



State of Vermont
Agency of Human Services
280 State Drive, Center Building
Waterbury, VT 05671-1000

Global Commitment Register

January 18, 2023

GCR 22-102
FINAL

Changes to ACO and Out-of-Network Prior Authorization Requirements

Policy Summary:

The Vermont Medicaid program removed out-of-network prior authorization requirements for elective inpatient admissions for seven out-of-state facilities enrolled with Vermont Medicaid:

1. Albany Medical Center
2. Baystate Medical Center
3. Berkshire Medical Center
4. Boston Children's Hospital
5. Dana Farber Cancer Institute
6. Lahey Clinic
7. Tufts Medical Center

Prior to January 1, 2023, the providers above were considered out-of-network for Vermont Medicaid. Out-of-network hospitals require prior authorization for all elective inpatient and outpatient services. As of January 1, 2023, the above providers no longer need to submit out-of-network prior authorization requests to Vermont Medicaid for non-urgent, non-emergency elective inpatient admissions provided to Vermont Medicaid members. This waiver of prior authorization does not include services with a special rate agreement, nor does it apply to out-of-network elective outpatient office visits or out-of-network elective outpatient procedures. Please refer to the [Department of Vermont Health Access Fee Schedule](#) to confirm prior authorization requirements. This change was made as a result of [Act 140 of the 2020 Vermont legislative session](#).

The Vermont Medicaid program also aligned out-of-network prior authorization requirements to be the same for all members, regardless of whether a member is attributed to the Vermont Medicaid Next Generation Accountable Care Organization (ACO). Prior to January 1, 2023, out-of-network prior authorization requirements were waived for ACO-attributed members. Effective January 1, 2023, prior authorization requirements for out-of-network elective inpatient admissions, outpatient procedures, and office visits have been reinstated for ACO-attributed members. The waiver of prior authorization for elective inpatient admissions for the providers listed above also applies to ACO-attributed members.

Effective Date: January 1, 2023

Authority/Legal Basis:

[Medicaid State Plan](#)

[Act 140 of the 2020 Vermont legislative session](#)

Population Affected:

All Medicaid

Fiscal Impact:

This change is expected to be budget neutral.

Public Comment Period:

The public comment period ended December 2, 2022. No comments were received.

To be added to the GCR email list, send an email to AHS.MedicaidPolicy@vermont.gov.

Additional Information:

Act 140 legislative report [“Clinical Prior Authorization Requirements in the Vermont Medicaid Program: Findings and Recommendations”](#).

More information about the [Vermont Medicaid network of hospitals](#) is available at this link.