

COVID-19 Policy
EFFECTIVE DATE March 1, 2020

This policy does not and is not intended to detail all covered benefits offered by Bright HealthCare. In addition to the information included in this policy, Bright HealthCare reserves the right to apply its other standard coding and claims adjustment methodology to claims submitted by providers pursuant to this policy, including, without limitation, changes required or contemplated by the unique benefit design; standards required by law, regulation, or accreditation; industry standard reimbursement guidelines; and Bright HealthCare's provider manual. Providers must submit claims accurately to Bright HealthCare and ensure that such claims are properly coded for the treatment provided.

DEFINITIONS

1. **CMS** means the Centers for Medicare and Medicaid Services.
2. **Commercial Benefit Plans** means benefit plans issued or administered by Bright Health Group ("Bright Health" or "Bright HealthCare") that are designed for purchase by individuals or groups and are not intended for government health programs such as Medicare, Medicaid, or the Children's Health Insurance Program. Commercial Benefit Plans include without limitation Exchange Benefit Plans, Off-Exchange Benefit Plans, Limited Benefit Plans, and Association Health Plans.
3. **COVID-19** is the disease caused by the novel coronavirus first identified in Wuhan China in 2019¹.
4. **Individual and Family Plans ("IFP")** means individual and family plans offered as an Exchange Benefit Plans and Off-Exchange Benefit Plans.
5. **Medicare Advantage (MA) Benefit Plans** means benefit plans issued or administered by Bright HealthCare pursuant to the MA program.
6. **Medicare Advantage** (sometimes called Medicare Part C or MA) means a type of health insurance plan in the United States that provides Medicare benefits through a private-sector health insurer.
7. **Medicare** means the United States federal government health insurance program that subsidizes healthcare services.
8. **Member** means an individual who is enrolled in a Bright HealthCare plan and eligible to receive benefits for Covered Services under a Benefit Plan.
9. **Provider** means any participating or non-participating medical group, individual physician, or other healthcare service provider who is engaged in the delivery of health care services in a State and is licensed or certified by the State to engage in that activity in the State; and any entity that is engaged in the delivery of health care services in a State and is licensed or certified to deliver those services if such licensing or certification is required by State law or regulation.
10. **Small Group Plans** means health insurance plans that are established under the ACA under which individuals obtain health insurance coverage (directly or through any arrangement) on behalf of themselves (and their dependents) through a group health plan maintained by a small employer that may be purchased through a broker directly or may be offered on the state or federal health insurance marketplaces. Group size is state-specific. Generally, a

¹ CDC COVID-19 Frequently Asked Questions (<https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Basics>)

group requires under 50 full-time employees, except for a few states which require under 99 full-time employees.²

11. **Telehealth** means a doctor visit performed virtually or online, usually via video.

PURPOSE

This document outlines Bright Health's approach to the ongoing public health emergency COVID-19 pandemic's effects on its members and network healthcare providers, specifically coverage changes, reimbursement, and available services.

SCOPE

This Policy applies to Individual and Family Plans, Commercial Plans, Medicare Advantage, Small Group Plans, and to Bright Health Group and all its affiliates. This Policy is a part of Bright Health's Program Requirements.

POLICY

Beginning March 1, 2020, and continuing until further notice, the following services are available and allowed **at no charge**, unless otherwise specified in Member's certificate or evidence of coverage, to Bright Health's members:

- COVID-19 Screenings
- COVID-19 Diagnostic Testing
- Administration of COVID-19 Vaccinations³
- Administration of Monoclonal Antibody Treatment⁴-Outpatient setting only

Bright Health will reimburse participating Providers for COVID-19 screenings, diagnostic testing, and telehealth services in accordance with the participating Provider's contractual agreement. Providers that are not participating with Bright Health will be reimbursed for such services in accordance with Bright Health's Out of Network Payment Policy⁵.

Vaccination and antibody treatment administration will be handled in accordance with CMS billing and coding guidelines. Bright Health's payment for the administration of the COVID-19 vaccination or antibody treatment shall never exceed 100% of the published and then current Medicare allowable. Bright Health will not reimburse Providers for the actual vaccine or antibody drug. The administration of the antibody treatment is covered in an outpatient setting only.

Telehealth services obtained in connection to doctor-ordered COVID-19 testing or diagnostic services and authorized early medication refills are services addressed under this Policy but are subject to the Members benefits/limitations/exclusions.

Bright Health is following national emergency declaration guidance for these allowances. If the national emergency declaration ceased, these allowances will be lifted immediately.

² 45 CFR § 144.103

³ CMS – COVID-19 Vaccines and Monoclonal Antibodies (<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>)

⁴ [Anti-SARS-CoV-2 Monoclonal Antibodies | COVID-19 Treatment Guidelines \(nih.gov\)](https://www.nih.gov/health-topics/anti-sars-cov-2-mono-clonal-antibodies)

⁵ NET-018 Out of Network Payment Policy

Diagnosics and Screenings

Pursuant to Member's certificate or evidence of coverage Bright Health is covering costs associated with COVID-19 diagnostic testing and screenings for members, regardless of network participation, until further notice. Members may be responsible for other services *not* associated with COVID-19 testing or screenings that are performed at the same appointment. Members will not be reimbursed for mail-order or over-the-counter COVID-19 testing materials, or for antibody level tests.⁶

Vaccinations & Antibody Treatment Administration – Members

Bright Health will cover the administration costs of FDA-authorized vaccinations and antibody treatment for members as identified and priced by CMS. The administration of the antibody treatment is covered in an outpatient setting only. Members may be responsible for other services *not* associated with COVID-19 vaccinations that are performed at the same appointment. Each state maintains its own plan for vaccination rollout and eligibility phases. Information may be found by contacting local health departments⁷.

Vaccinations and Antibody Treatment Administration – Providers

Until further notice, the vaccine and antibody drugs are available to providers at no cost by the applicable governing body. Per CMS guidelines, providers should not bill for the product received at no cost.⁸ The administration of the antibody treatment is covered in an outpatient setting only. Bright Health will not pay for the actual vaccine or antibody drug. Reimbursement is limited to the administration of the vaccine or antibody treatment. Providers may locate current administration reimbursement costs and CPT codes by vaccine/antibody type on the CMS COVID-19 website in accordance with the American Medical Association (AMA) guidelines.⁹

The federal government paid for the initial COVID-19 vaccination supply, and providers must be enrolled in the CDC COVID-19 Vaccination Program to administer the vaccine¹⁰.

Providers who participate in the CDC COVID-19 Vaccination Program must:

- Administer the vaccine with no out of pocket cost to the patient for either the drug or the administration service
- Vaccinate everyone, regardless of insurance status, coverage, or network status

Providers who participate in the CDC COVID-19 Vaccination Program may not:

- Balance bill patients for COVID-19 vaccinations
- Charge a patient for an office visit for vaccination only.
- Require any additional services during a visit to provide the vaccination¹¹

⁶ Bright HealthCare – Coronavirus and Coverage (<https://brighthouse.com/brighter-life/understanding-coronavirus>)

⁷ CDC - State & Territorial Health Department Websites (<https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>)

⁸ CMS – COVID-19 Vaccines and Monoclonal Antibodies (<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>)

⁹ AMA – Find your COVID-19 Vaccine CPT Codes (<https://www.ama-assn.org/find-covid-19-vaccine-codes>)

¹⁰ CDC – Provider Requirements and Support (<https://www.cdc.gov/vaccines/covid-19/vaccination-provider-support.html>)

¹¹ CMS – COVID-19 Provider Toolkit (<https://www.cms.gov/covidvax-provider>)

Codes for Vaccination and Antibody Administration

Bright Health will follow CMS COVID-19 billing and coding guidelines in accordance with the American Medical Association (AMA) guidelines. CMS provides appropriate vaccination diagnosis and CPT/HCPCS codes based upon the manufacturer and dose received. The administration of the antibody treatment is covered in an outpatient setting only.¹²

Vaccination and Antibody Treatment Billing Guidelines – Providers

- **Medicare Advantage Plans** – Bill fee-for-service (FFS) to Medicare, *not Bright Health*
- **Individual & Family Plans (ACA Members) and Small Group Plans** – Bill Bright Health*

**Bright Health will reimburse Providers for vaccination and antibody therapy administration services in accordance with this policy.*

Reimbursement for COVID-19 Vaccinations Administration¹³

Unless otherwise specified by CMS, reimbursement for COVID-19 vaccinations is as follows:

For COVID-19 vaccine administration services furnished **before** March 15, 2021, the Medicare payment rate for a single-dose vaccine or for the final dose in a series is \$28.39. For a COVID-19 vaccine requiring a series of two or more doses, the payment rate is \$16.94 for the initial dose(s) in the series and \$28.39 for the final dose in the series during the public health emergency.

Effective for services furnished **on or after** March 15, 2021, the new Medicare payment rate for administering a COVID-19 vaccine is approximately \$40 to administer each dose of a COVID-19 vaccine.

This means that starting on March 15, 2021, for single dose COVID-19 vaccines, Medicare pays approximately \$40 for its administration. Starting on March 15, 2021, for COVID-19 vaccines requiring multiple doses, Medicare pays approximately \$40 for each dose in the series. 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 during the public health emergency.

The Provider's contracted rates will prevail unless greater than the CMS allowable. In no event will Bright Health's reimbursement exceed 100% of the published and then current Medicare allowable.

Reimbursement for COVID-19 Antibody Treatment Administration

Providers should refer to the CMS website for the most current antibody treatment administration reimbursement information. The administration of the antibody treatment is covered in an outpatient setting only.

¹² AMA – Find your COVID-19 Vaccine CPT Codes (<https://www.ama-assn.org/find-covid-19-vaccine-codes>)

¹³ CMS – COVID-19 Vaccines and Monoclonal Antibodies (<https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-mono-clonal-antibodies>)

The Provider's contracted rates will prevail unless greater than the CMS allowable. In no event will Bright Health's reimbursement exceed 100% of the published and then current Medicare allowable.

Telehealth Services – Online and Virtual Care

Bright Health will cover all telehealth services a member obtains that are related to a doctor-ordered COVID-19 testing or diagnostic service. If a member elects to obtain a telehealth visit with a provider without using Bright Health's Doctor-On-Demand service, may be required to pay up front and submit a claim to Bright Health for reimbursement. Reimbursement forms for Individual and Family Plans¹⁴, Employer-Sponsored Health Plans (uses the same form as IFP), and Medicare Plans¹⁵ are available on Bright Health's website.

Early Medication Refills

To alleviate concerns about frequent visits to pharmacies to refill medications, Bright Health may authorize early medication refill. This accommodation makes medication available to Members who might be impacted by the outbreak of COVID-19. Notwithstanding the foregoing, Members must refer to their certificate of coverage for details on benefits/limitations/exclusions. Bright Health follows national emergency declaration guidance for the allowance of early medication refills. If the national emergency ceases, this allowance will be lifted immediately.

REFERENCES/CITATIONS

45 CFR § 144.103

Bright HealthCare – Coronavirus and Coverage

CDC COVID-19 Frequently Asked Questions

CDC – State & Territorial Health Department Websites

CMS – COVID-19 Vaccines and Monoclonal Antibodies

CDC – Provider Requirements and Support

CMS – COVID-19 Provider Toolkit

AMA – Find your COVID-19 Vaccine CPT Codes

Individual and Family Plan Claim Reimbursement Form for COVID-19 Telemedicine

Medicare Advantage Claim Reimbursement Form for COVID-19 Telemedicine Services

National Institutes of Health Websites

POLICY HISTORY

Initial Approval Date: March 1, 2020

Revised Approval Date: April 29, 2021

¹⁴ *Individual and Family Plan Claim Reimbursement Form for COVID-19 Telemedicine*
(https://cdn1.brighthealthplan.com/docs/covid_19/ifp_claim_reimbursement.pdf)

¹⁵ *Medicare Advantage Claim Reimbursement Form for COVID-19 Telemedicine Services*
(https://cdn1.brighthealthplan.com/docs/covid_19/ma_claim_reimbursement.pdf)