

September 11, 2023

Department of Financial Regulation
Attn. E. Sebastian Arduengo
89 Main Street
Montpelier, VT 05620-3101

Green Mountain Care Board
Attn. Julia Boles
144 State Street
Montpelier, VT 05602

Re: 18 V.S.A. § 9418b Prior Authorization Attestation

Dear Attorney Arduengo and Ms. Boles,

I am writing to provide Blue Cross and Blue Shield of Vermont's ("BCBSVT") annual attestation regarding prior authorizations as required by 18 V.S.A. § 9418b(h)(2).

Pursuant to that statutory authority, I hereby certify to the best of my knowledge, information, and belief, on behalf of BCBSVT, an Independent Licensee of the Blue Cross and Blue Shield Association, with its principal offices located at 445 Industrial Lane, Berlin, VT 05602, that the following answers to questions posed by the Department of Financial Regulation are true:

1. Has the health plan reviewed the list of medical procedures and medical tests for which it requires prior authorization (PA) at least once during the proceeding plan year and eliminated the PA requirements for procedures and tests for which such a requirement is no longer justified or for which requests are routinely approved with such frequency as to demonstrate that the PA requirement does not promote health care quality or reduce health care spending to a degree sufficient to justify the administrative costs to the plan?

BCBSVT has conducted its review of the list of medical procedures and medical tests for which it requires prior authorization and has eliminated any prior authorization requirements for those procedures and tests for which requests are routinely approved with such frequency as to demonstrate that the prior authorization requirement does not promote a health care quality or reduce health care spending to a degree sufficient to justify the administrative costs to the plan.

- a. What is the health plan's timeline for reviewing and eliminating prior authorization requirements? In answering this question, please provide the dates for the two most recent review cycles.

BCBSVT reviews and eliminates prior authorizations, at least, quarterly. For the CY 2022, the most recent reviews were on October 1, 2022, and November 1, 2022.

- b. Does the health plan ever add/eliminate PA requirements during a plan year (as opposed to between plan years)? Please explain.

Yes., depending on the service, the reasons and PA's potential impact, BCBSVT makes changes during the plan year.

- c. What are the standards used by the health plan to evaluate PA requirements as outlined in 18 V.S.A. § 9418b(h) (including the thresholds the health plan considers in looking for routinely approved PAs, how the health plan determines whether PAs are promoting health care quality or reducing health care?

During the routine and the additional ad-hoc PA reviews, BCBSVT considers the medical literature (standard of care), administrative burden on both providers and BCBSVT, impact on health care quality and potential overall cost savings before deciding on instituting PA.

- d. Does the health plan take into account the administrative burden of PAs on health care providers and patients and whether the administrative barriers to submit PAs may inhibit access to medically necessary care? Please explain.

Yes, all factors, including access to medically necessary care, are considered before implementing or eliminating PA requirements.

2. What medical procedures and tests had PA requirements eliminated or added during the preceding plan year and what was the rationale for changing those requirements?

The following are examples of eliminating the PA requirements in CY 2022:

- a) January 2023, we removed the prior authorizations for in-state in-network mental health and substance use inpatient, residential, partial hospital and intensive outpatient treatment programs. We assessed average lengths of stay compared to MCG criteria and denial rates, and determined that these PAs were no longer required.
- b) CPT 86141 C-Reactive Protein- High Sensitivity, was removed on October 1, 2022 because the test is now considered medically necessary and is the standard of care.
- c) CPT 81221 CFTR (Cystic Fibrosis Transmembrane Conductor Regulator), was removed on October 1, 2022 because the test is considered medically necessary and has become the standard of care.

3. What are the ten most requested PAs for both medical PAs and prescription drug PAs (20 total) during the preceding plan year? For each of the 20 PAs, please provide the number of PAs requested and approval rate for each PA (PAs in this list may overlap with eliminated PAs identified in question 2).

Please see below.

Top 10 MEDICAL Auth requests 2022							
	Approval	Denial	Partial	Suspend	Closed	Total	Denial Rate
OP Surgery	4351	552	31	0	2097	7031	11.2%
DME	4423	247	12	0	489	5171	5.3%
Medical Surgical IP	4351	136	74	0	265	4826	3.0%
Laboratory	1383	550	13	0	157	2103	28.3%
Genetic Testing	1285	591	57	0	75	2008	30.6%
HH Skilled Nursing	1305	23	11	0	62	1401	1.7%
Polysonography	1025	406	28	0	92	1551	27.8%
Chiropractic	936	84	2	0	52	1074	8.2%
Labor and Delivery	1039	0	0	0	5	1044	0.00%
Mental Health IP	757	4	11	0	20	792	0.5%

Additional clarification on medical PA data:

- In January 2023, we removed the prior authorizations for in-state in-network mental health and substance use inpatient, residential, partial hospital, and intensive outpatient treatment programs.
- Our home health denial rate is low because we typically work with home health agencies to adjust the number of visits that are requested to match the actual need. We usually do not deny these nursing visits unless a member does not require skilled nursing and is determined to be at a custodial level of care.
- Our labor and delivery PA is related to payment, but we do not review for medical necessity.

Top 10 Pharmacy Authorizations for CY 2022						
CARRIERCODE	DRUGNAME	Resolved_Approved	Resolved_Denied	Total	Approval Rate	Denial Rate
BVTCOM	BOTOX	486	49	535	90.84%	9.16%
BVTCOM	OZEMPIC	123	233	356	34.55%	65.45%
BVTCOM	AMPHETAMINE/DEXTROAMPHETAMINE	184	95	279	65.95%	34.05%
BVTCOM	OMEPRAZOLE	207	23	230	90.00%	10.00%
BVTCOM	WEGOVY	202	27	229	88.21%	11.79%
BVTCOM	NURTEC	168	58	226	74.34%	25.66%
BVTCOM	ADDERALL XR	196	28	224	87.50%	12.50%
BVTCOM	EMGALITY	148	71	219	67.58%	32.42%
BVTCOM	TRETINOIN	186	24	210	88.57%	11.43%
BVTCOM	UBRELVY	137	56	193	70.98%	29.02%

Additional clarification on pharmacy PA data:

- The following medications are showing up on this list because they hit a quantity limit (QL) and the provider requested a QL override.
 - Adderall XR is currently in the brand preferred program and does not require PA.
 - Amphetamine/dextroamphetamine IR tabs do not require PA.
 - Omeprazole capsules are covered and do not require PA.
- Omeprazole tablets and omeprazole magnesium capsules are considered an OTC product and are not covered as a plan exclusion.

4. What percentage of urgent and non-urgent PA requests are granted because processing time exceeded the statutory timeframes established under 18 V.S.A. § 9418b(g)(4)?

Medical PA Requests: Urgent 0.37% and Non-Urgent 0.88%

Pharmacy PA Requests: Urgent 0% and Non-Urgent 0.02%

Please direct any questions or concerns regarding this attestation to me.

Thank you,

Tom Weigel, MD

Tom Weigel, MD (Sep 12, 2023 15:06 EDT)

Tom Weigel, MD, MBA
Vice President and Chief Medical Officer