



State of New Jersey

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BULLETIN NO. 21-01

TO: ALL HEALTH INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, HEALTH SERVICE CORPORATIONS, THIRD PARTY ADMINISTRATORS, MEWAs, JOINT INSURANCE FUNDS AND ANY OTHER ENTITY ISSUING HEALTH BENEFITS PLANS IN THE STATE

FROM: MARLENE CARIDE, COMMISSIONER

RE: COVERAGE FOR COVID-19 IMMUNIZATIONS

The purpose of this bulletin is to provide guidance to all health insurance companies, health maintenance organizations, health service corporations and other entities issuing health benefits plans in this State (collectively “carriers”) related to coverage for qualifying coronavirus preventative services, including COVID-19 immunizations.¹ In accordance with state and federal law, the Department of Banking and Insurance (“Department”) is providing this Bulletin as guidance to confirm that all carriers, including self-funded health plans shall not apply any cost sharing, including but not limited to copays, coinsurance and deductibles for qualifying coronavirus preventive services delivered by any in-network or out-of-network health care providers.

The federal Food and Drug Administration (“FDA”) has approved at least two, and is anticipated to approve additional, immunizations for COVID-19 under an emergency use authorization, which the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) has recommended for certain individuals.

P.L. 2019, c. 360 codified into state law certain provisions of the Affordable Care Act, which require, among other things, that carriers cover, certain preventive services without cost sharing, including evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force, as well as,

¹ A qualifying coronavirus preventive service means an item, service, or immunization that is intended to prevent or mitigate COVID-19 and that is, with respect to the individual involved— (1) an evidence-based item or service that has in effect a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force (“USPSTF”); or (2) an immunization that has in effect a recommendation from the ACIP (regardless of whether the immunization is recommended for routine use).

immunizations that have in effect a recommendation from the ACIP. In addition, under State law, carriers must cover recommended childhood and adult immunizations.²

Additionally, the Coronavirus Aid, Relief, and Economic Security Act (“CARES Act”)³ requires carriers to cover COVID-19 immunizations and their administration at no cost-sharing under all group and individual comprehensive health insurance policies and contracts once recommended by ACIP. The federal rules further provide that carriers must cover the administration of the immunization by any provider enrolled in the CDC COVID-19 Vaccination Program. 85 Fed. Reg. 71142 (November 6, 2020). These providers agree to administer a COVID-19 immunization regardless of health insurance coverage status and may not seek any reimbursement, including through balance billing, from an immunization recipient. Coverage at no cost-sharing is required regardless of how the immunization and administration are billed, and even if multiple doses are required to provide a complete immunization. The recently issued federal rule clarifies that carriers must also cover, without cost sharing, items and services that are integral to the furnishing of a recommended preventive service, including a recommended COVID-19 immunization.⁴ Additionally, if the primary purpose of an office visit is the delivery of the COVID-19 immunization, then carriers may not impose cost-sharing requirements with respect to the office visit.

Further, the federal rules require COVID-19 immunizations and their administration to be covered when provided by out-of-network providers for the duration of the public health emergency for COVID-19. The federal rules dictate that reimbursement for out-of-network providers must be made in an amount that is reasonable, as determined by comparison to prevailing market rates. The federal rules indicate that the federal Departments will consider the amount of payment to be reasonable if the carrier pays the provider the amount that would be paid under Medicare for the item or service. The federal Departments are seeking comment on this approach prior to adopting final rules. The federal requirement for out-of-network coverage ends when the public health emergency is terminated.

The CARES Act requires coverage of any COVID-19 immunization and its administration within 15 business days after the immunization has been recommended by ACIP. However, given the severity of the COVID-19 pandemic and the urgent need for insureds to obtain the immunization, carriers should cover any COVID-19 immunization immediately upon ACIP’s recommendation rather than wait 15 business days.

The Department also recommends that carriers assess their readiness, and take all steps necessary to ensure that insureds have access to coverage for COVID-19 immunizations and their administration without cost-sharing. Carriers should provide insureds with information about how

² N.J.S.A. 17B:26-2.1h and N.J.S.A.17B:27-46.1h require carriers to cover adult immunizations and N.J.S.A. 17:48e-35.10 et. al. require carriers to cover all childhood immunizations as recommended by ACIP pursuant to section 7 of P.L.1995, c.316 (C.26:2-137.1).

³ The CARES Act is codified at 15 U.S.C. § 9001 *et seq.* and related federal regulation at 85 Fed. Reg. 71142 (November 6, 2020).

⁴ <https://www.cms.gov/files/document/COVID-19-toolkit-issuers-MA-plans.pdf>

to access their coverage, without cost sharing, for COVID-19 immunizations and their administration. For vaccines that require multiple doses, carriers should communicate, and encourage providers to communicate, to insureds to get both doses of the same vaccine. In addition, carriers should provide timely information to providers describing how to submit claims for reimbursement for COVID-19 immunizations (unless the immunizations are paid for by a third party, such as the federal government) and their administration, including at any alternate sites of care, and reminding providers that they are prohibited from balance-billing insureds.

As New Jersey’s immunization protocols are expanded, additional providers and alternate sites of care may be needed to assist in the mass immunization effort. If Governor Murphy authorizes the expansion of the scope of practice for a provider to administer the COVID-19 immunization or authorizes the use of an alternate site of care, carriers should cover immunizations administered by that provider or at the alternate site of care in accordance with this bulletin.

If you have any questions, please contact the Department’s Office of Life and Health at lifehealth@dobi.nj.gov.

January 7, 2021
Date



Marlene Caride
Commissioner

AR Coverage for COVID-19 Immunizations/COVID-19