


TO: Senator Jane Kitchell, Chair, Senate Appropriations Committee

FROM: Steven M. Costantino, Commissioner 

DATE: February 27, 2015

RE: Responses to Questions Posed During February 24, 2015, Testimony

What is our prior authorization (PA) process for Sovaldi/Harvoni?

The prior authorization process involves the provider (it is required that a specialist either be the prescribing provider or has recommended treatment) to submit a request using the PA form that is attached, along with clinical notes that are then reviewed by our Pharmacy Benefits Vendor, Goold Health Systems, for completeness. A summary along with the aforementioned submitted documentation are sent to the DVHA Medical Director for case-by-case determination.

In general many factors are taken into consideration including genotype, severity of liver damage as estimated by fibrosis level, factors that potentially predict compliance such as ongoing drug and/or substance abuse and other circumstances such as social and living conditions. An attempt is made to evaluate and prioritize authorization based on a whole person perspective, not just a member with a disease.

How many people try to access the treatment?

DVHA has had about 100 requests for Hepatitis C medication last year (approved 67) and have been averaging about five to seven per week since DVHA started approving Harvoni (totals at 22 confirmed as of 2/26 with another 25 pending) January 1.

Is validating residency part of the prior authorization process?

DVHA will accept an individual's attestation of residency without requiring any further information from the individual unless their attestation is not reasonably compatible with other information on file or with other information that is otherwise available to AHS.

The Health Benefit Eligibly and Enrollment rule states the following:

Unless information from an individual is not reasonably compatible with other information provided or otherwise available to AHS, as described in § 57.00(b)(3), attestation of information needed to determine the following eligibility requirements will be accepted without requiring further information from the individual:

Residency;

Age;

Date of birth; and pregnancy

How many new covered lives are there in Vermont due to the Affordable Care Act and the development of the Vermont Health Connect (VHC) solution?

Catamount Health and VHAP sunsetted in March, 2014, and individuals enrolled in those programs would have transitioned to either the New Adult population or into a Qualified Health Plan (QHP) with Vermont Premium Assistance and/or Cost Sharing Reduction subsidies. The change in enrollment for these populations (as well as all other Medicaid programs) from 2014 to 2016 is 22,210. In addition, 50,880 individuals enrolled in a QHP where no subsidies were provided. (= 67,514 in December, 2014 from "Fast Facts" less the number of members with a premium subsidy at that time.) Thus, 73,090 new individuals have accessed coverage post implementation of the VHC.

Who is responsible for the overall management and success of the VHC?

Under 33 V.S.A. § 1803 (a)(1) the Department of Vermont Health Access shall establish the Vermont Health Benefit Exchange which shall be administered by the Department. Vermont Health Benefits Exchange shall be considered a division of DVHA.

Vermont Health Connect is currently being managed by Harry Chen, MD, and Lawrence Miller but is in transition to move back to DVHA in the near future.