VERMONT DEPARTMENT OF FINANCIAL REGULATION

EMERGENCY RULE H-2020-03-E

COVERAGE OF COVID-19 DIAGNOSIS, TREATMENT, AND PREVENTION

Section 1. Purpose.

This emergency rule is promulgated pursuant to Act 91 of 2020 and in response to the State of Emergency declared by the Governor of the State of Vermont on March 16, 2020 regarding the outbreak of COVID-19. This emergency rule shall be in effect for the duration of the state of emergency and during that time supersedes the provisions of Insurance Bulletin # 209. The purpose of this emergency rule is to expand health insurance coverage for and waive or limit cost-sharing requirements directly related to, COVID-19 diagnosis, treatment, and prevention for fully funded insurance plans.

Section 2. Definitions.

Terms used in this emergency rule and not defined herein shall have the meanings given to such terms, if any, in 18 V.S.A. § 9402, Department Rule H-2009-03, and Executive Order 01-20.

Section 3. Coverage of COVID-19 Diagnosis.

(a) When medically necessary or directed by the state or federal government, health insurers shall cover any COVID-19 testing performed by the Centers for Disease Control (CDC), the Vermont Department of Health (VDH), or a laboratory approved by CDC or VDH, with no co-payment, coinsurance, or deductible requirements for members. This requirement includes tests authorized for zero cost-share under the Families First Coronavirus Response Act § 6001 as modified by the Coronavirus Aid, Relief, and Economic Security Act §§ 3201-3203.

(b) Health insurers shall cover provider office or urgent care visits and emergency services visits to determine whether COVID-19 testing is medically necessary with no co-payment, coinsurance, or deductible requirements for members.

Section 4. Coverage of COVID-19 Treatment.

(a) Health insurers shall cover medically necessary COVID-19 treatment, whether delivered in an inpatient or outpatient setting, with no co-payment, coinsurance, or deductible requirements for members.

(b) Health insurers shall cover medically necessary prescription drugs in connection with services listed in subsection (a) with no co-payment, coinsurance, or deductible requirements for members.

(c) Health insurers shall cover medically necessary ambulance transport of members diagnosed with or suspected of having COVID-19 to and from treatment, recovery, or isolation areas with no co-payment, coinsurance, or deductible requirements.

Section 5. Coverage of COVID-19 Prevention.

Consistent with section 4203 of the Coronavirus Aid, Relief, and Economic Security Act, health insurers shall cover any qualifying coronavirus preventive service with no co-payment, coinsurance, or deductible requirements for members.

Section 6. Claims Retroactivity.

All health insurance plans shall process and reimburse appropriate claims for services described in sections 3, 4, and 5 of this emergency rule retroactively to a date no later than March 13, 2020.

Section 7. Out-of-Network Services.

Consistent with section 5.1(K)2 of Department Rule H-2009-03, health insurers shall cover out-of-network services described in sections 3, 4, and 5 of this emergency rule with no co-payment, coinsurance, or deductible requirements for members if in-network providers are unavailable.