

H1N1 Flu Virus: Vaccine Availability, Distribution and Benefit Coverage

FREQUENTLY ASKED QUESTIONS

These FAQs are intended to provide an overview of our company's response to the H1N1 virus (also known as "Swine Flu") and details on how expanded vaccination benefits will be administered. This document will be updated as additional information becomes available.

General Questions

What is your company doing about the H1N1 virus? What is your company's role in this crisis?

H1N1 virus is a public health issue. Our role is to support our public health agencies, such as the Centers for Disease Control (CDC), as well as our members, our providers and our customers.

Our priority is to ensure that our actions and communications support the CDC and other governmental entities on this issue. Our health plan is doing its part to minimize the impact of the H1N1 virus, which has spread throughout the country. We are waiving member cost shares (co-pays, coinsurance and deductibles) for health care providers to administer the vaccine to fully insured members.

We have made changes to our formulary to ensure that members with pharmacy benefits are covered for the vaccine and related flu treatments without the need for prior authorization.

We are providing educational information to our employer groups and members about swine flu through our websites and other communication channels. All of our standard member services — including our call centers and secure email systems — are available.

Where can I find the latest updates to coverage guidelines for H1N1 administration?

The CDC is the best source of information on the clinical aspects of H1N1— visit www.flu.gov for more information. We will also routinely update our health plan websites with information.

Vaccine Coverage Changes

Will members incur expenses for both the seasonal and the H1N1 flu vaccinations?

We are waiving co-pays, coinsurance and deductibles for the cost of the administration of the H1N1 vaccine to ensure that our fully insured members can take the appropriate actions to help protect themselves and their families. The cost of the vaccine itself is paid for by the federal government.

Benefits pertaining to seasonal flu vaccinations will not change and will be covered in accordance with members' benefit plans.

What if members get their vaccinations at a pharmacy or retail clinic? Do you cover the clinic's administration expense?

We expect that a significant number of H1N1 vaccinations will be administered through non-traditional providers, such as pharmacies, retail clinics, schools, universities and public health clinics. We are working on contract arrangements with retail pharmacies and immunization vendors to reimburse them for administering the vaccine to our members. Members can expect to receive coverage through in-network non-traditional providers.



Are there situations where a member may be billed for H1N1-related services?

If a member obtains services from a non-participating provider, they may receive a bill. Also, if an administering physician bills for an office visit in addition to the administration of the vaccine, the member may also receive a bill for the balance of fees.

What if a member is not in one of the high-risk groups that have been recommended to receive the H1N1 vaccination first, and the member receives the vaccination anyway. Will you cover this?

It is up to the health care provider to determine who is appropriate to receive the vaccine. This is not a criteria we consider when processing vaccination claims. Members are encouraged to consult www.flu.gov or a physician to obtain the latest recommendations on when to obtain the H1N1 vaccine.

What direction is the health plan giving to providers regarding billing for the administration of the H1N1 vaccine?

Effective September 28, 2009, the American Medical Association (AMA) CPT Editorial Panel published a new code specific to administration of the H1N1 vaccine.

The newly created CPT code 90470 should be used to bill the administration of H1N1 immunization.

This new CPT code will help to efficiently report and track immunization and counseling services related to the H1N1 vaccine throughout the health care delivery system.

CPT code 90663 is used specifically for the H1N1 product and is not separately payable. The federal government will be providing the H1N1 vaccine at no charge.

ASO Clients

What about self-insured employers (Administrative-Services Only, or ASO, clients) who don't want to take on vaccination administration costs?

Our self-insured clients are encouraged to waive cost shares for the administration of the vaccine. Although we encourage ASO clients to follow government recommended coverage of vaccine administration, self-insured clients who wish to not participate in this arrangement may notify us of their intention to opt out; a form will be distributed to internal sales associates to share with self-insured clients. Of special note, Health and Human Services Secretary Kathleen Sebelius and major business groups, such as the National Business Group on Health, have endorsed coverage by employers.

What is the process for an ASO client to opt-out of H1N1 vaccine coverage?

All ASO claims will adhere to the first-dollar coverage benefit by default, and any client opt-out will be treated as an exception. ASO clients will have the opportunity to opt-out of first-dollar coverage; sales representatives will need to distribute a **H1N1 Vaccination Coverage Opt-Out Form** to ASO clients, and clients will have 30 days to return the form to opt-out of providing expanded coverage to members.

We recommend that ASO clients strongly consider the financial implications of opting out of the expanded vaccination coverage benefit for their members. The H1N1 administration fee is typically \$15 or less. Vaccination is the best protection against contracting the H1N1 flu, which can lead to absenteeism and increased health care utilization, including costly hospitalizations.

The U.S. health care system has a responsibility to achieve maximum vaccination coverage and effective treatment of H1N1 flu risks. In light of these considerations, we are eager to do our part to be sure that our members are immunized against this virus.



For ASO clients who choose to opt-out of the expanded vaccination benefit, are there other coverage options they may choose from?

At this time, ASO clients will only be able to choose from the default expanded vaccination benefit option, or the opt-out option. Members who are covered through opted-out ASO clients will receive coverage for the H1N1 flu shot that corresponds with their existing flu shot benefit.

Formulary Changes

Is the health plan making changes to the medication formulary?

Our goal is to make sure that when clinically appropriate, our members have coverage for the drugs they need. To that end, we are placing the antiviral medications Relenza and Tamiflu on Tier 2 for all our members with a pharmacy benefit that currently lists these drugs on Tier 3. In general, this means a member's co-pay will go from about \$45 to about \$30.

Most of our pharmacy benefit members already had coverage with no prior authorization.

In early 2009, to ensure everyone had appropriate coverage during a pandemic:

- We asked Medicare to lift the prior authorization requirement:
- We made changes to clinical edits for all formularies to quantities and age limits that expand coverage and allow for more preventative use, as well as treatment in young children; and
- We extended coverage to about 250,000 customers in closed benefit plans who were not covered for Tamiflu or Relenza.

The specific clinical coverage changes include:

<u>Tamiflu</u>

- Removed age restriction for less than 1 year of age
- Increased the quantity limit from 10 capsules per fill with 1 fill per year to:
 - o 30mg up to 84 per fill, no annual limit
 - o 45mg up to 42 per fill, no annual limit
 - o 75mg up to 42 per fill, no annual limit
 - Suspension up to 275mL per fill, no annual limit

Relenza

- Maintained limit of one inhaler per fill; removed the annual fill limit
- Removed age restriction for less than 1 year of age
- Removed the age limit

After the initial outbreak of the H1N1 virus in April 2009, our company reviewed our members' benefits. We noticed that several employers had closed formularies that did not include Tamiflu or Relenza. At that time, we moved to include both medications in these members' formularies. Had we not made these policy changes, these members may have been paying retail prices for these drugs when they needed them.

What if a member has a plan that is generics-based? Will you still cover them for Tamiflu and Relenza?

Yes. These members may receive Tamiflu and Relenza as a Tier 2 benefit, in accordance with the preceding medication coverage information.



Are there age restrictions on coverage for Tamiflu and Relenza?

No. We want to make sure everyone with our pharmacy benefits is covered for these medications. Covered individuals and families may obtain these medications for the specified co-pays with a physician's prescription.

Why are you doing this?

We believe it's the right thing to do. In cases of pandemic, it's critical that coverage be extended to all of our members to assist them in obtaining treatment.

Can you track cases of H1N1 infection in your databases?

We will track prescriptions filled for Tamiflu and Relenza, as well as H1N1 vaccinations, on a daily basis. The CDC tracks confirmed cases of the flu. For more information, visit www.cdc.gov.

Are these changes temporary or permanent?

We will continue to monitor the recommendations of the CDC and the Food and Drug Administration regarding the H1N1 virus to ensure that coverage is available for treatment and prevention.

For up-to-date information on the clinical aspects of H1N1, visit the CDC website at www.flu.gov.