



Vermont Prior
Authorization Pilot Program
Guideline

UTILIZATION REVIEW GUIDELINE

Guideline No: UR-003

Utilization Review Guideline: UR-003

FOR PUBLIC USE

**Applicable
Plans**

All Vermont Student Health Insurance Plans insured by Wellfleet Insurance Company

Purpose

The purpose of this guideline is to describe how Wellfleet administers the Vermont prior authorization pilot program required under 18 V.S.A. § 9418. This guideline provides details about Wellfleet's prior authorization exemption program.

Definition

- **Health Care Provider:** means a person, partnership, or corporation licensed, certified, or otherwise authorized by law to provide professional health care services in this State and shall include a health care provider group, network, independent practice association, or physician hospital organization that is acting exclusively as an administrator on behalf of a health care provider to facilitate the provider's participation in health care contracts. The term includes a hospital but does not include a pharmacist, pharmacy, nursing home, or a health care provider organization or physician hospital organization that leases its network to a covered entity or contracts directly with employers or self-insured plans.
 - Effective 1/1/2026 and moving forward, due to VT HB 31 this policy will no longer apply to Primary Care Providers as they will no longer be required to request prior authorization.
- **Qualified Provider:** means a Health Care Provider that is exempt from prior authorization requirements per the criteria set forth within this guideline as determined by Wellfleet

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Any medical procedures or tests that require prior authorization as defined by the plan policy are exempt from prior authorization requirements for Qualified Providers.

1. Criteria to be considered a Qualified Provider:
 - 1) Wellfleet will complete annual evaluations to identify new Qualified Providers. The evaluation will be completed during the first half of each calendar year and include dates of service from the preceding calendar year.
 - 2) In the event that an individual Health Care Provider has performed 30 procedures requiring prior authorization on members of the Applicable Plans during the last calendar year and in the prior six-month time period has received a 90 percent prior approval rating, Wellfleet shall not require the Health Care Provider to submit a prior authorization for that procedure for the next six months.
1. At the end of the six-month time frame, the exemption may be reviewed prior to renewal. Wellfleet reserves the right to request medical records and rescind its exemption subject to its review of claims submitted by the Qualified Provider should there be any concerns with appropriateness and significant changes in volume of services rendered.
2. Contact information for questions about the program or about determining a Health Care Provider's eligibility for the program:
 - 1) Email: Priorauth@wellfleetinsurance.com
3. Process for confirming Qualified Provider status:
 - 1) Wellfleet will send notices to Qualified Providers after it completes its annual evaluation.
4. Duration of Qualified Provider status:
 - 1) A Qualified Provider shall maintain that status until the 30th day after the date Wellfleet notifies the Health Care Provider of Wellfleet's determination to rescind the prior authorization exemption.



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Version	Effective Date	Next Review Date
1.0	1/15/2022	1/15/2023
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