

PreferredOne®

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| Department of Origin: Integrated Healthcare Services | Approved by: Chief Medical Officer | Date approved: 05/24/19 |
| Department(s) Affected: Coding, Claims, Customer Service, Integrated Healthcare Services | Effective Date: 05/28/19 | |
| Medical Policy Document: Routine Preventive Immunizations | Replaces Effective Policy Dated: 03/01/18 | |
| Reference #: MP/I003 | Page 1 of 2 | |

PRODUCT APPLICATION:

- PreferredOne Administrative Services, Inc. (PAS) ERISA
- PreferredOne Administrative Services, Inc. (PAS) Non-ERISA
- PreferredOne Community Health Plan (PCHP) Large Group
- PreferredOne Community Health Plan (PCHP) Small Group
- PreferredOne Insurance Company (PIC) Individual
- PreferredOne Insurance Company (PIC) Large Group
- PreferredOne Insurance Company (PIC) Small Group

Please refer to the member's benefit document for specific information. To the extent there is any inconsistency between this policy and the terms of the member's benefit plan or certificate of coverage, the terms of the member's benefit plan document will govern.

Benefits must be available for health care services. Health care services must be ordered by a physician, physician assistant, or nurse practitioner. Health care services must be medically necessary, applicable conservative treatments must have been tried, and the most cost-effective alternative must be requested for coverage consideration.

This policy applies to PAS members only when the employer group has elected to provide benefits for the service/procedure/device. Check benefits in SPD/COC. If benefits not specifically addressed in the SPD/COC verify with the appropriate account manager the availability of benefits.

PURPOSE:

The intent of this policy is to provide guidelines for coverage of affirmative routine immunizations at the preventive level of benefits.

POLICY:

Immunizations are a covered benefit with no cost-sharing if they are considered community standard based on the recommendations released by the Centers for Disease Control (CDC) and for which the Advisory Council on Immunization Practices (ACIP) has issued an affirmative recommendation for routine use and when they are delivered by an in-network provider. For those instances when a state health department (eg, Minnesota Department of Health [MDH]) has issued a recommendation that differs from ACIP, PreferredOne will allow the most restrictive policy. In the event of an emergency situation, eg, a pandemic or a disaster, PreferredOne will follow the vaccine recommendations and guidelines of the ACIP.

For access to the most current immunization schedules, see the following <https://www.cdc.gov/vaccines/schedules/easy-to-read/index.html>.

A new immunization that is pending ACIP recommendations, but is a combination of previously approved individual components, is eligible for coverage under the preventive care benefit.

Immunizations that are required for travel (eg, typhoid, yellow fever, cholera, plague, and Japanese encephalitis virus) are available for coverage, but not at the preventive level.

An immunization is not covered if it does not meet requirements for FDA labeling (including age and/or gender limitations) and if it does not have definitive ACIP recommendations published in the CDC's Morbidity and Mortality Weekly Report (MMWR).

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BACKGROUND:

Generally, immunizations are among the safest and most effective medicines. The overwhelming majority of medical experts in the United States and abroad believe that the benefits of complete immunization far outweigh the risks. The health experts in many countries are in full accord with the concept that everyone who is healthy should be immunized as recommended.

ACIP, a United States federal advisory committee, provides guidance to the Secretary and the Assistant Secretary for Health and Human Services (HHS), and the Director of CDC, regarding vaccines and related agents for control of vaccine-preventable diseases within the United States. As a result of the Omnibus Budget Reconciliation Act of 1993, ACIP assumed the role of developing a list of vaccines for administration to children eligible to receive vaccines through the Vaccines for Children (VFC) Program, along with schedules regarding correct dosages, dosing intervals and contraindications applicable to pediatric vaccines. VFC resolutions passed by ACIP form the basis for VFC program policies on vaccine availability and usage.

Following an ACIP vaccination recommendation (vote), a full recommendation (ACIP statement) will be posted as a provisional recommendation on the ACIP website within three weeks. Provisional recommendations are under review by the HHS and the CDC. Provisional recommendations will become official when published in CDC's Morbidity and Mortality Weekly Report (MMWR). Publication occurs within 6 to 8 months of an ACIP vote. Provisional recommendation provides interim information for healthcare personnel on ACIP recommendations most recently voted upon that have yet to be officially approved by HHS and the CDC.

Full recommendations developed by ACIP may be either affirmative or permissive recommendations. Affirmative recommendations are characterized as routine, catch-up and risk based. Routine vaccinations are most commonly implemented for a specific age group; catch-up vaccinations are usually for defined periods of time and cohorts; and risk-based recommendations are typically those for a high-risk population. A permissive recommendation is issued to reflect situations where vaccination may be effective, but ACIP is not recommending routine use.

RELATED CRITERIA/POLICIES:

Integrated Healthcare Services Process Manual UR015 Use of Medical Policy and Criteria
Medical Policy: MP/C009 Coverage Determination Guidelines

REFERENCES:

1. Patient Protection and Affordable Care Act, as amended by the Health Care Education and Affordability Reconciliation Act, March 23, 2010
2. July 19, 2010 IRS Interim Rules: http://www.irs.gov/irb/2010-29_IRB/index.html
3. Minnesota Statutes 121A.15 Health Standards; Immunizations; School Children

DOCUMENT HISTORY:

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| Created Date: 02/21/07 |
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PreferredOne Community Health Plan Nondiscrimination Notice

PreferredOne Community Health Plan (“PCHP”) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. PCHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

PCHP:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact a Grievance Specialist.

If you believe that PCHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Grievance Specialist
PreferredOne Community Health Plan
PO Box 59052
Minneapolis, MN 55459-0052
Phone: 1.800.940.5049 (TTY: 763.847.4013)
Fax: 763.847.4010
customerservice@preferredone.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, a Grievance Specialist is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1.800.940.5049 (TTY: 763.847.4013).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.800.940.5049 (TTY: 763.847.4013).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.800.940.5049 (TTY: 763.847.4013).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1.800.940.5049 (TTY: 763.847.4013).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.800.940.5049 (TTY: 763.847.4013).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.800.940.5049 (TTY: 763.847.4013)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.800.940.5049 (телетайп: 763.847.4013).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານບໍ່ເຂົ້າໃຈພາສາ ລາວ, ການບໍລິການ ວ່າຍເຫຼືອ ຈຳນວນ ພາສາ ໂດຍບໍ່ຄ່າ ສໍາລັບ ທ່ານ ມີ ພາສາ ທ່ານ ທີ່ ບໍ່ ຈ່າຍ ທ່ານ. ໂທ 1.800.940.5049 (TTY: 763.847.4013).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 1.800.940.5049 (ማስማት ለተሳናቸው: 763.847.4013) .

ဟံသာဝတီ- နေရာကတိာ ကညိ ကျိအယိ. နေရာနဲ့ ကျိအတိာမၤစၤလၢ တလၢကတိာလၢကတိာ နိတံၤတၢ်သ့န့ၢ်လိာ်. ကိ: 1.800.940.5049 (TTY: 763.847.4013).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.800.940.5049 (TTY: 763.847.4013).

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ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.800.940.5049 (رقم هاتف الصم والبكم: 763.847.4013).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.800.940.5049 (TTY: 763.847.4013).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.800.940.5049 (TTY: 763.847.4013). 번으로 전화해 주십시오.

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Minneapolis, MN 55459-0212
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Fax: 763.847.4010
customerservice@preferredone.com

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U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
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