

September 10, 2024

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, throughout the year, 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.

- 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 2023:

- 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) Additionally, please see the PA Removal List for CY 2023

Code	Action	Section	Effective Date	Section Notes
82077	Removed	Pathology & Lab	1/1/2023	Prior Approval Removed
A4556	Removed	Electrical Stimulation	3/1/2023	Does not require PA unless over dollar threshold
A4557	Removed	Electrical Stimulation	3/1/2023	Does not require PA unless over dollar threshold
K0108	Removed	Wheelchairs	3/1/2023	Does not require PA unless over dollar threshold
0650T	Removed	Ambulatory Event Monitoring	6/1/2023	Removed from PA list
E1399	Removed	Misc DME	6/1/2023	Code will suspend for medical review
36473	Removed	Varicose Veins	12/1/2023	Codes added to Investigational
36474	Removed	Varicose Veins	12/1/2023	Codes added to Investigational

- 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).

BCBSVT: Top 10 Medical Authorization Requests for CY 2023

Service Type	Approved	Denied	Partial	Total #	Denial rate
OP Surgery	4810	639	41	5490	12.39%
Durable Medical Equipment	4888	337	19	5244	6.79%
Medical-Surgical	3545	130	29	3704	4.29%
Third-Party	2846	0	0	2846	0.00%
Laboratory	1721	697	0	2418	28.83%
Genetic Testing	1366	812	39	2217	38.39%
Polysomnography	1169	413	2	1584	26.20%
Office Visit (Provider)	999	158	46	1203	16.96%
OP Chiropractic Services	1056	98	8	1162	9.12%
Labor & Delivery	891	0	0	891	0.00%

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 labor and delivery PA is related to payment, but we do not review for medical necessity.

**BCBSVT: Top Ten (10) Pharmacy Authorizations for CY 2023**

DRUGNAME	Total Count	Approved	Denied	Approval Rate(%)	Denial Rate(%)
WEGOVY	1249	1084	165	86.79	13.21
Botox	693	661	32	95.38	4.62
Ozempic	610	221	389	36.23	63.77
Nurtec	268	208	60	77.61	22.39
Saxenda	257	222	35	86.38	13.62
Ubrelyv	247	181	66	73.28	26.72
Omeprazole	242	213	29	88.02	11.98
Mounjaro	217	41	176	18.89	81.11
Testosterone Cypionate	206	192	14	93.2	6.8
Symbicort	205	176	29	85.85	14.15

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: 1.18% and non-urgent.: 2.79%. These rates were higher than in 2022 because of technology failure and new system integration.  
Pharmacy PA Requests: Urgent 0.02% and non-urgent 0%.

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

Thank you,

Tammaji P. Kulkarni, MD

Tammaji P. Kulkarni, MD (Sep 12, 2024 10:31 CDT)

Tammaji Kulkarni, M.D.  
Senior Medical Director