



Vermont Prior Authorization Pilot Program Narrative

Wellfleet Insurance Company

NAIC: 32280

Per Vermont House Bill 960, Wellfleet Insurance Company (“Wellfleet”) implemented a pilot program that automatically exempts certain prior authorization requirements for a subset of participating healthcare providers. Wellfleet established a policy available on our website that includes the medical procedures or tests that are exempt from prior authorization requirements for providers who qualify for the program, the criteria for a health care provider to qualify for the program, and whom to contact for questions about the program or about determining a health care provider’s eligibility for the program; refer to the attachment “Vermont-Prior-Authorization-Pilot-Program-Guideline-1-15-2022-Final-Public” for a copy of the policy.

Wellfleet completed an evaluation per the policy and identified 309 prior authorization requests from the 2021 calendar year. No health care providers met the 30 requests threshold required for eligibility, and as such, no health care providers were deemed to be qualified for exemption. Wellfleet’s costs to implement the program include staffing hours to draft the policy, gather the data for evaluation, and complete the evaluation. No savings resulted from the implementation of this program. Wellfleet delegates prior authorization reviews to third-party utilization review agents, and as such, administrative costs of administering and implementing prior authorization requirements are limited to vendor fees and business review activities.

Wellfleet has not received any feedback from the health care provider community on this program. Wellfleet intends to continue adoption of the pilot program as designed until such time additional guidance or requirements are dictated by the state governing bodies or state/federal legislation.

Should there be any questions regarding the enclosed information, please contact Viorica V. Bragagiu, Legal Analyst at vbragagiu@wellfleetinsurance.com or (413) 733-4540 x225.

Respectfully,

Viorica Bragagiu

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Utilization Review Guideline: UR-003

FOR PUBLIC USE

Applicable Plans	All Vermont Student Health Insurance Plans insured by Wellfleet Insurance Company
Purpose	The purpose of this guideline is to describe how Wellfleet administers the Vermont prior authorization pilot program required under 18 V.S.A. § 9418. This guideline provides details about Wellfleet's prior authorization exemption program.
Definition	<ul style="list-style-type: none">• Health Care Provider: means a person, partnership, or corporation licensed, certified, or otherwise authorized by law to provide professional health care services in this State and shall include a health care provider group, network, independent practice association, or physician hospital organization that is acting exclusively as an administrator on behalf of a health care provider to facilitate the provider's participation in health care contracts. The term includes a hospital but does not include a pharmacist, pharmacy, nursing home, or a health care provider organization or physician hospital organization that leases its network to a covered entity or contracts directly with employers or self-insured plans.• Qualified Provider: means a Health Care Provider that is exempt from prior authorization requirements per the criteria set forth within this guideline as determined by Wellfleet
Guidelines	<ol style="list-style-type: none">1. Any medical procedures or tests that require prior authorization as defined by the plan policy are exempt from prior authorization requirements for Qualified Providers.2. Criteria to be considered a Qualified Provider:<ol style="list-style-type: none">1) Wellfleet will complete annual evaluations to identify new Qualified Providers. The evaluation will be completed during the first half of each calendar year and include dates of service from the preceding calendar year.

- 2) In the event that an individual Health Care Provider has performed 30 procedures requiring prior authorization on members of the Applicable Plans during the last calendar year and in the prior six-month time period has received a 90 percent prior approval rating, Wellfleet shall not require the Health Care Provider to submit a prior authorization for that procedure for the next six months.
- 3) At the end of the six-month time frame, the exemption may be reviewed prior to renewal. Wellfleet reserves the right to request medical records and rescind its exemption subject to its review of claims submitted by the Qualified Provider should there be any concerns with appropriateness and significant changes in volume of services rendered.
3. All Health Care Providers, including primary care providers and specialists, recognized as participating providers under the Applicable Plans are eligible to be a Qualified Provider if they meet the criteria set forth within this guideline.
4. Contact information for questions about the program or about determining a Health Care Provider’s eligibility for the program:
 - 1) Email: Priorauth@wellfleetinsurance.com
5. Process for confirming Qualified Provider status:
 - 1) Wellfleet will send notices to Qualified Providers after it completes its annual evaluation.
6. Duration of Qualified Provider status:
 - 1) A Qualified Provider shall maintain that status until the 30th day after the date Wellfleet notifies the Health Care Provider of Wellfleet’s determination to rescind the prior authorization exemption.

**Change
History**

Version	Effective Date	Next Review Date
1.0	1/15/2022	1/15/2023
