

COVID-19 Coverage for Treatments and Vaccines

Cross References

- TD 9931, November 2, 2020

The IRS has released an Interim Final Rule (IFC) to implement the CARES Act and the Families First Coronavirus Response Act. In general, all group health plans must provide coverage for preventative services. Recommended prevention and vaccination services must be covered without any deductibles or copayments. For purposes of the health savings account (HSA) rules, a high-deductible health plan does not fail to qualify as a high-deductible health plan merely because it provides without a deductible the preventive health services that are required under the law.

The CARES Act shortened the timeframe within which non-grandfathered group health plans and health insurance issuers offering non-grandfathered group or individual health insurance coverage must begin to cover, without cost sharing, qualifying COVID-19 preventive services, including vaccines.

Specifically, this IFC clarifies that plans and issuers must cover without cost sharing recommended immunizations as well as the administration of such immunizations, regardless of how the administration is billed. This IFC also defines qualifying coronavirus preventive services consistent with the definition provided in the CARES Act and clarifies that plans and issuers must cover recommended immunizations for COVID-19 that are qualifying coronavirus preventive services, even if not listed for routine use on the Immunization Schedules of the CDC. Due to the urgent need to ensure coverage of and access to qualifying coronavirus preventive services, and to ensure that participants, beneficiaries, and enrollees can access qualifying coronavirus preventive services on the expedited basis, this IFC also provides that plans and issuers must cover, without cost sharing, qualifying coronavirus preventive services, regardless of whether such services are delivered by an in-network or out-of-network provider. This coverage is required to be provided within 15 business days after the date the United States

Preventive Services Task Force (USPSTF) or the Advisory Committee on Immunization Practices of the CDC (ACIP) makes an applicable recommendation relating to a qualifying coronavirus vaccine.

This IFC also covers the following provisions:

- Rules that require Medicare Part B coverage and payment for COVID-19 vaccines,
- Rules that require health care providers of COVID-19 diagnostic tests to make public their cash prices for those tests,
- Rules that establish an add-on payment for cases involving the use of new COVID-19 treatments under the Medicare Inpatient Prospective Payment System, and
- Rules that interpret and implement the requirement to maintain Medicaid beneficiary enrollment in order to receive the temporary increase in federal funding in the Families First Coronavirus Response Act.