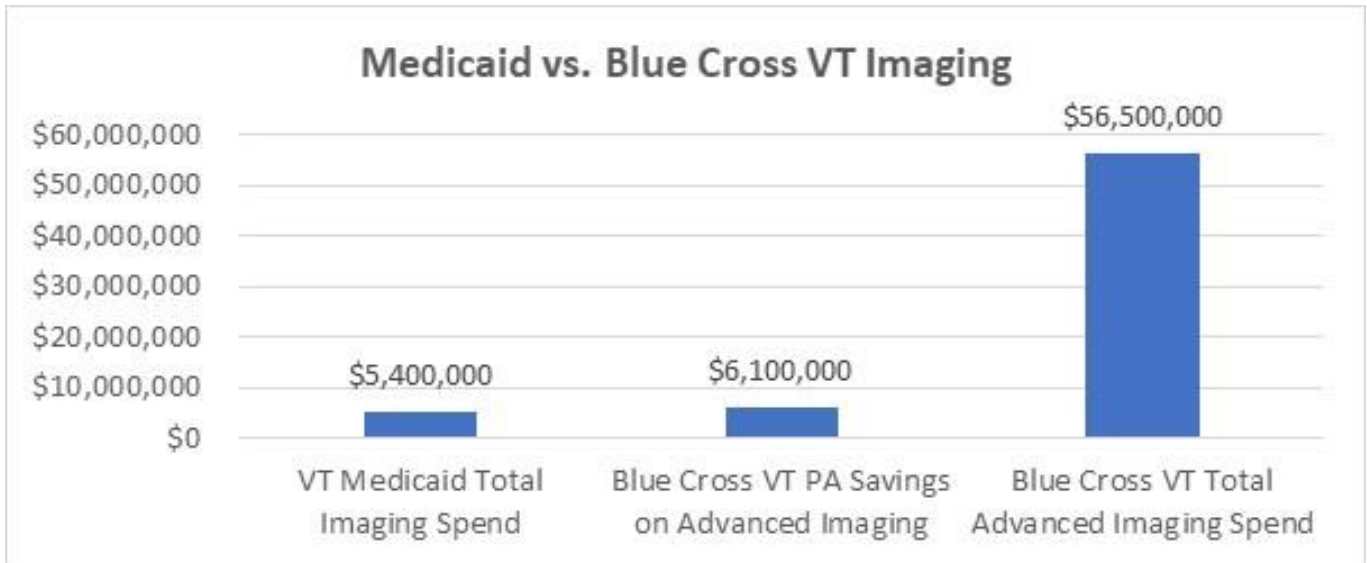
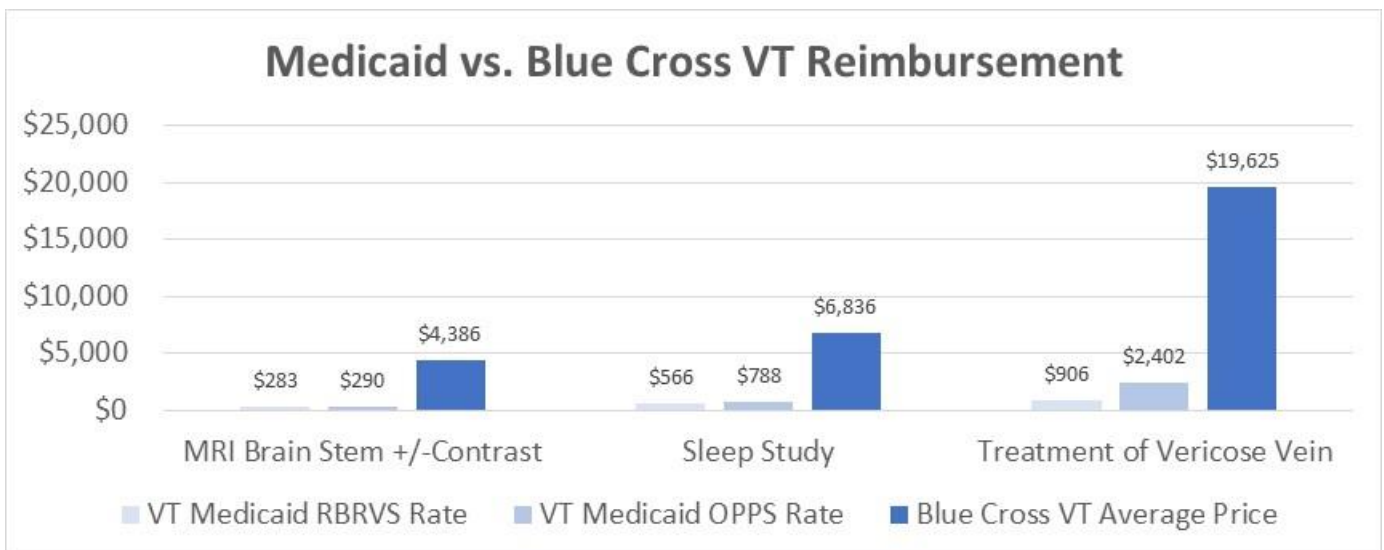


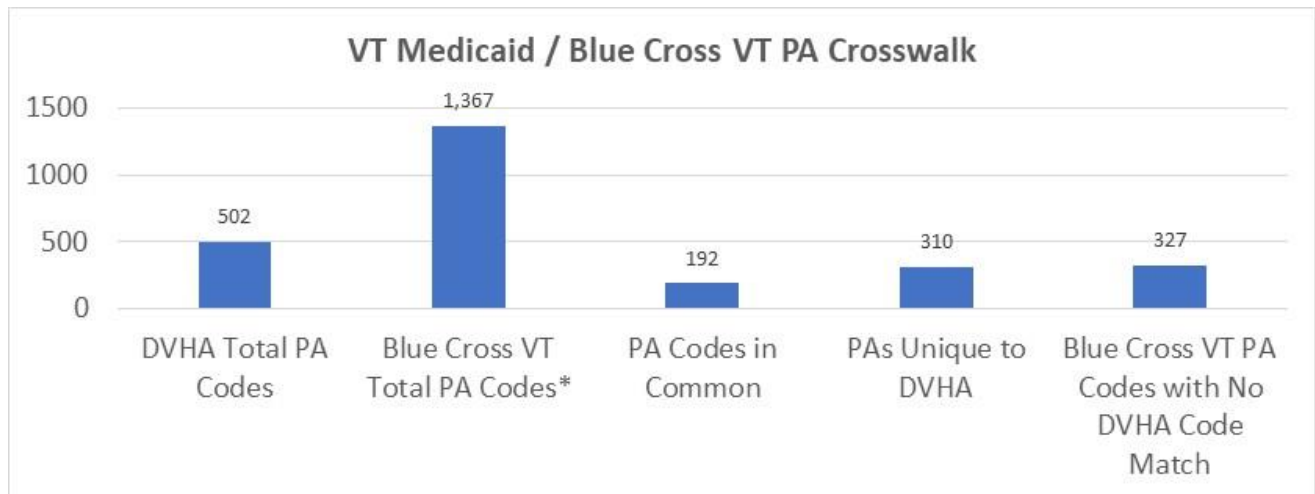
Cost and savings are not apples to apples: Medicaid’s entire imaging spend is less than Blue Cross VT prior authorization savings on a single line of service, advanced imaging.



Blue Cross VT pays significantly higher prices than VT Medicaid: There is little financial incentive for VT Medicaid to PA these items.



Blue Cross VT and VT Medicaid Prior Authorizations Differences: Blue Cross VT offers nationwide coverage with a broad provider network, while Vermont Medicaid is limited to the state and focuses on in-state providers. Medicaid is a government payer with no premiums and minimal out-of-pocket costs, whereas Blue Cross VT is a commercial plan offering unique benefits like coverage for GLP-1 drugs and CAR-T therapy. Blue Cross VT also covers specialized treatments not included in Medicaid, such as customized high-tech prosthetics, whereas Medicaid pays a fixed rate regardless of specialization or customization.



*Many of the codes that BCBSVT PAs that DVHA does not PA are related to DME, which have a \$500 threshold to trigger the BCBSVT PA

Conclusion

The implementation of a targeted and sensible prior authorization program is paramount in balancing the need to protect patients, ensure medical necessity, and manage healthcare costs effectively in Vermont. Despite its unpopularity among providers, prior authorization processes are grounded in clinical evidence guidelines and serve to optimize patient outcomes while minimizing unnecessary expenses.

While supportive of certain amendments, such as expediting urgent prior authorizations, Blue Cross VT opposes aligning its prior authorization practices with VT Medicaid's, citing substantial differences in coverage, benefits, and financial incentives. Moreover, the proposed extension of prior authorization durations for prescription drugs raises concerns about potential cost implications for members. A balanced approach that considers both patient needs and financial sustainability remains crucial in navigating the complex landscape of prior authorization in healthcare.