

# Green Mountain Care Board Prior Authorization Pilots: Medicaid Outcomes

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# Radiology Pilot

## Design

- Requests for MRI for lower back pain at two hospitals (Rutland Regional Medical Center & Porter Medical Center)
- Prior authorization replaced by real time decision-support at the Radiology Department based on clinical criteria (American College of Radiology Appropriateness Criteria)
- Pilot ran May 2015 to May 2016
- Participating payers: Medicaid, BCBSVT, MVP

# Radiology Pilot - Results

## Findings

- Low volume of tests ordered with two providers; Difficult to find meaningful differences.
- Feedback from providers: New process was administratively burdensome and would be difficult to apply to all imaging services in place of existing PAs.

## PA Pilot – Utilization Data for Medicaid (based on paid claims)

Provider	Number of MRIs- Pre-Pilot (with PA) 5/1/14 - 4/30/15	Number of MRIs- Pilot (no PA) 5/1/15 - 4/30/16	% Change
Porter Medical Center	71	77	8.5%
Rutland Regional Medical Center	338	384	13.6%
Total	409	461	12.7%

# Gold Card Program

## Current Medicaid Program for Imaging

- In 2013, DVHA began issuing “Gold Cards” to providers with exceptional records of making referrals for hi-tech imaging services that are aligned with current clinical criteria.
- If issued a Gold Card, a provider is exempt from PA requirements. Cards are renewed annually.
- To qualify, a provider must make at least 100 imaging requests over 18 months and have a denial rate of PAs of  $\leq 3\%$ .
- Currently, there are 13 participating Gold Card providers.

# Pharmacy Pilot

## Design

- Two drug classes: Statins (cholesterol) and Proton Pump Inhibitors (acid reflux)
- Prior authorizations waived
- Pilot ran May 2015 to July 2016
- Participating payers: Medicaid, BCBSVT, MVP

# Pharmacy Pilot - Results

## Findings

### Statins

- No change in utilization during the pilot; because most products were preferred by Medicaid before the pilot.

### Proton Pump Inhibitors

- Increased use of non-preferred products; deviation from the stable preferred/non-preferred mix of products that Medicaid saw before the pilot.
- Increase of 29.7% in costs associated with non-preferred drug utilization during the pilot (compared to pre-pilot baseline).
- Medicaid would have seen an increase in costs of \$250K-\$350K if the pilot had been continued and expanded.