March 3, 2014

Dear Provider/Facility/Clinician:

Beginning March 1, 2014, there is a new prior authorization form* for medical services, mental health and substance abuse, durable medical equipment, orthotics, prosthetics and chiropractic care. Any old versions of the Blue Cross and Blue Shield of Vermont (BCBSVT) prior approval forms for these products or services need to be destroyed. All prescription drug prior approval forms will continue to be used and will not be part of this change. Radiology services will continue to have prior approval submitted through AIM Specialty Health.

In 2013, the Vermont legislature passed Act 171 that amended 18 V.S.A. § 9418b to include requirements for the development of a uniform prior authorization (PA) form to standardize prior authorization requests. The Department of Financial Regulation was tasked to work in consultation with the Department of Health Access the Vermont Medical Society, and health insurers to develop a "clear, uniform, and readily accessible" prior authorization form for use by providers. It was decided that PA for prescription drugs is too complex at this time to effectively be transformed into a single standardized form. The new State of Vermont Uniform Prior Authorization Form has been created and will be used by all health insurance carriers within the State of Vermont beginning March 1, 2014.

Attached is a copy of the new form. The form is also available on the prior approval section of our provider website at www.bcbsvt.com.

The first thing you will notice is the form is titled "State of Vermont Uniform Medical Prior Authorization Form". This is to be used for PA requests for all members when applicable, not just members covered through the employer group State of Vermont. It is also not limited to "medical" services, but all services (except prescription drug), such as durable medical equipment, orthotics and prosthetics. Radiology services will still require prior approval through AIM Specialty Health.

As this is now a "uniform" prior authorization form, there are some sections that will not pertain to BCBSVT. Under the "Type of Service Requested" area, there are numerous

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services listed that BCBSVT does not have a prior approval requirement for, for example: acupuncture, infusion/oncology drugs, occupational therapy, physical therapy, and speech therapy. Also, although the form has general category of mental health/substance abuse, only very limited mental health and substance abuse services require prior approval. Our existing prior approval requirements have remained in place and have not changed, however, other health insurance carriers in the state may have prior approval requirements. Complete listings of services requiring prior approval for BCBSVT members are located on the prior approval area of our website at www.bcbsvt.com.

The new prior authorization form does not include submission information. For BCBSVT it is the same as you are used to. You can mail to BCBSVT, P O Box 186, Montpelier, VT 05601 or faxed to (802) 371-3491. This information is also posted on the prior approval area of our provider website at www.bcbsvt.com.

New England Health Plan (NEHP) members still require referral authorizations for select services; however the new prior authorization form needs to be used for these requests. The new form does not call out the need for an alpha prefix; however, for NEHP members, it will be very important to include that information with the Health Insurance ID#.

Thank you for your time. If you have any questions regarding these changes, please feel free to contact your provider relations consultant at (888) 449-0443 or through email at providerrelations@bcbsvt.com. Business hours are Monday through Friday, 8 a.m. - 4:30 p.m.

Sincerely,

Cynthia E. Horan

Director, Provider Relations

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*Blue Cross and Blue Shield of Vermont uses the term Prior Approval. The State of Vermont uses the term Prior Authorization. They are one and the same.