuance of the recommendation. Blue Cross agrees with this approach and is taking the necessary steps internally on how best align with the recommendation.

3. **Non-grandfathered Plans**
   - These coverage requirements do not apply to a plan or coverage that is not required to provide coverage of preventive services without cost sharing under section 2713 of the Public Health Service Act, such as grandfathered health plans, excepted benefits, or short-term limited duration insurance.

**PAYMENT FOR VACCINE**

- All payers do not reimburse providers for vaccine product, for those providers who receive the product at zero cost from the federal government and/or state.
- During the COVID-19 PHE, the amount an issuer reimburses a provider for administration of a COVID-19 vaccine out of network must be reasonable, as determined in comparison to prevailing market rates for such service; one example of reasonable payment would be the Medicare reimbursement rate.
- The IFC prohibits providers receiving the vaccine at no cost from federal government from balance billing patients (New policy under IFC-4).
• It is unclear of timing for when the federal government will no longer be the sole purchaser and health plans must reimburse for vaccine product. Blue Cross will be monitoring the situation and will provide ongoing communications to our employers.

VACCINE CODING

After providing emergency use authorization (EUA) or licensure of each COVID-19 vaccine product by FDA, CMS will identify the specific vaccine code(s), by dose if necessary, and specific vaccine administration code(s) for each dose for Medicare payment. CMS and the American Medical Association (AMA) are working collaboratively on finalizing a new approach to report use of COVID-19 vaccines.

Operational Considerations for Potential COVID-19 Vaccines

• Dose sequence: Candidate vaccines may be a single-dose vaccination or be part of a two dose series.
• Priority of overall vaccine distribution: While CMS expects that there will be a sufficient supply of vaccine to distribute to all beneficiaries, distribution may be done in phases.
  o The Advisory Committee on Immunization Practices (ACIP) and the CDC will be issuing guidance on priority of vaccine distribution.
• Pharmacy and Provider agreements: To receive free supplies of the COVID-19 vaccine(s), pharmacies, retail clinics, providers, and any other site of care receiving and administering COVID-19 vaccines must sign an agreement with the U.S. government. Under the agreement, all providers must vaccinate individuals regardless of whether they have health insurance coverage or what type of coverage they have and are prohibited from balance billing or otherwise charging vaccine recipients.
• Following vaccination, vaccine recipients must be provided with emergency use authorization (EUA) Fact Sheets on the vaccine and vaccination cards. They must also administer the vaccine in accordance with CDC and ACIP requirements, and must meet storage and recordkeeping requirements, including recording the administration of the vaccine to patients in their own systems within 24 hours, and reporting to public health data systems as soon as practical, and within 72 hours.