

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 5 RELEASED: March 22, 2021

COVID-19 VACCINE ADMINISTRATION REIMBURSEMENT INCREASE

Centers for Medicare & Medicaid Services (CMS) made the following announcement updating the Medicare payment rates for COVID-19 vaccine administration on March 15, 2021.

- Effective for services furnished on or after March 15, 2021, the new Medicare payment rate for administering a COVID-19 vaccine will be approximately \$40 to administer each dose of a COVID-19 vaccine (\$40 for a single-dose vaccine and \$80 for a two-dose vaccine).
 - This rate reflects updated information about the costs involved in administering the COVID-19 vaccine for different types of providers and suppliers, and the additional resources necessary to ensure the vaccine is administered safely and appropriately.
- While CMS generally implements changes to Medicare payment rates for specific services through notice and comment rulemaking, the payment rate changes for these specific services are being implemented on the same day as their announcement.
- To read the entire CMS announcement, click here: [Medicare COVID-19 Vaccine Shot Payment | CMS](#)

Our Approach

- For applicable commercial fully insured and self-insured plans*, Blue Cross will align with and implement the CMS reimbursement increase and effective date of service, March 15, 2021.
 - We will not adjust claims with date of service before March 15, 2021 to apply this rate.
- We will be updating our cost estimates for the vaccine with this new information and will provide a revised analysis when available.

Prime Therapeutics

Prime will increase the administration fee for Commercial and health insurance marketplace (HIM) COVID-19 vaccines effective Friday, March 26, following required system changes.

**Refer to the below release dated November 16, 2020 for plans that are excluded from the vaccine mandates. Blue Cross complies with CMS regulations.*

UPDATE 4 RELEASED: March 3, 2021

BLUE CROSS MEMBER WEBSITE AND MEMBER FLIER

As mentioned in the January release, Blue Cross is working on various initiatives and updates will be forthcoming as details become available to share. We are pleased to share the below updates to our website and also a member flier that is available.

Online COVID-19 Resource Center

Blue Cross is sharing some changes we just made to our bluecrossmn website to provide more resources for members:

- To help members find information, at the top of the homepage is a link to COVID-19 information. After the member clicks their language preference (English or Spanish), they are routed to a COVID-19 Resource page.
 - This page provides information on coverage for COVID-19 testing and treatment, in addition to information about vaccine coverage, eligibility and frequently asked questions.
- Members will find updated resources in the *Vaccine tab* to reflect **Find Your Vaccine resources for all states and each state's eligibility requirements as available**.
 - This will centralize information for members throughout the U.S.
 - While we may list MN specific eligibility on the website, right next to it, we share how a member who resides in any state or has family members in other states can get their state's specific information.
- Lastly, we want to share a member flier posted in the *Vaccine tab*, ["What you should know from Dr. Mark Steffen" \(PDF\)](#) that you can download for your members. The flier focuses on vaccine safety and efficacy.

COMMERCIAL COVERAGE REFRESHER / SUMMARY

A couple updates: The FDA recently granted emergency use authorization for the Johnson & Johnson COVID-19 vaccine. We previously provided vaccine administration codes in an earlier release (December 8, 2020). The American Medical Association created a new HCPCS Level II code for the Johnson & Johnson vaccine's administration: 0031A (single dose).

Also, we know of vaccines going to these Minnesota retail pharmacies: Thrifty White, Walgreens, Hy-Vee, and Walmart. Members can schedule online by going to the pharmacy's COVID-19 website page.

Eligible members can also check their local area pharmacies and health system pharmacies to schedule their vaccination online. Supplies will vary among states and locations. Note: The pharmacy does not have to be in the member's network for the no cost share waiver to apply.

COVID-19 Vaccines

In response to recent requests to help clarify vaccine benefits, we want to provide a refresher / summary on the coverage and reimbursement for COVID-19 vaccines in this release for ease of reference.

Please refer to previous releases in this document for more details.

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

- Thus, providers are prohibited by agreement with the U.S. Government from billing patients for the vaccine or its administration, including balance billing.

Commercial Health Plans 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. The federal government is not reimbursing commercial carriers for these costs.

When the PHE expires, the Plan's preventive care benefits for the COVID-19 vaccine will apply.

Note: 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.

**This term is used in the legislation and Blue Cross is reiterating here for clarity purposes.*

UPDATE 3 RELEASED: January 15, 2021

UPCOMING INITIATIVES, PREVENTIVE CARE & COVID-19 DASHBOARD UPDATES

Upcoming Initiatives

Blue Cross is sharing two key initiatives that involve cross-functional internal workgroups and external partners.

1. Blue Cross has developed a phased COVID-19 vaccine plan, including targeted member communication and educational materials.
2. In addition, Blue Cross is actively working with community and provider partners to help support members and remove barriers to receiving the vaccine, once eligible.

We've provided some details about these initiatives below:

- Blue Cross is in early discussions with providers and pharmacies on partnership opportunities to help support members and providers with needs related to administering the vaccine. (Keep in mind, it is not expected vaccines will be available to the general public until late spring / early summer at the earliest).
- We are also working with a non-profit organization to facilitate COVID-19 vaccine-specific listening sessions in February and gather community insights to help inform educational content and member communications.
- Blue Cross is partnering with TPT (Twin Cities Public Television) on videos and programs to help educate the general public on COVID-19 vaccines and address barriers to health, including distrust in marginalized communities. The Minnesota Department of Health will be providing links to this content on their website.

We anticipate providing more details about our communication initiatives with you in early February.

As a reminder, you can find more information about our response to COVID-19, including the vaccine, at bluecrossmn.com/covid. On December 15, 2020, our Vice President and Chief Medical Officer, Dr. Mark Steffen, published a blog post with relevant and timely information on [COVID-19 vaccines](#). We recommend reviewing this information and using this as a resource for your employees, as appropriate. This blog will continue to provide education and information about the vaccine, including cautioning members about potential scams.

COVID-19 VACCINATION UPDATES

Self-Insured and Fully Insured Employers



It is important to keep in mind federal and state agencies are in charge of supply and distribution of the vaccines. Eligibility and timelines are determined by each state's health department. We recommend you look for information from the health department in the state where you reside.

- Specific to Minnesota: The Minnesota Department of Health continues to update their site as new eligibility information becomes available. Information from the Minnesota Department of Health can be found here: <https://www.health.state.mn.us/diseases/coronavirus/vaccine/plan.html>
- In addition, the Minnesota Department of Health has released phase 1 guidelines: <https://www.health.state.mn.us/diseases/coronavirus/vaccine/phase1guide.pdf>

Preventive Care

Blue Cross has updated our preventive services information to include the COVID-19 vaccine. Coverage includes any COVID-19 vaccine authorized or approved by the FDA. Members do not need to worry which vaccine is covered under their Plan for currently approved vaccines and future approved vaccines.

Available for clients and members is the *2021 Detailed Description of Preventive Services* document.

This document can be found at bluecrossmn.com on the preventive care informational page: [Physical Exams and Preventive Visits | BlueCrossMN](#)

Screen shot of the update:

CATEGORY	DESCRIPTION
IMMUNIZATIONS	
For details on doses, recommended ages, and recommended populations, see prevention guidelines at cdc.gov/vaccines/schedules . Listed below are most commonly utilized immunizations – list may not be all inclusive	
COVID-19 vaccines	
Tetanus, diphtheria, pertussis, poliovirus vaccines	May be offered singly or grouped
Influenza vaccines	
Varicella (chickenpox) vaccines	
Hepatitis A vaccines	
Hepatitis B vaccines	
Human papillomavirus (HPV) vaccines	
Measles, mumps, rubella (MMR) vaccines	
Pneumonia vaccines	
Meningitis vaccines	
Zoster (herpes shingles) vaccines	
Rotavirus vaccines	

Self-insured Employer COVID-19 Dashboard Update

Blue Cross is working to include COVID-19 vaccine data points on the self-insured client specific dashboards. The main data point will be number of doses with the expectation to be able to report on the total of unique members who are fully vaccinated. Blue Cross is just starting to receive incoming claims. The estimated time for vaccination data to display on the dashboards is by the end of January.

UPDATE 2 RELEASED: 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)

Moderna, 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.

COVID-19 VACCINATION UPDATES

Self-Insured and Fully Insured Employers



- 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.