

State of Vermont**Department of Vermont Health Access**
312 Hurricane Lane, Suite 201
Williston VT 05495-2807
dvha.vermont.gov[Phone] 802-879-5900
[Fax] 802-879-5651*Agency of Human Services*

TO: Senator Claire Ayer, Chair, Senate, Health and Welfare Committee
Representative Mark Larson Chair, House Health Care Committee

FROM: Susan Besio, Commissioner 

DATE: January 13, 2011

SUBJECT: Required Annual Report on Implementation of the Clinical Utilization review Board

This memo is to serve as the required annual report per Section C34 of Act 146 of 2010:

The department shall conduct comprehensive evaluations of the board's success in improving clinical and utilization outcomes using claims data and a survey of health care professional satisfaction. The department shall report annually by January 15 to the house committee on health care and the senate committee on health and welfare regarding the results of the most recent evaluation or evaluations and a summary of the board's activities and recommendations since the last report.

Annual Report

The Clinical Utilization Review Board (CURB) was created by the Department of Vermont Health Access (DVHA) as a Challenges for Change Initiative for SFY '11. The purpose of the CURB is to examine existing medical services, emerging technologies, and relevant evidence-based clinical practice guidelines and make recommendations to the DVHA regarding coverage, unit limitations, place of service, and appropriate medical necessity of services for the Vermont Medicaid program.

By statute, the board is comprised of 10 members with diverse medical expertise appointed by the governor upon the recommendation of the commissioner of DVHA. The medical director of DVHA serves as state liaison and moderator for the CURB. During spring and summer of 2010, the DVHA medical director sought input to board member selection from the Vermont Medical Society, the University of Vermont Office of the Dean, and other state and public stakeholders. Due to the desire to ensure that the membership was represented by a range of medical professions and by geographic diversity, it took longer than originally anticipated to conclude the Governor appointments; as such the CURB was not fully formed until early October 2010.

Following is a list of the CURB members:

Michel Benoit, MD, UVM, Orthopedic Surgeon, Hand Surgery, Shelburne
Patricia Berry, MPH, UVM, VCHIP, Burlington
Delores Burroughs-Biron, MSN, MD, Family Medicine
David Butsch, MD, General Surgeon, Barre
Molly Hastings, MD, Ophthalmologist, Williston
Adam Kunin, MD, UVM, Cardiologist, Shelburne
William Minsinger, MD, Orthopedic Surgeon, Randolph
Paul Penar, MD, UVM, Neurosurgeon, Shelburne
Norman Ward, MD, UVM, Family Medicine, Burlington

Page Two
January 13, 2011

The CURB convened for its first meeting on October 20, 2010, and has met monthly for a total of three meetings through 2010. The CURB duties and responsibilities include identifying opportunities to improve quality, efficiency, and adherence to evidence-based clinical practice guidelines, and making recommendations to the commissioner of DVHA regarding the most appropriate mechanism to implement the recommended utilization controls for provision of evidence-based clinical practice guidelines. DVHA provides CURB members per diem compensation for each meeting and food service for dinner before the meeting. DVHA filled one full-time position to provide data support to the CURB to start in January, 2011. In the interim, DVHA has responded to the CURB requests for data through currently employed data analysts.

Over the past three meetings, the DVHA medical director presented the CURB an overview of the guiding principles of Medicaid coverage, a review of utilization controls, and a review of program costs for medical services. The clinical unit director presented the steps for evaluation of prior authorization requests, exception requests, appeals, requests for non-covered services, and pharmacy authorizations and DVHA use of proprietary sources for medical criteria and coding manuals. The CURB members have provided suggestions regarding transportation services, emergency room services, services provided by geographic area, use of case management, reduction of administration barriers, provider incentives to increase participation, ambulance services, and personal care services.

The CURB members also requested data regarding out-of-state services. Currently DVHA only requires prior authorization for inpatient services out-of-state. The CURB was presented data on total number of outpatient services provided out-of-state, services provided and reimbursed to each state, the composite list of services provided to beneficiaries by specific coded service, and the specific providers for each state. The board members provided suggestions to ensure appropriate use of out-of-state services which will be summarized and presented by DVHA at the January 19, 2011, meeting. The CURB also has begun discussions on the use of the negative pressure wound closure system for Vermont Medicaid beneficiaries and mechanisms to ensure that evidence-based clinical practice guidelines are followed by providers.

Given the delay in the start of the CURB meetings, DVHA is still assessing whether the projected \$4 million in net gross savings can be achieved for SFY11. However, while the savings specific to this initiative may not be fully recognized in SFY '11 due to the project delays, DVHA's overall spending levels this year are such that we can cover the overall targets for this Challenge initiative.

cc: Michael Farber, MD
Doug A. Racine
Patrick Flood
Jim Giffin