

MVP Health Care Responses
Vermont Prior Authorization Attestation Form (2024)

Questions:

The below questions apply to health plans as defined in 18 V.S.A. 9418(a)(8) (including third party administrators, to the extent permitted under federal law):

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?
 - 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.

MVP Response: MVP continuously brings our clinical policies and data through our independent, physician run committee process. Below is a list of meeting dates, by MVP committee, where relevant PA policies and criteria were reviewed.

| 2023 | | |
|------------------------------|-----------------------------------|-------------------------------|
| Medical Management Committee | Pharmacy & Therapeutics Committee | Clinical Operations Committee |
| 2/16/2023 | 1/19/2023 | Q1: 1/23/2023 |
| 3/16/2023 | 2/16/2023 | Q2: 4/10/2023 |
| 4/20/2023 | 3/16/2023 | Q3: 7/10/2023 |
| 5/18/2023 | 5/18/2023 | Q4: 10/12/2023 |
| 7/20/2023 | 6/15/2023 | |
| 8/17/2023 | 7/20/2023 | |
| 9/21/2023 | 9/21/2023 | |
| 11/16/2023 | 10/19/2023 | |
| | 12/7/2023 | |

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

MVP Response: MVP may add or eliminate PA requirements during a plan year. As previously stated, MVP does not just review the PA data once a year, so if a trend is identified, removal of PA requirements may occur at any time during the 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 spending to a degree sufficient to justify the administrative costs to the plan)?

MVP Response: MVP considers multiple factors:

- Volume (those test & procedures with sufficient volume to reliably assess PA value)
- PA approval percentage (at least a 90% approval rate)
- Updates to standard of care and current literature supporting PA or removal
- Appeal and overturn rates
- Regulatory Requirements, drug safety, and quality of care are also weighed for removal of utilization management
- Delineation of impact of PA on health care spend to a degree sufficient to justify administrative costs to the plan (quantitative - plan ROI including review cost / excluding alternative care costs)

To the extent that the plan balances factors such as medical literature, quality, and cost (or others included in answer to Q1C), please explain the weight applied to each factor.

MVP Response: In general, equal weighting is applied to each factor, but weighting can vary depending on the specific type of treatment, procedure, or drug therapy. For example, in instances where there are clear clinical or quality standards that need to be followed, those are prioritized regardless of cost.

- 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.

MVP Response: MVP does evaluate the PA volume by provider and reviews utilization trends for certain services to ensure medically necessary care is being provided. MVP also does receive feedback from our participating providers and has modified and/or removed PA on specific services based upon their feedback.

Explain how provider administrative burden is weighted against other factors when deciding whether to apply a PA to a given service. What assumptions does the plan make with respect to the administrative burden associated with a PA requirement in terms of provider/patient time spent submitting the request, cost to providers (administrative staff, time spent on paperwork instead of with patients), member impact (potential second visit, adverse medical consequences as result of deferred/delayed care).

MVP Response: Improving member experience and meeting their healthcare needs are central to MVP's core values. The organization strives to reduce unnecessary administrative burden on providers, and any resultant friction it may cause for members' experience. When

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implementing a PA program, MVP seeks the minimum necessary information to meet the clinical standards of care or quality recommendations.

Importantly, any PA requirements also add costs and burden for MVP. These programs require additional policy development, systems configuration, IT investments, and additional staffing to support the numerous phone calls, provider and member communications, and internal/external appeals. State and federal medical loss ratio (MLR) requirements effectively cap what MVP can spend on non-medical, administrative costs—including those described here.

To attract and retain members, MVP must keep its administrative costs as low as possible to offer the most competitively priced products. Similarly, member experience also drives consumer decisions on whether to stay with MVP, or to switch health plans. So, it's not in MVP's interest to incur unnecessary administrative costs or establish burdens and barriers that diminish member or provider experience. When MVP implements a PA requirement, there are very clear and obvious quality, efficacy, and cost related reasons for doing so.

MVP is also constantly exploring new innovations and investments that can reduce this administrative burden for all parties. Online provider portals, electronic health record systems, and automation provide endless opportunities to ease the manual paperwork, phone calls, and any other associated administrative costs.

Lastly, alternative provider payment models provide opportunities that benefit providers, members, and health plans alike. MVP is actively working with its provider network partners to establish new capabilities and advance models that empower and incentivize providers in different ways. Ultimately, these models can delegate more clinical autonomy to provider partners by establishing a shared commitment around costs, quality, and efficacy of member treatment.

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?

MVP Response: MVP Added prior authorization to Medical Oncology drugs as of January 1st, 2024. The full List of codes is available upon request. Additionally, the chart below represent all Medical and Pharmacy Prior auth changes as of January 1st, 2023.

| CPT Code | Service (Procedure) | Change | Prior Auth | Reason | Effec. Date | LOB |
|----------|---|---------|------------|---------------------|-------------|-----|
| E0316 | Safety enclosure frame/canopy | Add | Prior Auth | Add back to PA | 1/1/2023 | All |
| L2006 | Knee ankle foot device | Add | Prior Auth | Investigational | 1/1/2023 | All |
| E1801 | Dynamic Brace | Removed | Prior Auth | Removed from Review | 1/31/2023 | All |
| E1806 | Dynamic Brace | Removed | Prior Auth | Removed from Review | 1/31/2023 | All |
| E1811 | Dynamic Brace | Removed | Prior Auth | Removed from Review | 1/31/2023 | All |
| E1818 | Dynamic Brace | Removed | Prior Auth | Removed from Review | 1/31/2023 | All |
| 69705 | Nasopharyngoscopy | Add | Prior Auth | Investigational | 2/1/2023 | All |
| 69706 | Nasopharyngoscopy | Add | Prior Auth | Investigational | 2/1/2023 | All |
| K1018 | External upper limb tremor stimulator of the peripheral nerves of the wrist | Add | Prior Auth | Investigational | 2/1/2023 | All |
| K1019 | Monthly supplies for use of device coded at k1018 | Add | Prior Auth | Investigational | 2/1/2023 | All |
| 19342 | Breast Reconstruction | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |

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| | | | | | | |
|-------|--|---------|------------|---------------------|-----------|-----|
| 19369 | Breast Reconstruction | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33216 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33217 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33225 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33230 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33240 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33249 | Implantable Cardioverter Defibrillator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33880 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33881 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33883 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33884 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33886 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33889 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 33891 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34701 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34702 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34703 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34704 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34705 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34706 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34707 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34708 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34709 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34710 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 34711 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 43848 | Bariatric Surgery | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 43860 | Bariatric Surgery | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 43865 | Bariatric Surgery | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |

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| | | | | | | |
|-------|---|------------|------------|---------------------|------------|-----|
| 61863 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 61864 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 61867 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 61868 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 61880 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 63663 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 64581 | Sacral Nerve Stimulator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 64590 | Sacral Nerve Stimulator | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 75956 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 75957 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 75958 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 75959 | Endovascular AAA repair | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 95805 | Sleep Study | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 95961 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| 95962 | Deep Brain Stimulation | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| D7880 | Oral Appliance for Sleep | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L7368 | Cochlear Implant | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8040 | Nasal Prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8041 | Midfacial Prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8042 | Orbital Prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8043 | Upper Facial Prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8044 | Hemi-facial Prosthesis | Removed | Prior Auth | Removed from Review | 03/21/2023 | All |
| L8045 | Auricular Prosthesis | Removed | Prior Auth | Removed from Review | 03/31/2024 | All |
| L8047 | Nasal Septal Prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| L8048 | Unspecified maxillofacial | Removed | Prior Auth | Removed from Review | 03/31/2024 | All |
| L8049 | Repair or modification, maxillofacial prosthesis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| S1040 | Cranial Orthosis | Removed | Prior Auth | Removed from Review | 3/31/2023 | All |
| A4575 | Topical hyperbaric oxygen chamber | Correction | Prior Auth | Add back to PA | 4/1/2023 | All |
| E0677 | Non-pneumatic sequential compression garment | Add | Prior Auth | Investigational | 4/1/2023 | All |
| E1905 | Virtual reality cognitive behavioral therapy device | Add | Prior Auth | Investigational | 04/01/2023 | All |
| 95925 | Intraoperative Neuro Monitoring | Removed | Prior Auth | Removed from Review | 5/31/2023 | All |
| 95926 | Intraoperative Neuro Monitoring | Removed | Prior Auth | Removed from Review | 5/31/2023 | All |
| 95927 | Intraoperative Neuro Monitoring | Removed | Prior Auth | Removed from Review | 5/31/2023 | All |
| 95940 | Intraoperative Neuro Monitoring | Removed | Prior Auth | Removed from Review | 5/31/2023 | All |
| 95941 | Intraoperative Neuro Monitoring | Removed | Prior Auth | Removed from Review | 5/31/2023 | All |

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|-------|--|-------------------------|------------|---------------------|------------|-----------------------|
| G0330 | Outpatient Facility Fee for Dental | Removed | Prior Auth | Removed from Review | 05/31/2023 | All |
| A9292 | Prescription digital visual therapy | Add | Prior Auth | Investigational | 10/01/2026 | All |
| E0490 | Power source and control electronics unit | Add | Prior Auth | Investigational | 10/01/2023 | All |
| E0491 | Oral device/appliance for neuromuscular electrical | Add | Prior Auth | Investigational | 10/01/2023 | All |
| L5991 | Addition to lower extremity prostheses | Add | Prior Auth | Investigational | 10/1/2023 | All |
| A9291 | Prescription digital cognitive and/or behavioral therapy | Add | Prior Auth | Investigational | 12/1/2023 | All |
| K1028 | Power source and control electronics unit | Add | Prior Auth | Investigational | 12/1/2023 | All |
| K1029 | Oral device/appliance for neuromuscular electrical | Add | Prior Auth | Investigational | 12/1/2023 | All |
| | SKYSONA | Added Medical PA | Prior Auth | Moved to Covered | 1/1/2023 | Commercial, ASO, EXCH |
| | ZYNTEGLO | Added Medical PA | Prior Auth | Moved to Covered | 1/1/2023 | Commercial, ASO, EXCH |
| | TASIMELTEON | Added RX PA | Prior Auth | Moved to Covered | 1/6/2023 | Commercial, ASO, EXCH |
| | PIRFENIDONE | Added RX PA | Prior Auth | Moved to Covered | 1/13/2023 | Commercial, ASO, EXCH |
| | TZIELD | Added Medical PA | Prior Auth | Moved to Covered | 1/19/2023 | Commercial, ASO, EXCH |
| | ZTALMY | Added RX PA | Prior Auth | Moved to Covered | 1/19/2023 | Commercial, ASO, EXCH |
| | PLUVICTO | Added Medical PA | Prior Auth | Moved to Covered | 2/6/2023 | Commercial, ASO, EXCH |
| | QUVIVIQ | Termed RX PA (Added CT) | Prior Auth | Moved to Covered | 2/23/2023 | Commercial, ASO, EXCH |
| | DEXCOM RECEIVER | Added PA (CGM) - NDC | Prior Auth | Moved to Covered | 4/1/2023 | Commercial, ASO, EXCH |
| | DEXCOM SENSOR | Added PA (CGM) - NDC | Prior Auth | Moved to Covered | 4/1/2023 | Commercial, ASO, EXCH |
| | DEXCOM TRANSMITTER | Added PA (CGM) - NDC | Prior Auth | Moved to Covered | 4/1/2023 | Commercial, ASO, EXCH |
| | KYZATREX | Added RX PA | Prior Auth | Moved to Covered | 5/18/2023 | Commercial, ASO, EXCH |
| | PHEBURANE | Added RX PA | Prior Auth | Moved to Covered | 5/18/2023 | Commercial, ASO, EXCH |
| | SPEVIGO | Added Medical PA | Prior Auth | Moved to Covered | 5/18/2023 | Commercial, ASO, EXCH |
| | TADLIQ | Added RX PA | Prior Auth | Moved to Covered | 5/18/2023 | Commercial, ASO, EXCH |
| | XENPOZYME | Added Medical PA | Prior Auth | Moved to Covered | 5/18/2023 | Commercial, ASO, EXCH |
| | RELYVRIO | Added RX PA | Prior Auth | Moved to Covered | 6/15/2023 | Commercial, ASO, EXCH |
| | VOWST | Added RX PA | Prior Auth | Moved to Covered | 6/15/2023 | Commercial, ASO, EXCH |
| | PRALATREXATE | Added Medical PA | Prior Auth | Moved to Covered | 8/4/2023 | Commercial, ASO, EXCH |
| | BRIUMVI | Added Medical PA | Prior Auth | Moved to Covered | 9/21/2023 | Commercial, ASO, EXCH |
| | LEQEMBI | Added Medical PA | Prior Auth | Moved to Covered | 9/21/2023 | Commercial, ASO, EXCH |
| | REBYOTA | Added Medical PA | Prior Auth | Moved to Covered | 9/27/2023 | Commercial, ASO, EXCH |
| | SYFOVRE | Added Medical PA | Prior Auth | Moved to Covered | 10/1/2023 | Commercial, ASO, EXCH |
| | FIRST PANTOPRAZOLE SUSPENSION | Added RX PA > 7 years | Prior Auth | Moved to Covered | 10/13/203 | Commercial, ASO, EXCH |
| | CUVRIOR | Added RX PA | Prior Auth | Moved to Covered | 10/19/2023 | Commercial, ASO, EXCH |
| | DAYBUE | Added RX PA | Prior Auth | Moved to Covered | 10/19/2023 | Commercial, ASO, EXCH |

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|--|-----------|------------------|------------|------------------|------------|-----------------------|
| | JOENJA | Added RX PA | Prior Auth | Moved to Covered | 10/19/2023 | Commercial, ASO, EXCH |
| | LAMZEDE | Added Medical PA | Prior Auth | Moved to Covered | 10/19/2023 | Commercial, ASO, EXCH |
| | SKYCLARYS | Added RX PA | Prior Auth | Moved to Covered | 10/19/2023 | Commercial, ASO, EXCH |
| | MOUNJARO | Added Smart PA | Prior Auth | Moved to Covered | 11/1/2023 | Commercial, ASO, EXCH |
| | OZEMPIC | Added Smart PA | Prior Auth | Moved to Covered | 11/1/2023 | Commercial, ASO, EXCH |
| | RYBELSUS | Added Smart PA | Prior Auth | Moved to Covered | 11/1/2023 | Commercial, ASO, EXCH |
| | TRULICITY | Added Smart PA | Prior Auth | Moved to Covered | 11/1/2023 | Commercial, ASO, EXCH |
| | VICTOZA | Added Smart PA | Prior Auth | Moved to Covered | 11/1/2023 | Commercial, ASO, EXCH |

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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).

MVP Response:

The ten (10) most requested PAs for medical services are as follows:

| Procedure Code and Description | Approved | % Approved | Denied | % Denied | Total Auths |
|-------------------------------------|----------|------------|--------|----------|-------------|
| 74177:CT scan of abdomen and pelvis | 412 | 96.04% | 17 | 3.96% | 429 |
| 73721:MRI of a leg joint | 393 | 94.47% | 23 | 5.53% | 416 |
| 70553:MRI of the brain | 369 | 97.11% | 11 | 2.89% | 380 |
| 71271:CT scan of chest | 355 | 97.26% | 10 | 2.74% | 365 |
| 72148:MRI, inner spine (canal) | 260 | 87.25% | 38 | 12.75% | 298 |
| 71260:CT scan of chest | 270 | 93.75% | 18 | 6.25% | 288 |
| 73221:MRI of an arm joint | 225 | 91.84% | 20 | 8.16% | 245 |
| 95810:Overnight sleep study | 227 | 94.19% | 14 | 5.81% | 241 |
| A4239:Non-adju cgm supply allow | 136 | 80.95% | 32 | 19.05% | 168 |
| 95811:Overnight sleep study | 147 | 96.08% | 6 | 3.92% | 153 |

The ten (10) most requested PAs for pharmacy services are as follows:

| Product Name | Approved | % Approved | Denied | % Denied | Total Auths |
|------------------------|----------|------------|--------|----------|-------------|
| OZEMPIC | 96 | 53.93% | 82 | 46.07% | 178 |
| TADALAFIL | 19 | 23.75% | 61 | 76.25% | 80 |
| MOUNJARO | 28 | 35.44% | 51 | 64.56% | 79 |
| DUPIXENT | 60 | 84.51% | 11 | 15.49% | 71 |
| WEGOVY | 29 | 44.62% | 36 | 55.38% | 65 |
| TRULICITY | 43 | 78.18% | 12 | 21.82% | 55 |
| HUMIRA PEN | 50 | 96.15% | 2 | 3.85% | 52 |
| PRALUENT | 34 | 80.95% | 8 | 19.05% | 42 |
| FLUTICASONE PROPIONATE | 1 | 3.23% | 30 | 96.77% | 31 |
| LIDOCAINE | 2 | 6.90% | 27 | 93.10% | 29 |

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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. § 9418 b\(g\)\(4\)](#)?

MVP Response: 3.5%

Is that number combining urgent and non-urgent categories? If possible, please submit this information broken out by urgent and non-urgent percentages.

MVP Response:

Urgent: 7.0%

Non-urgent: 3.3%